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ARDMS AE Adult Echocardiography Examination Sample Questions (Q115-Q120):

NEW QUESTION # 115

Which congenital heart anomaly is found in approximately 30% of normal adults?

- A. Hypertrophic cardiomyopathy
- B. Cleft mitral valve
- C. Bicuspid aortic valve
- D. Patent foramen ovale

Answer: D

Explanation:

Patent foramen ovale (PFO) is a common congenital cardiac anomaly found in approximately 25-30% of the adult population. It represents incomplete closure of the foramen ovale after birth and is usually asymptomatic.

Cleft mitral valve and bicuspid aortic valve are less common congenital anomalies, and hypertrophic cardiomyopathy is a genetic myocardial disease, not an anomaly.

This prevalence and clinical significance are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Common Anomalies#20:110-115Textbook of Clinical Echocardiography#.

NEW QUESTION # 116

Which of the following measurements is required for calculating the Qp/Qs ratio?

- A. Right ventricular outflow tract (RVOT) VTI
- B. Aortic valve VTI
- C. Mitral valve velocity time integral (VTI)
- D. Tricuspid valve VTI

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Qp/Qs ratio represents the ratio of pulmonary blood flow (Qp) to systemic blood flow (Qs). It is commonly calculated to quantify the magnitude of a left-to-right shunt in congenital heart disease.

To calculate Qp/Qs using echocardiography, stroke volumes across both the pulmonary and systemic outflow tracts are measured by combining the cross-sectional area of the outflow tract and the velocity time integral (VTI) of flow through it.

Pulmonary blood flow (Qp) is calculated using the right ventricular outflow tract (RVOT) diameter and RVOT VTI. Systemic blood flow (Qs) is calculated using the left ventricular outflow tract (LVOT) diameter and aortic valve VTI.

Thus, RVOT VTI is essential for Qp calculation, making option D correct.

This method is explained in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Shunts and Quantification of Flow#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 117

What is the range of the aortic valve area in normal adults?

- A. 1 - 2 cm²
- B. 3 - 4cm²
- C. 5 - 6cm²
- D. 7- 8cm²

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The normal aortic valve area (AVA) in adults typically ranges from 3 to 4 cm². This measurement is important for assessing aortic stenosis severity; values below this range suggest valve narrowing.

AVA values of 1-2 cm² indicate mild to moderate stenosis, while less than 1 cm² reflects severe stenosis.

Larger areas like 5-6 or 7-8 cm² are not physiologically typical.

This normal range is documented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Anatomy and Function#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 118

Left atrial dilation, concentric left ventricular hypertrophy, and aortic root dilation are echocardiography findings commonly

associated with which condition?

- A. Pulmonary hypertension
- B. Hypertrophic cardiomyopathy
- **C. Systemic hypertension**
- D. Restrictive cardiomyopathy

Answer: C

Explanation:

Systemic hypertension leads to increased afterload, resulting in concentric left ventricular hypertrophy as an adaptive response. Chronic hypertension also causes aortic root dilation and elevated filling pressures leading to left atrial enlargement.

Restrictive cardiomyopathy primarily shows normal wall thickness with impaired filling. Hypertrophic cardiomyopathy involves asymmetric septal hypertrophy. Pulmonary hypertension mainly affects the right heart.

This association is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hypertensive Heart Disease#20:345-350Textbook of Clinical Echocardiography#.

NEW QUESTION # 119

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

Answer: C

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:

$$\text{EROA} = (2\pi \times r^2 \times V_a) / V_{\text{max}}$$

Where:

r = radius of the PISA hemisphere (aliasing radius)

V_a = aliasing velocity (the velocity at which color aliasing occurs)

V_{max} = 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 # 120

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