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ARDMS AE Adult Echocardiography Examination Sample Questions (Q12-Q17):

NEW QUESTION # 12

Which syndrome is associated with pulmonic stenosis?

- A. Marfan
- **B. Noonan**
- C. Turner
- D. Eisenmenger

Answer: B

Explanation:

Pulmonic stenosis is a congenital valve abnormality often seen in genetic syndromes with cardiac manifestations. Among these, Noonan syndrome is the most frequently associated with pulmonic stenosis.

Noonan syndrome is a genetic disorder characterized by distinctive facial features, short stature, and congenital heart defects, with pulmonic valve stenosis being the predominant cardiac lesion. The stenosis is usually valvular and caused by dysplastic pulmonary valve leaflets, leading to obstruction of right ventricular outflow.

Other syndromes listed do not typically present with pulmonic stenosis:

Turner syndrome is more commonly linked with bicuspid aortic valve and coarctation of the aorta, not pulmonic stenosis.

Eisenmenger syndrome refers to the advanced phase of congenital heart defects with significant pulmonary hypertension and is not a genetic syndrome.

Marfan syndrome is predominantly associated with aortic root dilation and mitral valve prolapse, but not with pulmonic stenosis.

This association is well documented in adult echocardiography guidelines and texts, such as the "Textbook of Clinical Echocardiography" by Catherine Otto, which clearly identifies Noonan syndrome as the syndrome most commonly associated with pulmonic stenosis among congenital heart defects#16:Chapter on Congenital Heart DiseaseTextbook of Clinical Echocardiography, 6e#.

NEW QUESTION # 13

Which finding does peak mitral valve regurgitant Doppler velocity reflect?

- A. Severity of regurgitation
- B. Mechanism of regurgitation
- C. Pressure gradient between the left ventricle and aorta
- **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 # 14

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

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

Answer: D

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 # 15

When utilizing contrast agents, what should the sonographer keep in mind?

- A. Contrast agents produce only mild reactions.
- B. The contrast-enhanced exam poses no risk to the patient.
- C. Patients with no history of allergies will not have reactions.
- **D. Anaphylactoid reactions may occur.**

Answer: D

Explanation:

Contrast agents used in echocardiography can rarely cause anaphylactoid reactions, which are non-IgE- mediated hypersensitivity reactions that can mimic anaphylaxis. Therefore, sonographers must be prepared to manage such reactions.

Contrary to option B, reactions can be severe though rare. Even patients without prior allergies can react. It is incorrect to say the exam poses no risk; proper precautions and monitoring are essential.

These precautions are emphasized in ASE contrast echocardiography guidelines and safety protocols#12:ASE Contrast Echocardiography Guidelinesp.190-195##16:Textbook of Clinical Echocardiography, 6ep.575-580#.

NEW QUESTION # 16

Which finding occurs initially as the severity of aortic stenosis progresses?

- A. Eccentric hypertrophy
- B. Concentric hypertrophy
- **C. Concentric remodeling**
- D. Global systolic dysfunction

Answer: C

Explanation:

In the early stages of aortic stenosis, the left ventricle adapts to increased afterload by concentric remodeling, which is characterized by increased wall thickness without a proportional increase in chamber size. This adaptation helps normalize wall stress.

As the disease progresses, concentric hypertrophy develops with thickened walls and decreased compliance.

Eccentric hypertrophy and global systolic dysfunction occur later with decompensation and ventricular dilation.

This progression is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Left Ventricular Adaptations to Pressure Overload#20:365-370Textbook of Clinical Echocardiography#.

NEW QUESTION # 17

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