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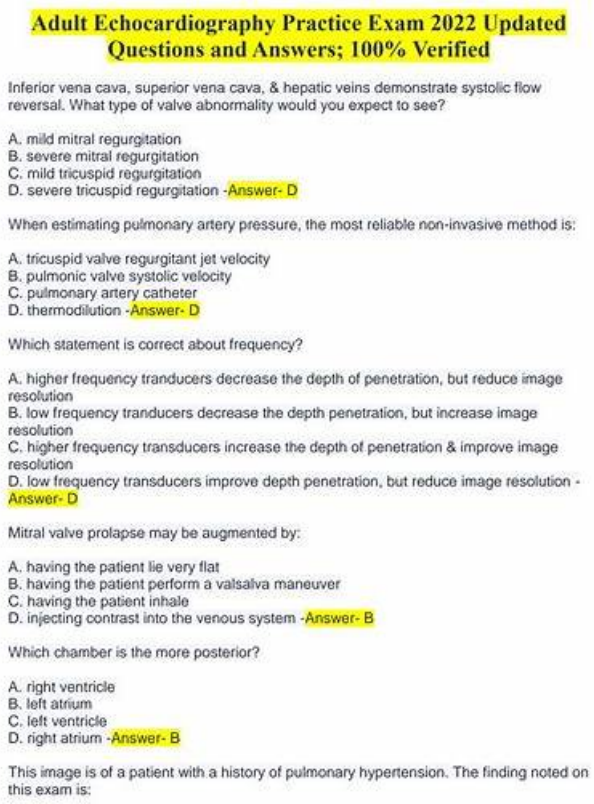

Adult Echocardiography Practice Exam 2022 Updated Questions and Answers; 100% Verified

Inferior vena cava, superior vena cava, & hepatic veins demonstrate systolic flow reversal. What type of valve abnormality would you expect to see?

A. mild mitral regurgitation
B. severe mitral regurgitation
C. mild tricuspid regurgitation
D. severe tricuspid regurgitation -Answer- D

When estimating pulmonary artery pressure, the most reliable non-invasive method is:

A. tricuspid valve regurgitant jet velocity
B. pulmonic valve systolic velocity
C. pulmonary artery catheter
D. thermodilution -Answer- D

Which statement is correct about frequency?

A. higher frequency tranducers decrease the depth of penetration, but reduce image resolution
B. low frequency tranducers decrease the depth penetration, but increase image resolution
C. higher frequency transducers increase the depth of penetration & improve image resolution
D. low frequency transducers improve depth penetration, but reduce image resolution -Answer- D

Mitral valve prolapse may be augmented by:

A. having the patient lie very flat
B. having the patient perform a valsalva maneuver
C. having the patient inhale
D. injecting contrast into the venous system -Answer- B

Which chamber is the more posterior?

A. right ventricle
B. left atrium
C. left ventricle
D. right atrium -Answer- B

This image is of a patient with a history of pulmonary hypertension. The finding noted on this exam is:

