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Adult Echocardiography Practice Exam #1 **2025–2026 Accurate Real Exam Questions and** **Verified Correct Answers**

Which statement is correct about frequency?

- A. higher frequency transducers decrease the depth of penetration, but reduce image resolution
- B. low frequency transducers decrease the depth penetration, but increase image resolution
- C. higher frequency transducers increase the depth of penetration & improve image resolution
- D. low frequency transducers improve depth penetration, but reduce image resolution - answer>>>D

When estimating pulmonary artery pressure, the most reliable non-invasive method is:

- A. tricuspid valve regurgitant jet velocity
- B. pulmonic valve systolic velocity
- C. pulmonary artery catheter
- D. thermodilution - answer>>>D

Inferior vena cava, superior vena cava, & hepatic veins demonstrate systolic flow reversal. What type of valve abnormality would you expect to see?

- A. mild mitral regurgitation
- B. severe mitral regurgitation
- C. mild tricuspid regurgitation

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q116-Q121):

NEW QUESTION # 116

Which method is useful for obtaining a good quality pulmonary vein spectral Doppler waveform for evaluation of diastolic function?

- A. Doppler wall filter settings changed to allow for low frequency signals
- B. Use of continuous wave Doppler
- C. Doppler wall filter settings changed to filter out low frequency signals
- D. Use of non-imaging transducer

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pulmonary vein Doppler signals have low velocity and low frequency components that can be filtered out by standard Doppler wall filters. To obtain a good quality spectral Doppler waveform for diastolic function evaluation, the wall filter settings should be lowered or adjusted to allow low frequency signals to be detected and displayed clearly.

Non-imaging transducers and continuous wave Doppler are not appropriate for pulmonary vein Doppler because spatial resolution and site localization are required. Filtering out low frequency signals would degrade the quality of the pulmonary vein waveform.

This is detailed in ASE Doppler imaging and diastolic function assessment protocols#12:ASE Diastolic Function Guidelinesp.85-90##16:Textbook of Clinical Echocardiography, 6ep.125-130#.

NEW QUESTION # 117

Which is an abnormal response to a stress echocardiogram?

- A. Hyperdynamic wall motion
- B. Decreased end-diastolic volume
- C. Increased ejection fraction
- D. Increased end-systolic volume

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

During a normal stress echocardiogram, the left ventricle demonstrates hyperdynamic wall motion with increased contractility, leading to an increased ejection fraction and typically decreased end-systolic volume due to more complete emptying.

An increase in end-systolic volume during stress is abnormal and suggests ischemia or impaired contractile reserve. This indicates that the ventricle is not contracting effectively, possibly due to coronary artery disease or myocardial dysfunction.

This interpretation is thoroughly explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Stress Echocardiography and Ischemia Detection#20:400-410Textbook of Clinical Echocardiography#.

NEW QUESTION # 118

How is the aorta in a structurally normal heart oriented?

- A. Anterior to both the pulmonary artery and the coronary sinus
- B. Anterior and to the left of the pulmonary artery
- C. Parallel to the pulmonary artery
- D. Posterior and to the right of the pulmonary artery

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In a normal heart, the ascending aorta arises from the left ventricle and courses superiorly and posteriorly to the right of the pulmonary artery, which arises anteriorly from the right ventricle. The aorta is positioned posterior and to the right of the main pulmonary artery, reflecting the normal spatial relationship.

The pulmonary artery is anterior and to the left of the aorta, and the coronary sinus lies posteriorly in the atrioventricular groove. This anatomical relationship is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Anatomy and Echocardiographic Landmarks#20:50-55Textbook of Clinical Echocardiography#.

NEW QUESTION # 119

Which hepatic vein flow pattern signals severe tricuspid regurgitation?

- A. Flow reversal in diastole
- **B. Flow reversal in systole**
- C. Biphasic flow reversal in diastole
- D. Atrial flow reversal in systole

Answer: B

Explanation:

In severe tricuspid regurgitation (TR), the regurgitant jet flows back from the right ventricle into the right atrium during systole, causing reversal of flow in the hepatic veins during the same phase. On Doppler echocardiography, this manifests as systolic flow reversal in the hepatic veins, which is a hallmark sign of severe TR.

Normally, hepatic vein flow consists of a predominant systolic forward flow into the right atrium. However, in severe TR, the high pressure in the right atrium during systole causes retrograde flow in the hepatic veins.

This pattern is diagnostic and aids in severity assessment.

Diastolic flow reversal is uncommon in TR and more associated with other pathologies. Atrial flow reversal in systole or biphasic flow reversal in diastole are not recognized patterns for severe TR.

This is described in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Heart and Tricuspid Valve Disease, with Doppler patterns illustrated for hepatic vein flow in tricuspid regurgitation#20:330-335Textbook of Clinical Echocardiography#.

NEW QUESTION # 120

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



- A. Descending aorta
- B. Aortic root
- **C. Ascending aorta**

- D. Sinus of Valsalva

Answer: C

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 # 121

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