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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 Examination Sample Questions (Q33-Q38):

NEW QUESTION # 33

Which sonographic views allow visualization of a patent ductus arteriosus (PDA)?

- **A. Suprasternal notch and basal parasternal short axis**
- B. Basal parasternal short axis and right ventricular inflow tract
- C. Parasternal long axis and apical five-chamber
- D. Parasternal long axis and apical long axis

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Visualization of a patent ductus arteriosus (PDA) typically requires imaging planes that include the aortic arch and pulmonary artery, which are well seen from the suprasternal notch window and the basal parasternal short axis view.

The suprasternal notch window provides a longitudinal view of the aortic arch and adjacent pulmonary artery, where the PDA is located. The basal parasternal short axis at the level of the great vessels can also visualize flow through the PDA using color Doppler.

Other views like parasternal long axis and apical views are less optimal for direct PDA visualization.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Defects and PDA Imaging#20:370-375Textbook of Clinical Echocardiography#.

NEW QUESTION # 34

Mid to distal septal akinesis in post-stress imaging of the apical four-chamber view is suggestive of disease in which coronary artery?

- **A. Left anterior descending**
- B. Left circumflex
- C. Posterior descending
- D. Obtuse marginal

Answer: A

Explanation:

The mid to distal interventricular septum is supplied predominantly by the left anterior descending (LAD) coronary artery. Post-stress echocardiography showing akinesis or hypokinesis of these segments is highly suggestive of ischemia or infarction in the LAD territory.

The posterior descending artery supplies the inferior wall, the obtuse marginal supplies lateral walls, and the left circumflex supplies lateral and posterior walls.

This coronary artery segmental relationship is a cornerstone of ischemic heart disease evaluation by stress echocardiography and is well documented in ASE guidelines and clinical echocardiography literature#16:

Textbook of Clinical Echocardiography, 6ep.380-385##12:ASE Stress Echocardiography Guidelinesp.300-310#.

NEW QUESTION # 35

Sinus of Valsalva aneurysms most commonly rupture into which structure(s)?

- A. Coronary sinus
- B. Pericardial space
- C. Left atrium
- **D. Right heart chambers**

Answer: D

Explanation:

Sinus of Valsalva aneurysms typically rupture into the right heart chambers, most commonly the right atrium or right ventricle. This creates a left-to-right shunt and can lead to volume overload and heart failure if not treated. Rupture into the pericardial space is less common and may cause tamponade. Rupture into the left atrium or coronary sinus is rare. This clinical detail is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Root Pathology and Sinus of Valsalva Aneurysms#20:420-425Textbook of Clinical Echocardiography#.

NEW QUESTION # 36

Which wall is indicated by the arrow on this image?

- A. Inferior
- B. Anterolateral
- C. Anterior
- D. Inferolateral

Answer: A

Explanation:

The echocardiographic image is a parasternal long axis or apical view showing the left ventricle. The arrow points to the wall segment located inferiorly, corresponding to the inferior wall of the left ventricle. The inferior wall is typically visualized in parasternal long axis and apical views as the posterior aspect of the ventricle.

Other options correspond to different walls: anterior is anterior septal wall, anterolateral and inferolateral refer to the lateral wall regions. Accurate wall identification is critical for regional wall motion analysis and coronary artery territory correlation.

This segmental wall identification is detailed in adult echocardiography and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelines.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

NEW QUESTION # 37

Which adjustment will improve the frame rate?

- A. Narrow sector width
- B. Decrease overall gain
- C. Increase dynamic range
- D. Increase transducer frequency

Answer: A

Explanation:

Frame rate in echocardiography is affected by the sector width, depth, and line density. Narrowing the sector width reduces the number of scan lines per frame, thus increasing the frame rate and temporal resolution. This improves the ability to capture rapid cardiac motion.

Decreasing overall gain affects image brightness, not frame rate. Increasing dynamic range increases the number of gray shades, which may slightly decrease frame rate due to processing load. Increasing transducer frequency improves resolution but reduces penetration depth and can decrease frame rate due to longer pulse duration.

This principle is emphasized in echocardiography physics and instrumentation texts and ASE imaging guidelines#16:Textbook of Clinical Echocardiography, 6ep.40-45##12:ASE Imaging Protocolsp.10-15#.

NEW QUESTION # 38

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