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• Clinical Care and Safety: This section of the exam measures skills of adult echocardiography technicians in applying clinical care principles and safety protocols. It includes evaluating patient history and external data, preparing patients including fasting state and intravenous line management, proper patient positioning, EKG lead placement, blood pressure measurement, and ergonomic techniques. Candidates are expected to identify critical echocardiographic findings, know contraindications for procedures, and be able to respond and manage medical emergencies that may arise during echocardiographic exams.
Topic 2	• Measurement Techniques, Maneuvers, and Sonographic Views: This section of the exam measures skills of adult echocardiography technicians in performing accurate cardiac measurements, conducting provocative maneuvers, and obtaining optimized sonographic imaging views. It involves applying 2D, 3D, M-mode, and Doppler techniques to measure heart valves, chambers, and vessels, including the aortic valve, mitral valve, left and right ventricles, atria, pulmonary artery, and shunt ratios. Candidates must instruct patients in maneuvers such as Valsalva, cough, sniff, and squat. They should also be proficient in acquiring standard echocardiographic views including apical, parasternal, subcostal, and suprasternal notch views.
Topic 3	• Instrumentation, Optimization, and Contrast: This section of the exam measures skills of adult echocardiography technicians related to use and optimization of ultrasound instrumentation and the application of contrast agents. Candidates should recognize imaging artifacts, utilize non-imaging transducers, and adjust ultrasound console settings for optimal imaging and Doppler recordings. Knowledge of harmonic imaging, principles of contrast agents, and the safe and effective use of saline and echo-enhancing contrast agents is essential. Candidates must also be able to optimize images when using contrast agents to ensure diagnostic quality.
Topic 4	• Anatomy and Physiology: This section of the exam measures skills of adult echocardiography technicians and covers knowledge and abilities related to normal cardiac anatomy and physiology. It includes assessing great vessels like the aorta and pulmonary arteries, recognizing anatomic variants of the heart, and evaluating cardiac chambers, pericardium, valve structures, and vessels of arterial and venous return. Candidates must document normal systolic and diastolic function, normal valve function and measurements, the phases of the cardiac cycle, normal Doppler changes with respiration, and appearance of arterial and venous waveforms. This also involves assessing the normal hemodynamic response to stress testing and maneuvers such as Valsalva, respiratory, handgrip, and postural changes.
Topic 5	• Pathology: This section of the exam measures skills of adult echocardiography technicians and focuses on identifying and evaluating abnormal physiology and perfusion and postoperative conditions. It includes assessment of ventricular aneurysms, aortic and valve abnormalities, arrhythmias, cardiac masses, diastolic dysfunction, endocarditis, ischemic diseases, cardiomyopathies, congenital anomalies, and postoperative valve repair or replacement and intracardiac devices. Candidates must demonstrate ability to recognize abnormal Doppler signals, EKG changes, wall motion abnormalities, and a wide range of cardiac pathologies including pulmonary hypertension and septal defects.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q77-Q82):

NEW QUESTION # 77
Which condition causes both tricuspid stenosis and tricuspid regurgitation?

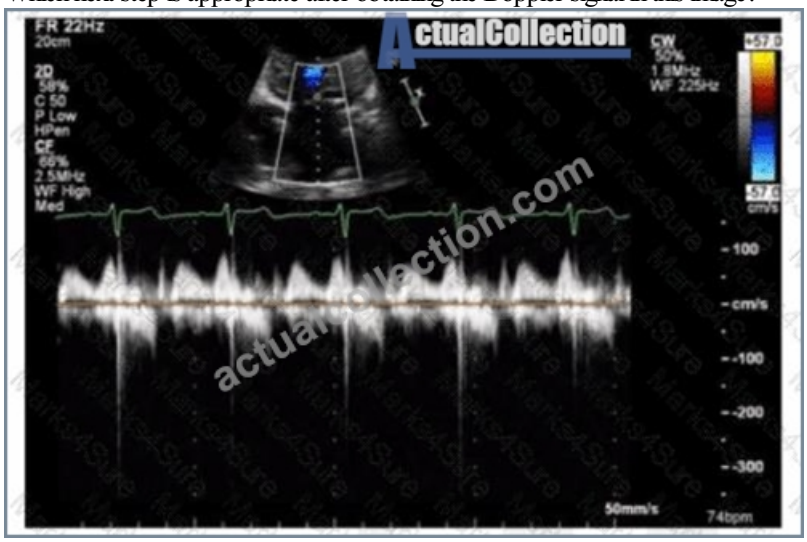
- A. Cor pulmonale

- B. Carcinoid heart disease
- C. Pulmonary hypertension
- D. Amyloid heart disease

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
Carcinoid heart disease results from the deposition of fibrous plaques on the endocardium of right-sided heart valves, predominantly affecting the tricuspid and pulmonary valves. This leads to both tricuspid stenosis (valve leaflet thickening and immobility causing obstruction) and tricuspid regurgitation (incomplete coaptation due to leaflet retraction).
Pulmonary hypertension and cor pulmonale cause primarily functional tricuspid regurgitation without stenosis. Amyloid heart disease can cause restrictive cardiomyopathy but rarely causes combined tricuspid valve stenosis and regurgitation.
These pathological changes are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Carcinoid Heart Disease and Right Heart Valve Disease#20:335-340Textbook of Clinical Echocardiography#.

