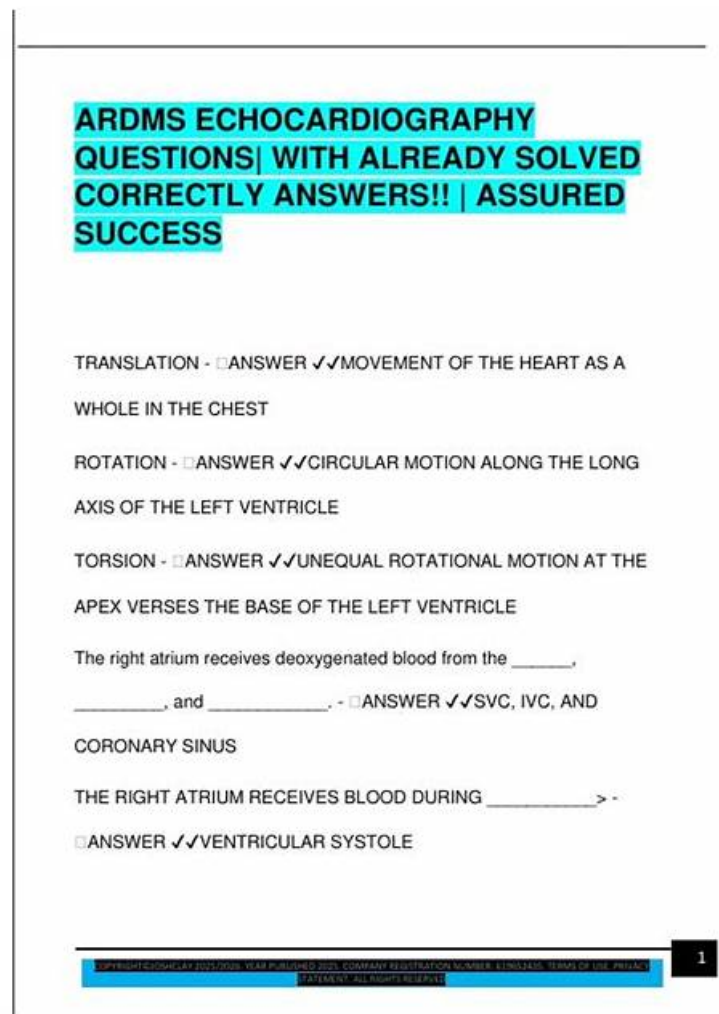


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q43-

Q48):

NEW QUESTION # 43

What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Stroke volume of the RVOT
- B. Left ventricular outflow tract (LVOT) time velocity integral
- C. Stroke volume of the LVOT
- D. Right ventricular outflow tract (RVOT) time velocity integral

Answer: A

Explanation:

In the calculation of the shunt ratio Qp/Qs, Qp represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time velocity integral (VTI).

Qp (pulmonary flow) divided by Qs (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.

This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 44

What is the route of ventricular depolarization?

- A. Sinoatrial to atrioventricular nodes
- B. Right bundle to left bundle branch
- C. Bundle of His to atrioventricular node
- D. Bundle of His to Purkinje fibers

Answer: D

Explanation:

Ventricular depolarization begins with the electrical impulse traveling from the atrioventricular (AV) node to the Bundle of His, which then bifurcates into the right and left bundle branches. From the bundle branches, the impulse travels to the Purkinje fibers, which rapidly distribute the impulse to ventricular myocardium causing ventricular contraction.

Option A is incorrect because the impulse does not travel from the right to the left bundle branch; they run parallel. Option B describes atrial conduction. Option C is incorrect because the AV node precedes the Bundle of His, not the reverse.

This conduction pathway is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Electrophysiology#20:40-45Textbook of Clinical Echocardiography#.

NEW QUESTION # 45

Which echogenic structure is indicated by the arrow on this image?



- A. Annular calcification
- B. Tumor
- C. Thrombus
- D. Vegetation

Answer: A

Explanation:

The image is a parasternal long-axis echocardiographic view focusing on the mitral valve annulus with a highly echogenic, dense, and well-defined structure located at the base of the posterior mitral leaflet. This appearance is characteristic of mitral annular calcification (MAC), a degenerative process resulting in calcium deposition along the mitral valve annulus.

Vegetations appear as irregular, mobile masses attached to valve leaflets and are less dense. Tumors and thrombi have different echogenicity and locations (tumors often in atria, thrombi in atrial appendages). MAC is usually more echogenic and localized to the annulus.

This description and differentiation are found in adult echocardiography textbooks and ASE guidelines on cardiac masses and valvular calcifications#16:Textbook of Clinical Echocardiography, 6ep.460-465##12:

ASE Guidelines on Cardiac Massesp.150-160#.

NEW QUESTION # 46

Which statement is considered true regarding tricuspid annular plane systolic excursion (TAPSE)?

- A. It is an indirect measure of left ventricular systolic function.
- B. The lower reference value is 13 mm.
- C. It is a measure of right ventricular diastolic function.
- D. It is angle dependent.

Answer: B

Explanation:

TAPSE measures the longitudinal systolic excursion of the tricuspid annulus towards the apex and is a widely used echocardiographic parameter of right ventricular systolic function. It is not a measure of diastolic function nor an indirect measure of left ventricular function.

TAPSE is relatively angle independent because it is measured in M-mode from the apical four-chamber view aligned with annular motion.

The lower normal limit for TAPSE is generally accepted as 16 mm, but 13 mm is sometimes cited as a threshold below which right ventricular systolic dysfunction is suggested.

This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function

NEW QUESTION # 47

What is indicated by the arrow on this video clip?

- **A. Moderator band**
- B. Eustachian valve
- C. False tendon
- D. Chiari network

Answer: A

Explanation:

The structure indicated by the arrow in the right ventricle is the moderator band. The moderator band is a muscular band of tissue that crosses the right ventricular cavity from the interventricular septum to the anterior papillary muscle. It contains part of the right bundle branch of the conduction system and is a normal anatomical structure identifiable on echocardiography.

False tendons are fibrous or muscular strands within the left ventricle, not the right. The Chiari network is a mobile, net-like structure in the right atrium near the inferior vena cava and atrial septum. The Eustachian valve is a crescent-shaped ridge at the entrance of the inferior vena cava into the right atrium.

The moderator band is important to recognize to avoid misinterpretation as a pathological mass or thrombus.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Anatomy and Echocardiographic Landmarks#20:150-155Textbook of Clinical Echocardiography#.

NEW QUESTION # 48

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