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## ARDMS AE Adult Echocardiography Examination Sample Questions (Q111-Q116):

### NEW QUESTION # 111

Which abnormality is associated with Marfan syndrome?

- A. Aortic annular dilatation
- B. Parachute mitral valve
- C. Cleft mitral valve
- D. Coarctation of the aorta

**Answer: A**

Explanation:

Marfan syndrome is a connective tissue disorder characterized by abnormalities in the fibrillin-1 gene, leading to cardiovascular manifestations including aortic root and annular dilatation. Aortic annular dilatation predisposes to aortic valve insufficiency (regurgitation) and aortic aneurysm formation.

Coarctation of the aorta is more commonly associated with Turner syndrome. Parachute mitral valve and cleft mitral valve are congenital abnormalities linked to other syndromes or defects but not typical in Marfan syndrome.

This association is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Genetic Syndromes and Cardiovascular Manifestations#20:120-125Textbook of Clinical Echocardiography#.

### NEW QUESTION # 112

Which finding is best demonstrated in this video?

- A. Aortic root dilatation
- B. Mid-anteroseptal hypokinesis
- C. Left atrial elongation
- D. Systolic anterior motion of the mitral valve

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a parasternal long-axis view of the left ventricle and mitral valve with the anterior leaflet of the mitral valve moving abnormally toward the interventricular septum during systole. This systolic anterior motion (SAM) of the mitral valve is characteristic of hypertrophic obstructive cardiomyopathy (HOCM) and contributes to left ventricular outflow tract obstruction.

Aortic root dilatation and left atrial elongation are structural findings seen in other views. Mid-anteroseptal hypokinesis is a regional wall motion abnormality not clearly visualized in this clip.

This echocardiographic sign is critical in diagnosing and managing HOCM and is discussed extensively in ASE guidelines and clinical echocardiography texts#16:Textbook of Clinical Echocardiography, 6e.350-355##12:ASE Cardiomyopathy Guidelinesp.120-130#.

### NEW QUESTION # 113

The sonographer obtains this Doppler signal while using the non-imaging transducer in the apical position.

What is the best way to differentiate between mitral regurgitation and aortic stenosis signals in the waveform shown in this image?

- A. Aortic stenosis waveforms will always be denser
- B. Aortic stenosis velocities will always be higher
- C. Mitral regurgitation only happens in diastole
- D. Mitral regurgitation signal will be longer

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Mitral regurgitation (MR) Doppler signals tend to be longer in duration because MR occurs throughout systole, often spanning most or all of ventricular systole, resulting in a prolonged jet on continuous wave Doppler.

Aortic stenosis (AS) velocities can be high but may vary and are not necessarily always higher than MR velocities. The density of waveforms is not a reliable discriminator. MR only happens in systole, not diastole, which makes option C incorrect.

Therefore, the duration or length of the Doppler signal (longer for MR) is the best differentiating feature.

This differentiation is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Assessment of Valvular Disease#20:320-325Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 114

Which artery is identified by the arrow on this image?

□

- A. Left subclavian
- **B. Brachiocephalic**
- C. Left common carotid
- D. Right common carotid

**Answer: B**

Explanation:

The image is a suprasternal or high parasternal echocardiographic view of the aortic arch and its branches.

The arrow points to the first large branch arising from the aortic arch, which is the brachiocephalic artery (also called the innominate artery). This vessel courses superiorly and bifurcates into the right common carotid and right subclavian arteries.

The left common carotid artery is the second branch from the arch, the left subclavian artery is the third branch, and the right common carotid is a branch of the brachiocephalic artery, not directly off the arch.

This anatomic arrangement and its echocardiographic depiction are well documented in adult echocardiography references and vascular ultrasound guidelines#12:ASE Vascular Imaging Guidelinesp.270-275##16:Textbook of Clinical Echocardiography, 6ep.400-405#.

#### NEW QUESTION # 115

Which of the following measurements is required for calculating the Qp/Qs ratio?

- A. Aortic valve VTI
- B. Tricuspid valve VTI
- C. Mitral valve velocity time integral (VTI)
- **D. Right ventricular outflow tract (RVOT) VTI**

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Qp/Qs ratio represents the ratio of pulmonary blood flow (Qp) to systemic blood flow (Qs). It is commonly calculated to quantify the magnitude of a left-to-right shunt in congenital heart disease.

To calculate Qp/Qs using echocardiography, stroke volumes across both the pulmonary and systemic outflow tracts are measured by combining the cross-sectional area of the outflow tract and the velocity time integral (VTI) of flow through it.

Pulmonary blood flow (Qp) is calculated using the right ventricular outflow tract (RVOT) diameter and RVOT VTI. Systemic blood flow (Qs) is calculated using the left ventricular outflow tract (LVOT) diameter and aortic valve VTI.

Thus, RVOT VTI is essential for Qp calculation, making option D correct.

This method is explained in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Shunts and Quantification of Flow#20:360-365Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 116

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