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ARDMS AE Adult Echocardiography Examination Sample Questions (Q49-Q54):

NEW QUESTION # 49

When utilizing contrast agents, what should the sonographer keep in mind?

- A. Contrast agents produce only mild reactions.
- B. Patients with no history of allergies will not have reactions.
- **C. Anaphylactoid reactions may occur.**
- D. The contrast-enhanced exam poses no risk to the patient.

Answer: C

Explanation:

Contrast agents used in echocardiography can rarely cause anaphylactoid reactions, which are non-IgE-mediated hypersensitivity reactions that can mimic anaphylaxis. Therefore, sonographers must be prepared to manage such reactions.

Contrary to option B, reactions can be severe though rare. Even patients without prior allergies can react. It is incorrect to say the exam poses no risk; proper precautions and monitoring are essential.

These precautions are emphasized in ASE contrast echocardiography guidelines and safety protocols#12:ASE Contrast Echocardiography Guidelines.190-195##16:Textbook of Clinical Echocardiography, 6ep.575-580#.

NEW QUESTION # 50

Which technique best determines a trileaflet aortic valve from a bicuspid aortic valve?

- **A. Visualize all three leaflets simultaneously during diastole**
- B. Use continuous wave Doppler to demonstrate normal flow velocity
- C. Use pulsed wave Doppler to demonstrate normal flow velocity
- D. Visualize all three leaflets simultaneously during systole

Answer: A

Explanation:

The most reliable technique to distinguish a trileaflet aortic valve from a bicuspid valve is to visualize all three leaflets simultaneously during diastole when the valve is closed. During diastole, the aortic valve leaflets coapt, and the three cusps form a characteristic "Y-shaped" or "Mercedes-Benz" sign on short-axis echocardiographic views, clearly demonstrating the number of leaflets.

Visualization during systole is less reliable because the valve is open, and the leaflets are moving rapidly.

Doppler techniques (pulsed or continuous wave) assess flow velocities but do not definitively determine leaflet number, only stenosis severity.

This approach is well documented in adult echocardiography textbooks and ASE valvular imaging guidelines, which emphasize the diastolic short-axis view for valve morphology assessment#16:Textbook of Clinical Echocardiography, 6ep.190-195##12:ASE Valve Imaging Guidelines.180-185#.

NEW QUESTION # 51

Which type of valvular lesion most commonly requires further evaluation with a non-imaging transducer?

- **A. Aortic stenosis**
- B. Pulmonic stenosis
- C. Tricuspid regurgitation
- D. Mitral regurgitation

Answer: A

Explanation:

Aortic stenosis (AS) is the valvular lesion most commonly requiring evaluation with a non-imaging (pedoff) continuous wave Doppler transducer. This specialized probe allows the operator to align the Doppler beam parallel to high-velocity aortic jets to accurately measure peak and mean gradients across the stenotic aortic valve.

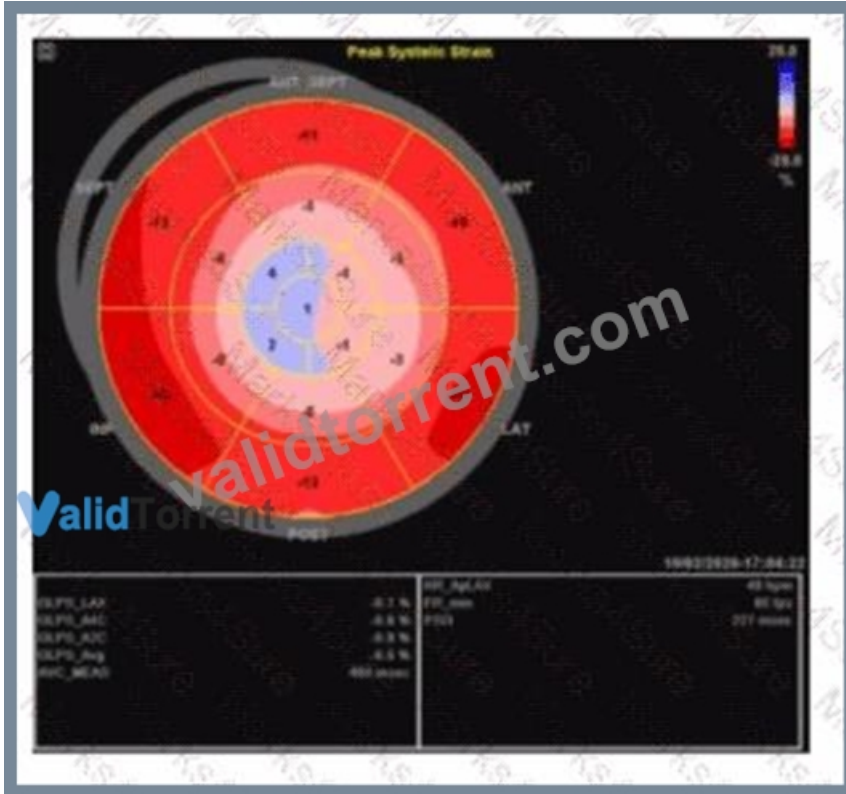
While imaging Doppler can estimate gradients, non-imaging CW Doppler is essential for precise quantification, especially in difficult acoustic windows or when maximal velocities need to be captured.