NEW QUESTION # 78
Which next step is appropriate after obtaining the Doppler signal in this image?

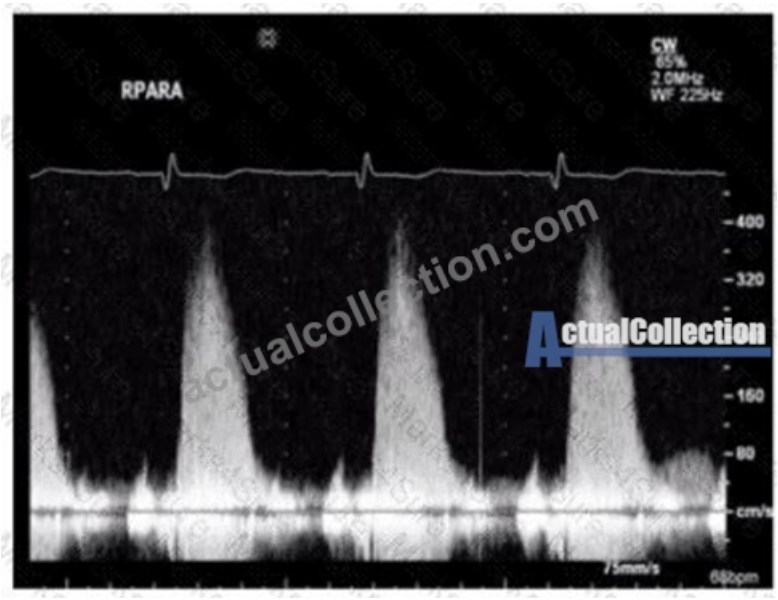


- A. Continuous wave through the mitral valve to assess for mitral stenosis
- B. Continuous wave through the left ventricle to localize intracavitary gradient
- C. Pulsed wave at the level of the mitral valve leaflet tips to assess for mitral stenosis
- D. Pulsed wave at various levels of the left ventricle to localize intracavitary gradient.

Answer: B

Explanation:
The Doppler signal shown is a continuous wave (CW) Doppler tracing typical of measuring high velocity flow, such as an intracavitary gradient in the left ventricle, often seen in hypertrophic obstructive cardiomyopathy (HOCM). CW Doppler is needed to capture the highest velocity flow across the entire ventricular cavity and outflow tract.
Pulsed wave Doppler has limited spatial resolution and cannot measure high velocities without aliasing; thus, it is less useful for localizing gradients in this context. Pulsed wave at mitral leaflet tips is used for mitral inflow assessment, not intracavitary gradients.
This approach is recommended in ASE guidelines for cardiomyopathy and valvular obstruction evaluation#12:
ASE Doppler Guidelinesp.120-125##16:Textbook of Clinical Echocardiography, 6ep.350-355#

NEW QUESTION # 79
Which patient positioning is best for obtaining the waveform seen in this image obtained by a non-imaging transducer?



