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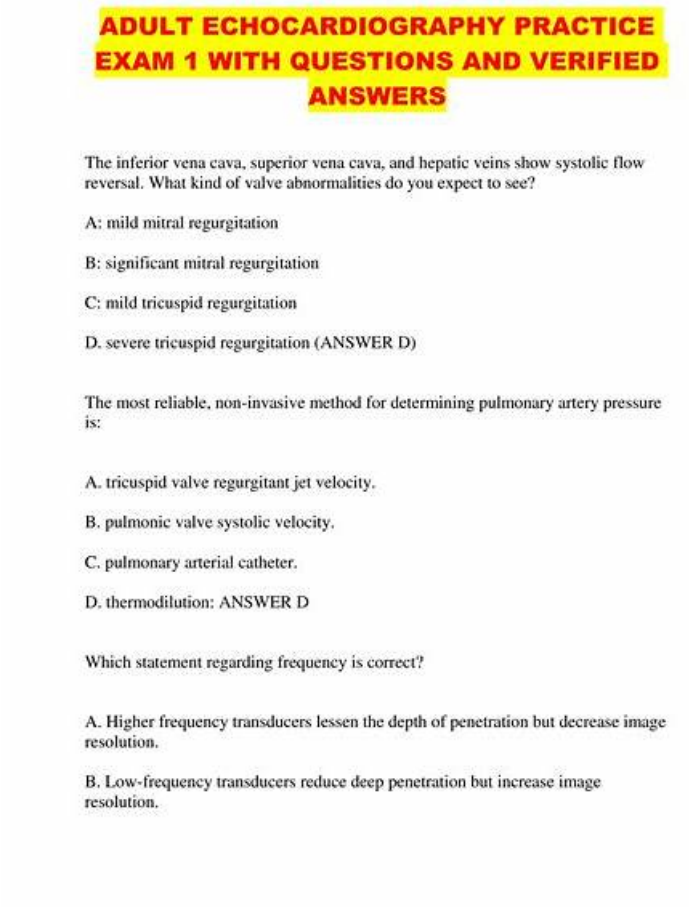
ADULT ECHOCARDIOGRAPHY PRACTICE EXAM 1 WITH QUESTIONS AND VERIFIED ANSWERS

The inferior vena cava, superior vena cava, and hepatic veins show systolic flow reversal. What kind of valve abnormalities do you expect to see?

A: mild mitral regurgitation

B: significant mitral regurgitation

C: mild tricuspid regurgitation

D. severe tricuspid regurgitation (ANSWER D)

The most reliable, non-invasive method for determining pulmonary artery pressure is:

A. tricuspid valve regurgitant jet velocity.

B. pulmonic valve systolic velocity.

C. pulmonary arterial catheter.

D. thermodilution: ANSWER D

Which statement regarding frequency is correct?

A. Higher frequency transducers lessen the depth of penetration but decrease image resolution.

B. Low-frequency transducers reduce deep penetration but increase image resolution.

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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	• 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.
Topic 3	• 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 4	• 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 5	• 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q22-Q27):

NEW QUESTION # 22
Which adjustment should be made to optimize this video?

- A. Increase time gain compensation in the near field
- B. Increase compression
- C. Decrease time gain compensation in the far field
- D. Decrease overall gain

Answer: A

Explanation:

The echocardiographic image/video shows decreased brightness and penetration in the near field, making the anterior cardiac structures poorly visualized while deeper structures appear brighter. This indicates under-gain in the near field.
Increasing the time gain compensation (TGC) in the near field enhances the signal strength of superficial structures without affecting deeper tissues. This adjustment improves image quality by balancing the brightness across the field.
Increasing compression or decreasing overall gain would reduce the signal globally and are not specific for near field optimization.
Decreasing TGC in the far field would reduce brightness deeper but does not address near-field issues.
This principle is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Image Optimization and Technical Settings#20:70-75Textbook of Clinical Echocardiography#.

NEW QUESTION # 23
Which of the following occurs during the strain phase of the Valsalva maneuver?

- A. Decreased afterload
- B. Increased afterload
- C. Increased preload
- D. Decreased preload

Answer: D

Explanation:
During the strain phase of the Valsalva maneuver, intrathoracic pressure increases significantly due to forced expiration against a closed glottis. This elevated intrathoracic pressure compresses the thoracic veins, leading to decreased venous return to the heart, which causes a reduction in preload (the volume of blood filling the ventricles during diastole). This reduction in preload is transient and results in decreased stroke volume and cardiac output.
This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio can normalize or reverse if diastolic dysfunction is present.
The strain phase does not decrease afterload; in fact, afterload can transiently increase during other phases, but the hallmark of the strain phase is decreased preload.
This explanation is detailed in the "Textbook of Clinical Echocardiography, 6e," which explains the hemodynamic changes during the Valsalva maneuver and its clinical application in echocardiographic assessment of diastolic function .

NEW QUESTION # 24
Which finding does peak mitral valve regurgitant Doppler velocity reflect?

- A. Pressure gradient between the left ventricle and aorta
- B. Mechanism of regurgitation
- C. Severity of regurgitation
- D. Pressure gradient between the left ventricle and left atrium

Answer: D

Explanation:
The peak Doppler velocity of mitral regurgitation (MR) reflects the instantaneous pressure gradient between the left ventricle (LV) and left atrium (LA) during systole. The higher the velocity, the greater the pressure difference.
However, the velocity itself does not quantify severity directly; severity depends on the size and volume of the regurgitant jet. The mechanism is determined by valve morphology and motion, not velocity. The LV to aorta gradient relates to aortic valve pathology.
This principle is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Regurgitation and Doppler Evaluation#20:390-395Textbook of Clinical Echocardiography#.

NEW QUESTION # 25
Which phase of the cardiac cycle is indicated by the arrow on this image?

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

Answer: B

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 # 26
Which statement is most accurate regarding cardiac contusion?

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

Answer: C

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 # 27
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