

# AE-Adult-Echocardiography Latest Exam Duration & AE-Adult-Echocardiography Valid Exam Test



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## ADULT ECHOCARDIOGRAPHY PRACTICE EXAM #1 | QUESTIONS & ANSWERS (VERIFIED) | LATEST UPDATE | GRADED A+ & PASSED

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

Correct Ans: 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

Correct Ans: D

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## ARDMS AE Adult Echocardiography Examination Sample Questions (Q78-Q83):

### NEW QUESTION # 78

Which finding is NOT associated with severe mitral valve regurgitation?

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

**Answer: C**

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 # 79

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



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

- D. Laying on right side

**Answer: D**

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#20305-310Textbook of Clinical Echocardiography#.

**NEW QUESTION # 80**

Which statement is most accurate regarding cardiac contusion?

- A. It is focal ventricular hypertrophy.
- B. It affects the right ventricle more commonly than the left.
- C. It leads to hypercontractility of the left ventricle
- D. It can result from a myocardial infarction.

**Answer: B**

Explanation:

Cardiac contusion is a myocardial injury resulting from blunt chest trauma, typically affecting the right ventricle more commonly than the left ventricle because of its anterior location and proximity to the chest wall. The injury can range from mild bruising to severe myocardial damage and dysfunction.

It does not result from myocardial infarction (which is ischemic injury), nor does it cause hypertrophy or hypercontractility. Instead, it may cause wall motion abnormalities, arrhythmias, or even rupture.

These features are detailed in echocardiography and trauma cardiology literature, including the "Textbook of Clinical Echocardiography" and clinical guidelines on blunt cardiac injury#16:Textbook of Clinical Echocardiography, 6ep.600-605##12:ASE Trauma Cardiology Guidelinesp.500-505#.

**NEW QUESTION # 81**

How are pseudoaneurysms best distinguished from true aneurysms?

- A. Pseudoaneurysms have a wide neck.
- B. True aneurysms are lined with myocardium
- C. Pseudoaneurysms occupy the left ventricular apex.
- D. True aneurysms contain thrombus.

**Answer: B**

Explanation:

True ventricular aneurysms are lined by scarred myocardium and have a broad neck. Pseudoaneurysms occur after myocardial rupture contained by pericardium or scar tissue and lack myocardium in the wall.

Pseudoaneurysms typically have a narrow neck and are more prone to rupture.

Pseudoaneurysms can occur at various locations, not exclusively the apex. Both true aneurysms and pseudoaneurysms may contain thrombus, so this is not a distinguishing feature.

This differentiation is important clinically and is detailed in adult echocardiography and surgical cardiology texts and ASE guidelines#16:Textbook of Clinical Echocardiography, 6ep.400-405##12:ASE Cardiac Masses and Aneurysms Guidelinesp.150-160#.

## NEW QUESTION # 82

Which color Doppler adjustment would optimize visualization of flow across the interatrial septum?

- A. Increased color sector size
- B. Decreased color scale
- C. Decreased color gain
- D. Increased wall filter

**Answer: B**

Explanation:

Decreasing the color scale (velocity range) improves the sensitivity of color Doppler for detecting low- velocity flow, such as shunting across the interatrial septum (e.g., patent foramen ovale). A lower scale allows subtle flow jets to be visualized.

Decreasing color gain would reduce sensitivity, increasing color sector size can degrade frame rate and resolution, and increasing the wall filter may remove low-velocity signals.

This optimization is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Color Doppler Imaging Techniques#20:100-105Textbook of Clinical Echocardiography#.

## NEW QUESTION # 83

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