- A. Laying on left side
- B. Laying on right side
- C. Laying on back with chin down
- D. Laying on stomach with left arm raised

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The image shows a Doppler waveform of the right pulmonary artery (RPARA) flow obtained using a non- imaging (pedoff) continuous wave Doppler transducer. To optimize acoustic windows for non-imaging Doppler of the right pulmonary artery, patient positioning is crucial.
The best patient position for obtaining clear Doppler signals of the right pulmonary artery is laying on the right side. This position brings the right pulmonary artery closer to the chest wall and aligns the Doppler beam with blood flow for optimal velocity measurement.
Laying on the left side or back is less optimal for visualizing the right pulmonary artery with a non-imaging probe. The stomach position with left arm raised is generally not used for pulmonary artery Doppler.
This patient positioning guidance is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Techniques and Right Heart Assessment, highlighting the importance of right lateral decubitus position for non-imaging Doppler interrogation of the right pulmonary artery#20:305-310Textbook of Clinical Echocardiography#.

NEW QUESTION # 80
The variables necessary to calculate mitral regurgitant (MR) effective orifice area by the proximal isovelocity surface area (PISA) equation include MR aliasing hemispheric radius, the aliasing velocity, and which other parameter?

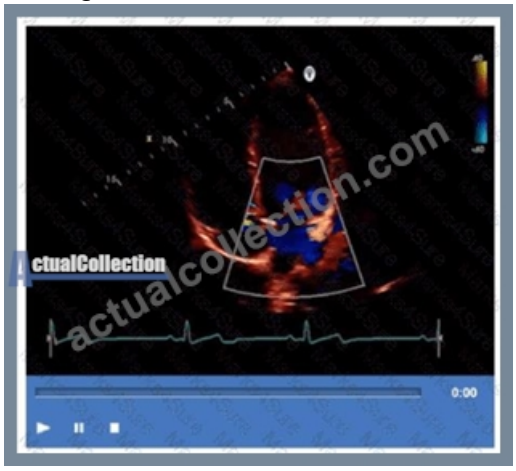
- A. Maximum mitral regurgitant velocity
- B. Mitral annular diameter
- C. Left ventricular outflow tract diameter
- D. Time velocity integral of pulsed wave at mitral annulus

Answer: A

Explanation:
The proximal isovelocity surface area (PISA) method estimates the effective regurgitant orifice area (EROA) in mitral regurgitation by measuring the radius of the hemispheric flow convergence region (aliasing radius) and incorporating the aliasing velocity and the peak velocity of the MR jet.
The equation for EROA is:
EROA = (2# × r² × Va) / Vmax
Where:
r = radius of the PISA hemisphere (aliasing radius)
Va = aliasing velocity (the velocity at which color aliasing occurs)

Vmax = peak MR velocity obtained by continuous wave Doppler
This calculation does not involve the mitral annular diameter, time velocity integral of mitral annulus, or left ventricular outflow tract diameter.
Thus, the third necessary parameter after aliasing radius and velocity is the maximum MR velocity measured by continuous wave Doppler, which allows determination of flow rate through the regurgitant orifice.
This formula and its clinical application are well established in adult echocardiography literature and ASE valvular regurgitation guidelines#12:ASE Valvular Regurgitation Guidelinesp.210-220##16:Textbook of Clinical Echocardiography, 6eChapter on Mitral Regurgitation Assessment#.

NEW QUESTION # 81



- A. Sinus venosus atrial septal defect
- B. Secundum atrial septal defect
- C. Coronary sinus atrial septal defect
- D. Primum atrial septal defect

Answer: B

Explanation:
The echocardiographic image shows a typical atrial septal defect located in the central portion of the atrial septum, best classified as a secundum atrial septal defect (ASD). Secundum ASDs are the most common type, occurring in the fossa ovalis region.
Sinus venosus ASDs are located near the superior vena cava or inferior vena cava junctions, coronary sinus ASDs involve unroofing of the coronary sinus, and primum ASDs occur low in the atrial septum near the atrioventricular valves.
These anatomic distinctions are critical for diagnosis and surgical planning and are detailed in adult congenital heart disease and echocardiography references#16:Textbook of Clinical Echocardiography, 6ep.
565-570##12:ASE Adult Congenital Guidelinesp.400-410#.

NEW QUESTION # 82
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