Mitral and tricuspid regurgitations and pulmonic stenosis are typically assessed with imaging transducers, as jet orientation is more variable.

This is highlighted in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Hemodynamics and Valvular Stenosis Assessment#20:310-315Textbook of Clinical Echocardiography#.

NEW QUESTION # 52

Which pathology is consistent with the left ventricular strain pattern shown in this image?



- A. Non-ischemic cardiomyopathy
- B. Apical hypertrophy
- C. Right coronary artery infarct
- **D. Amyloidosis**

Answer: D

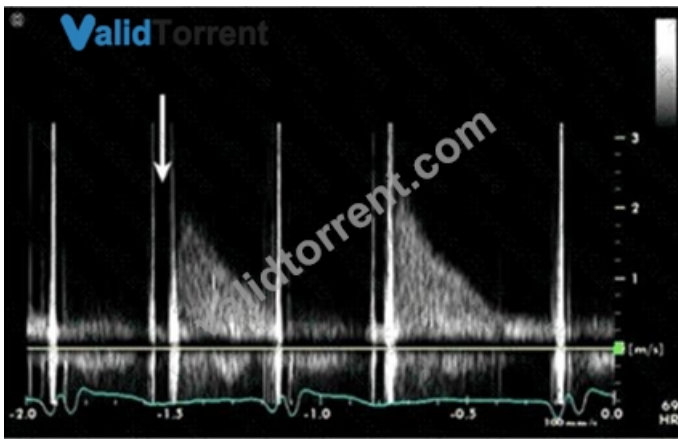
Explanation:

The strain imaging shown is a classic example of the "apical sparing" pattern, highly characteristic of cardiac amyloidosis. In cardiac amyloidosis, the basal and mid segments of the left ventricle show markedly reduced longitudinal strain (represented here by more positive or less negative strain values), while the apical segments retain relatively preserved strain (more negative strain values). This "cherry on top" or "bull's eye" pattern with apical strain preserved distinguishes amyloidosis from other causes of LV dysfunction. This pattern is not typical of apical hypertrophy, which would show focal thickening and abnormal strain limited to the apex. Non-ischemic cardiomyopathy generally has a more diffuse and uniform reduction in strain without the apical sparing. Right coronary artery infarcts affect the inferior and posterior walls and would have segmental strain abnormalities corresponding to the infarct distribution, not the typical apical sparing.

The left ventricular global longitudinal strain (GLS) in amyloidosis is typically severely reduced, but the relative preservation of apical strain is a hallmark useful for diagnosis, as described in the "Textbook of Clinical Echocardiography, 6e" (Chapter on strain imaging and infiltrative cardiomyopathies).

NEW QUESTION # 53

Which phase of the cardiac cycle is indicated by the arrow on this image?



- A. Isovolumic relaxation
- **B. Systolic ejection**
- C. Early diastole
- D. Isovolumic contraction

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Doppler waveform shows a typical left ventricular outflow tract or aortic valve velocity pattern. The arrow points to the steep rise and peak velocity of the jet, which corresponds to systolic ejection - the phase of the cardiac cycle when blood is rapidly ejected from the left ventricle into the aorta.

Isovolumic contraction precedes ejection and is represented by a flat baseline with no flow as ventricles build pressure. Isovolumic relaxation occurs after ejection before the mitral valve opens. Early diastole corresponds to mitral inflow, not aortic outflow.

This timing and flow pattern are standard in echocardiographic Doppler interpretation as described in the "Textbook of Clinical Echocardiography" and ASE Doppler imaging guidelines#16:Textbook of Clinical Echocardiography, 6ep.100-105##12:ASE Doppler Guidelinesp.50-55#.

NEW QUESTION # 54

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