

New AE-Adult-Echocardiography Exam Vce - AE-Adult-Echocardiography Valid BrainDumps Questions

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 (Q59-Q64):

NEW QUESTION # 59

What minimum number of poorly-visualized contiguous left ventricular (i_V) regional wall segments indicate the use of contrast agents for LV endocardial border definition?

- A. Four
- B. Two
- C. Five
- D. Three

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Contrast echocardiography is recommended to enhance the visualization of left ventricular endocardial borders when the image quality is suboptimal. Specifically, contrast agents should be used when at least three contiguous left ventricular segments are poorly visualized on standard two-dimensional imaging. This approach improves the accuracy and reliability of assessing regional wall motion and global systolic function.

The use of contrast is particularly important during stress echocardiography to ensure detection of ischemic segments, which might otherwise be missed due to inadequate image quality. Studies suggest that contrast enhancement is required in approximately 30% to 50% of stress echocardiographic studies depending on patient factors and laboratory practices.

These recommendations are detailed in the echocardiography guidelines and in the "Textbook of Clinical Echocardiography, 6e" (Chapter 8: Coronary Artery Disease and Stress Echocardiography) which emphasize the utility of contrast agents for better endocardial border definition when at least three segments are not clearly seen.

NEW QUESTION # 60

How are pseudoaneurysms best distinguished from true aneurysms?

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

Answer: A

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 # 61

Which region of the aorta is being measured to assess the critical finding in this image?

□

- A. Ascending aorta
- B. Descending aorta
- C. Sinus of Valsalva
- D. Aortic root

Answer: A

Explanation:

The echocardiographic image shows measurement of the ascending aorta, identified by its position above the aortic valve and before the arch vessels. The ascending aorta is a critical region assessed for dilation or aneurysm.

The sinus of Valsalva refers to the dilated portion just above the aortic valve cusps, while the aortic root includes the annulus, sinuses, and sinotubular junction. The descending aorta is posterior and visualized in other windows.

This measurement and its importance are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Root and Ascending Aorta Evaluation#20:380-385Textbook of Clinical Echocardiography#.

NEW QUESTION # 62

A patient presents with tender, red lesions on their fingers and toes (Osier nodes). Which finding is most likely?

- A. Papillary fibroelastoma
- B. Carcinoid heart disease
- **C. Infective endocarditis**
- D. Lambl excrescences

Answer: C

Explanation:

Osler nodes are tender, erythematous nodules typically located on the fingers and toes, and are a classic sign of infective endocarditis (IE). They represent immune complex deposition and microemboli causing localized vasculitis.

Carcinoid heart disease presents with right-sided valve fibrosis and not with Osler nodes. Lambl excrescences are small filiform valvular strands without clinical manifestations such as Osler nodes. Papillary fibroelastomas are benign cardiac tumors that may cause emboli but not immune-mediated skin lesions.

This classic clinical sign and its echocardiographic correlation in IE are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Infective Endocarditis#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 63

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

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

Answer: C

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 # 64

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