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Revised AE Adult Echocardiography Course

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q15-Q20):

NEW QUESTION # 15

Which of the following does the pulmonary capillary wedge pressure estimate?

- A. Left atrial pressure
- B. Left ventricular pressure
- C. Right ventricular pressure
- D. Right atrial pressure

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pulmonary capillary wedge pressure (PCWP) is obtained by advancing a balloon-tipped catheter into a small branch of the pulmonary artery and inflating the balloon to "wedge" the catheter, thereby occluding forward blood flow and measuring the pressure distal to the occlusion. The measured pressure reflects the pressure in the pulmonary venous system, which closely approximates left atrial pressure (LAP) under normal conditions.

Since the left atrium receives pulmonary venous return before the blood enters the left ventricle, PCWP is a surrogate for LAP, which in turn reflects left ventricular end-diastolic pressure (LVEDP) in the absence of mitral valve disease or pulmonary venous obstruction. PCWP is widely used in clinical and echocardiographic contexts to estimate left heart filling pressures.

It does not estimate right atrial, right ventricular, or left ventricular pressures directly. Right atrial pressure is measured via central venous pressure, right ventricular pressure by catheterization, and left ventricular pressure by direct catheterization.

This concept is extensively discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hemodynamics and Doppler Assessment, with specific emphasis on the use of PCWP to estimate left atrial pressure#20:200-210Textbook of Clinical Echocardiography#.

NEW QUESTION # 16

Which type of defect can be seen in this video clip?



- A. Pseudoaneurysm of the apex
- B. Coronary artery aneurysm

- C. Ischemic ventricular septal defect
- D. Tricuspid regurgitation

Answer: C

Explanation:

The echocardiographic video shows a defect in the ventricular septum with left-to-right shunting consistent with an ischemic ventricular septal defect (VSD), a mechanical complication of myocardial infarction. The defect allows blood flow between the left and right ventricles.

Coronary artery aneurysm appears as dilated coronary vessels, not a septal defect. Tricuspid regurgitation involves the right atrioventricular valve and is identified differently. Pseudoaneurysm of the apex is a contained myocardial rupture with narrow neck and does not involve septal communication.

This complication and its echocardiographic features are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Post-Infarction Mechanical Complications#20:430-435Textbook of Clinical Echocardiography#.

NEW QUESTION # 17

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

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

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 Assessment#20:320-325Textbook of Clinical Echocardiography

NEW QUESTION # 18

Which condition is most likely suggested by an apically sparing "cherry on top" left ventricular strain pattern?

- A. Amyloidosis
- B. Hypertension
- C. Hypertrophic cardiomyopathy
- D. Athlete's heart

Answer: A

Explanation:

The apical sparing pattern of global longitudinal strain (GLS) is a characteristic echocardiographic finding in cardiac amyloidosis. This pattern appears as a relative preservation of longitudinal strain in the apical segments compared to markedly reduced strain in basal and mid-ventricular segments, resulting in a "cherry on top" bullseye plot appearance.

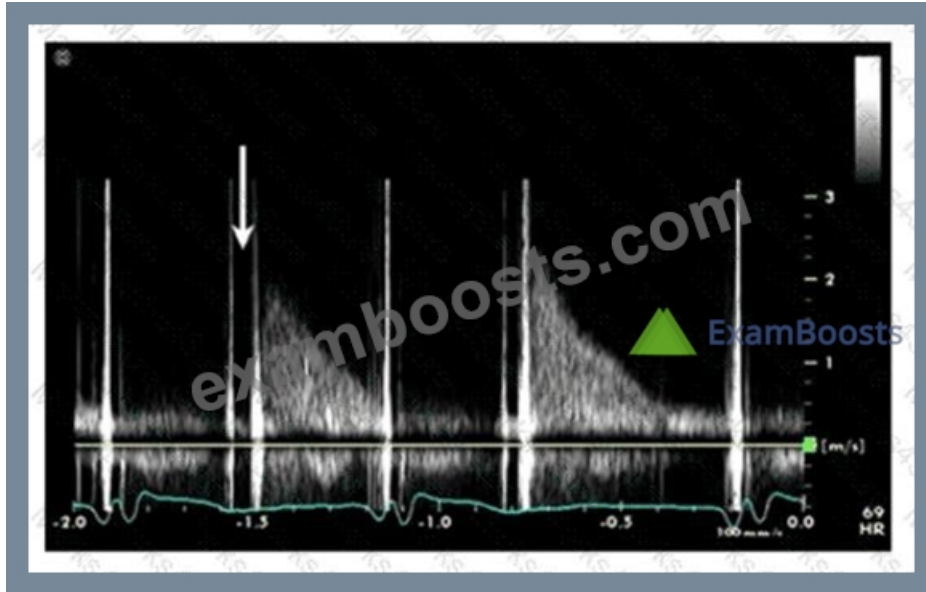
This distinctive pattern helps differentiate amyloidosis from other causes of left ventricular hypertrophy and dysfunction, such as hypertensive heart disease, hypertrophic cardiomyopathy, or athlete's heart, which generally show more uniform or different regional strain impairments.

This diagnostic feature has been validated in numerous studies and is included in the ASE guidelines on strain imaging and the "Textbook of Clinical Echocardiography," providing a sensitive and specific noninvasive marker for amyloid infiltration of the myocardium#12:ASE Strain Imaging Guidelinesp.130-140##16:

Textbook of Clinical Echocardiography, 6ep.320-325#.

NEW QUESTION # 19

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



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

Answer: A

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 # 20

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