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ADULT ECHOCARDIOGRAPHY PRACTICE EXAM 1 WITH QUESTIONS AND VERIFIED ANSWERS

The inferior vena cava, superior vena cava, and hepatic veins show systolic flow reversal. What kind of valve abnormalities do you expect to see?

- A: mild mitral regurgitation
- B: significant mitral regurgitation
- C: mild tricuspid regurgitation
- D: severe tricuspid regurgitation (ANSWER D)

The most reliable, non-invasive method for determining pulmonary artery pressure is:

- A. tricuspid valve regurgitant jet velocity.
- B. pulmonic valve systolic velocity.
- C. pulmonary arterial catheter.
- D. thermodilution: ANSWER D

Which statement regarding frequency is correct?

- A. Higher frequency transducers lessen the depth of penetration but decrease image resolution.
- B. Low-frequency transducers reduce deep penetration but increase image resolution.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q104-Q109):

NEW QUESTION # 104

Which artery is identified by the arrow on this image?

□

- A. Right common carotid
- B. Left subclavian
- **C. Brachiocephalic**
- D. Left common carotid

Answer: C

Explanation:

The image is a suprasternal or high parasternal echocardiographic view of the aortic arch and its branches.

The arrow points to the first large branch arising from the aortic arch, which is the brachiocephalic artery (also called the innominate artery). This vessel courses superiorly and bifurcates into the right common carotid and right subclavian arteries.

The left common carotid artery is the second branch from the arch, the left subclavian artery is the third branch, and the right common carotid is a branch of the brachiocephalic artery, not directly off the arch.

This anatomic arrangement and its echocardiographic depiction are well documented in adult echocardiography references and vascular ultrasound guidelines#12:ASE Vascular Imaging Guidelinesp.270-275##16:Textbook of Clinical Echocardiography, 6ep.400-405#.

NEW QUESTION # 105

Which kind of cardiac valve is a heterograft?

- A. One that is from a human to another human
- B. One that is from pericardial tissue
- **C. One that is from an animal to a human**
- D. One that is from one location to another in the same human

Answer: C

Explanation:

A heterograft (also called xenograft) cardiac valve is derived from an animal species, commonly porcine or bovine, and implanted into a human. These bioprosthetic valves are treated to reduce immunogenicity.

Option A describes an allograft (homograft). Option B refers to bioprosthetic valves but does not specify species. Option C describes an autograft, such as the Ross procedure.

This classification is standard in cardiac surgery and echocardiography literature#16:Textbook of Clinical Echocardiography, 6ep.450-455##12:ASE Valve Prosthesis Guidelinesp.200-205#.

NEW QUESTION # 106

Which murmur will occur in a patient with a ruptured papillary muscle?

- A. Ejection systolic
- B. Early systolic
- **C. Holosystolic**
- D. Late systolic

Answer: C

Explanation:

Rupture of a papillary muscle leads to acute mitral regurgitation, producing a holosystolic murmur heard throughout systole. This murmur results from backward flow of blood from the left ventricle to the left atrium during systole.

Ejection systolic murmurs are typically due to outflow obstruction like aortic stenosis. Early or late systolic murmurs occur in specific valve lesions but not with papillary muscle rupture.

This is covered in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Disease and Mechanical Complications of Myocardial Infarction#20:430-435Textbook of Clinical Echocardiography#.

NEW QUESTION # 107

Which is most likely the culprit coronary artery in a patient who presents with anteroseptal hypokinesis?

- A. Left coronary artery
- B. Posterior descending artery
- C. Circumflex artery
- D. Right coronary artery

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Anteroseptal hypokinesis is most often due to ischemia or infarction in the left anterior descending (LAD) artery territory, a major branch of the left coronary artery. The LAD supplies the anterior wall and the interventricular septum.

The right coronary artery generally supplies the inferior wall and right ventricle. The circumflex artery supplies the lateral wall. The posterior descending artery supplies the inferior wall.

This coronary artery distribution and wall motion correlation is fundamental in stress echocardiography and ischemic heart disease assessment as detailed in ASE guidelines and clinical echocardiography references#12:

ASE Stress Echocardiography Guidelinesp.300-310##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 108

Which finding is NOT associated with severe mitral valve regurgitation?

- A. Eccentrically directed mitral regurgitant jet
- B. Severely dilated left atrium
- C. Systolic flow reversal in the pulmonary vein
- D. Mitral regurgitant jet velocity less than 0.5 cm/sec

Answer: D

Explanation:

Severe mitral regurgitation (MR) is typically characterized by significant left atrial dilation due to volume overload, and systolic flow reversal in the pulmonary veins caused by retrograde flow from the left ventricle into the left atrium during systole.

An eccentric mitral regurgitant jet is common in severe MR, often due to leaflet prolapse or flail, resulting in directed jets that hug the atrial wall.

Mitral regurgitant jet velocity, however, is usually significantly higher in severe MR due to the high pressure gradient between the left ventricle and left atrium during systole. A jet velocity less than 0.5 cm/sec is extremely low and inconsistent with severe MR.

Typically, MR jet velocities are in the range of several meters per second.

Thus, a mitral regurgitant jet velocity less than 0.5 cm/sec is NOT associated with severe MR.

This is detailed in echocardiography literature discussing MR quantification and Doppler findings, emphasizing high-velocity regurgitant jets in severe MR and hemodynamic consequences seen on pulmonary vein flow and LA size .

NEW QUESTION # 109

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