

# ARDMS AE-Adult-Echocardiography Question Explanations & Learning AE-Adult-Echocardiography Materials

## ARDMS Adult Echo CTL Exam Anatomy Part 1

### Questions & Answers

1. What aortic cusp is indicated by #4 on the image?

A: right

B: left

C: non

D: anterior

**Answer: C:** non



2. When the right ventricular pressure drops below the right atrial pressure, what happens?

A: pulmonic valve opens

B: tricuspid valve opens

C: blood flows into the coronary arteries

D: right atrium collapses

**Answer: B:** tricuspid valve opens

3. Which fetal cardiac shunt usually closes first after birth?

A: They all close simultaneously as the baby takes its first breath.

B: ductus venosus

C: foramen ovale

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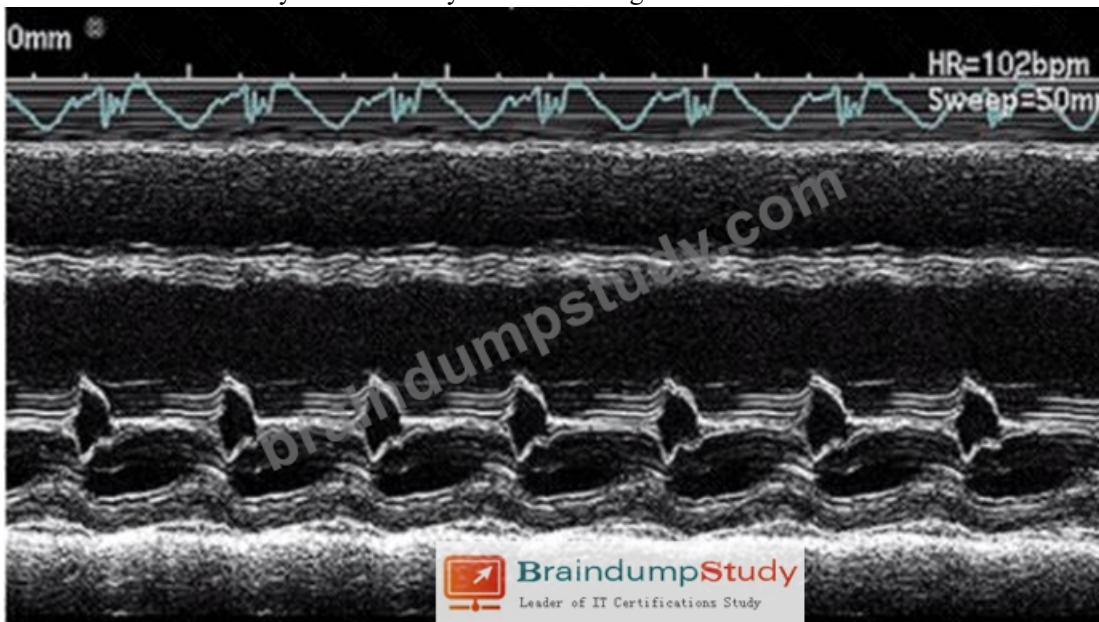
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### ARDMS AE Adult Echocardiography Examination Sample Questions (Q130-Q135):

#### NEW QUESTION # 130

Which condition is most likely demonstrated by this M-mode image?



- A. Dilated cardiomyopathy
- B. Hypertrophic cardiomyopathy
- C. Mitral stenosis
- D. Mitral valve prolapse

**Answer: C**

Explanation:

The M-mode image shows characteristic diastolic doming or "hockey stick" appearance of the anterior mitral leaflet with restricted leaflet motion. This is a classic sign of mitral stenosis, where leaflet thickening and fusion cause limited opening during diastole.

Dilated cardiomyopathy shows increased chamber sizes and decreased systolic function but not mitral leaflet doming. Hypertrophic cardiomyopathy is characterized by septal thickening and SAM of the mitral valve.

Mitral valve prolapse shows leaflet billowing into the left atrium during systole.

This pattern is well described in ASE valvular heart disease guidelines and echocardiography texts#12:ASE Valve Imaging Guidelinesp.180-185##16:Textbook of Clinical Echocardiography, 6p.200-205#.

#### NEW QUESTION # 131

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

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

**Answer: D**

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 # 132

Which diagnosis is most likely confirmed by echocardiography in a 65-year-old female presenting with new onset chest pain associated with ST segment elevation on the electrocardiogram and angiographically normal coronary arteries?

- A. Apical hypertrophic cardiomyopathy
- B. Alcohol-associated cardiomyopathy
- C. Restrictive cardiomyopathy
- **D. Takotsubo cardiomyopathy**

**Answer: D**

Explanation:

Takotsubo cardiomyopathy, also known as stress-induced cardiomyopathy or "broken heart syndrome," predominantly affects postmenopausal women (usually older than 50 years) and often presents with acute chest pain and ST-segment elevation on the ECG mimicking acute myocardial infarction. However, coronary angiography reveals normal or non-obstructive coronary arteries. Echocardiographically, Takotsubo cardiomyopathy is characterized by transient left ventricular systolic dysfunction with a typical pattern of apical ballooning and basal hyperkinesis. The wall motion abnormality extends beyond a single coronary artery territory, differentiating it from ischemic cardiomyopathy.

The diagnosis is supported by the clinical presentation, typical echocardiographic findings, and exclusion of obstructive coronary artery disease. The condition is usually reversible over days to weeks.

This is extensively described in the "Textbook of Clinical Echocardiography, 6e" (Chapter 8: Coronary Artery Disease and Takotsubo Syndrome), which highlights the typical patient demographics, presentation, echocardiographic features, and prognosis.

### NEW QUESTION # 133

What is the regional wall motion assessment of the two-chamber view displayed in this video?



- A. Hypokinetic basal inferior wall
- **B. Hypokinetic basal inferolateral wall**
- C. Aneurysmal basal inferior wall
- D. Aneurysmal basal inferolateral wall

**Answer: B**

Explanation:

The two-chamber apical echocardiographic view allows visualization of the basal inferolateral and anterior walls. The video demonstrates reduced wall thickening and motion in the basal inferolateral segment consistent with hypokinesis. An aneurysm would appear as a dyskinetic or paradoxical bulging of the wall, which is not seen here. The basal inferior wall is visualized better in other views (such as the apical four-chamber). Hypokinesis of the basal inferolateral wall suggests regional ischemia or infarction in the territory supplied by the left circumflex artery. These assessments are standard in segmental wall motion analysis described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

#### NEW QUESTION # 134

Based on this video, what is the estimated right atrial pressure in millimeters of mercury (mmHg)?



- A. 0
- B. 1
- C. 2
- D. 3

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a subcostal IVC view with measurement of IVC diameter and respiratory collapsibility. The IVC appears dilated (>2.1 cm) with less than 50% collapse on inspiration, suggesting elevated right atrial pressure (RAP).

According to ASE guidelines for noninvasive RAP estimation, an IVC diameter >2.1 cm with <50% collapsibility corresponds to an RAP of approximately 10 mmHg.

Lower RAP values correspond to smaller IVC and greater collapsibility. This is a standard measurement in adult echocardiography practice and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6ep.115-120#.

#### NEW QUESTION # 135

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