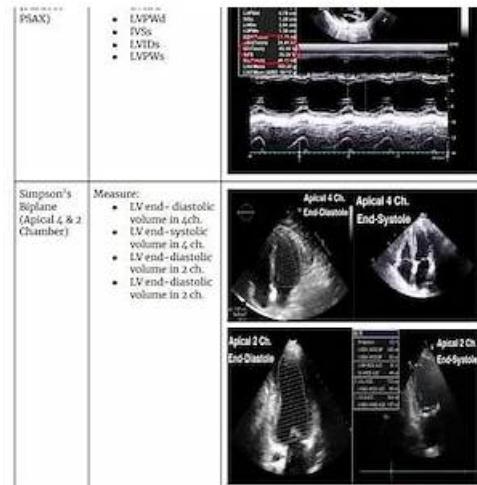


# AE-Adult-Echocardiography Study Material & AE-Adult-Echocardiography Detail Explanation



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## ARDMS AE Adult Echocardiography Examination Sample Questions (Q11-Q16):

### NEW QUESTION # 11

Which step is next in further evaluation of the abnormality shown in this video?

□

- A. Administration of agitated saline with cough
- B. Administration of agitated saline from right antecubital vein
- C. Administration of agitated saline from left antecubital vein
- D. Administration of agitated saline with Valsalva maneuver

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video suggests an atrial septal abnormality possibly a patent foramen ovale or interatrial shunt. To evaluate for right-to-left shunting across an atrial septal defect, the administration of agitated saline contrast with a Valsalva maneuver is the next best step. Valsalva increases right atrial pressure transiently, promoting transient right-to-left shunting, making microbubbles visible in the left atrium if a shunt is present. Administration without Valsalva reduces sensitivity. The choice of arm vein (right or left) is less critical. This diagnostic technique is well described in ASE adult congenital heart disease guidelines and echocardiography contrast protocols#12:ASE Contrast Echocardiography Guidelinesp.190-195##16:

Textbook of Clinical Echocardiography, 6ep.575-580#.

### NEW QUESTION # 12

Which valvular pathology is illustrated in this left heart pressure tracing?

□

- A. Aortic regurgitation
- B. Mitral regurgitation
- C. Aortic stenosis
- D. Mitral stenosis

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The pressure tracing shows left atrial (LA), left ventricular (LV), and aortic (AO) pressures over time. The key feature is the large pressure gradient between the LA and LV during diastole (arrow pointing at early diastolic phase), where the LA pressure is elevated and there is a delayed, gradual rise in LV pressure during diastolic filling. This finding is typical of mitral stenosis, where obstruction at the mitral valve causes increased LA pressure and a pressure gradient between LA and LV during diastole.

In aortic stenosis, the pressure gradient is primarily between LV and AO during systole. Mitral regurgitation shows elevated LA pressure but not a diastolic gradient. Aortic regurgitation shows elevated LV diastolic pressure with aortic diastolic pressure falling. These characteristic hemodynamic patterns are described in clinical cardiology and echocardiography literature and hemodynamic references such as the "Textbook of Clinical Echocardiography" and cardiac catheterization textbooks#16:Textbook of Clinical Echocardiography, 6ep.360-365##12:Hemodynamic Textsp.50-60#.

### NEW QUESTION # 13

What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Right ventricular outflow tract (RVOT) time velocity integral
- B. Stroke volume of the LVOT
- C. Left ventricular outflow tract (LVOT) time velocity integral
- D. Stroke volume of the RVOT

**Answer: D**

Explanation:

In the calculation of the shunt ratio Qp/Qs, Qp represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time

velocity integral (VTI).

Qp (pulmonary flow) divided by Qs (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.

This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 14

Which view is most appropriate for measuring right ventricular dimensions?

- A. Apical lateral right ventricular-focused
- B. Parasternal short axis at the base
- C. Subcostal four-chamber
- D. Parasternal long axis

**Answer: A**

Explanation:

The most appropriate echocardiographic view to measure right ventricular (RV) dimensions is the apical four- chamber view with a right ventricular-focused modification. This RV-focused apical four-chamber view is optimized by shifting the transducer laterally and slightly anteriorly to better visualize the entire right ventricle in a single plane. This approach allows for accurate assessment of RV basal and mid cavity diameters, RV longitudinal dimension, and RV area measurements.

The standard apical four-chamber view often underestimates RV size because of its complex geometry and position in the chest. The subcostal four-chamber view may give some information on RV size but is limited by image quality and angle. Parasternal short axis views at the base focus more on the left ventricle and may not capture the entire RV adequately. Parasternal long axis views primarily visualize the left heart structures and do not adequately show the RV.

Adult echocardiography guidelines, including the American Society of Echocardiography (ASE) chamber quantification recommendations, endorse the RV-focused apical four-chamber view as the standard for RV linear measurements and volume assessment due to its accuracy and reproducibility#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6eChapter on RV Assessment#.

#### NEW QUESTION # 15

Which finding is most commonly associated with Ebstein anomaly?

- A. Pulmonary stenosis
- B. Tricuspid stenosis
- C. Ventricular septal defect
- D. Atrial septal defect

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Ebstein anomaly is a congenital malformation characterized by apical displacement of the tricuspid valve leaflets, leading to atrialization of the right ventricle and severe tricuspid regurgitation. The most common associated defect is an atrial septal defect (ASD), particularly a secundum type or patent foramen ovale, resulting in right-to-left shunting and cyanosis.

Ventricular septal defect and pulmonary stenosis are less commonly associated. Tricuspid stenosis is not typical; the tricuspid valve is usually regurgitant rather than stenotic.

This association is well described in congenital heart disease and echocardiography textbooks and ASE guidelines#16:Textbook of Clinical Echocardiography, 6ep.570-575##12:ASE Adult Congenital Guidelinesp.400-405#.

#### NEW QUESTION # 16

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