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Revised AE Adult Echocardiography Course

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q11-Q16):

NEW QUESTION # 11

Which adjustment should be made to optimize this video?



- A. Decrease overall gain
- B. Increase compression
- C. Decrease time gain compensation in the far field
- **D. Increase time gain compensation in the near field**

Answer: D

Explanation:

The echocardiographic image/video shows decreased brightness and penetration in the near field, making the anterior cardiac structures poorly visualized while deeper structures appear brighter. This indicates under-gain in the near field.

Increasing the time gain compensation (TGC) in the near field enhances the signal strength of superficial structures without affecting deeper tissues. This adjustment improves image quality by balancing the brightness across the field.

Increasing compression or decreasing overall gain would reduce the signal globally and are not specific for near field optimization.

Decreasing TGC in the far field would reduce brightness deeper but does not address near-field issues.

This principle is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Image Optimization and Technical Settings#20:70-75Textbook of Clinical Echocardiography#.

NEW QUESTION # 12

How are pseudoaneurysms best distinguished from true aneurysms?

- A. True aneurysms contain thrombus.
- **B. True aneurysms are lined with myocardium.**
- C. Pseudoaneurysms have a wide neck.

- D. Pseudoaneurysms occupy the left ventricular apex.

Answer: B

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 # 13

Which is most likely the culprit coronary artery in a patient who presents with anteroseptal hypokinesia?

- A. Left coronary artery
- B. Circumflex artery
- C. Posterior descending artery
- D. Right coronary artery

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Anteroseptal hypokinesia is most often due to ischemia or infarction in the left anterior descending (LAD) artery territory, a major branch of the left coronary artery. The LAD supplies the anterior wall and the interventricular septum.

The right coronary artery generally supplies the inferior wall and right ventricle. The circumflex artery supplies the lateral wall. The posterior descending artery supplies the inferior wall.

This coronary artery distribution and wall motion correlation is fundamental in stress echocardiography and ischemic heart disease assessment as detailed in ASE guidelines and clinical echocardiography references#12:

ASE Stress Echocardiography Guidelinesp.300-310##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 14

Which anatomic structure is represented by the arrow on this image?



- A. Left leaflet
- B. Septal leaflet
- C. Posterior leaflet
- D. Anterior leaflet

Answer: D

Explanation:

The echocardiographic image is a four-chamber view focusing on the mitral valve apparatus. The arrow points to the anterior leaflet of the mitral valve, which is typically more prominent, triangular in shape, and located adjacent to the aortic valve in the left ventricular outflow tract region.

The posterior leaflet of the mitral valve is generally smaller, has multiple scallops, and is located posteriorly relative to the anterior leaflet. The septal leaflet is part of the tricuspid valve on the right side of the heart. The "left leaflet" is a non-specific term and not an anatomical descriptor.

This differentiation between anterior and posterior leaflets is important for understanding mitral valve pathology and for interventions such as mitral valve repair. These features are clearly explained in echocardiography texts and ASE valve imaging guidelines#12:ASE Valve Imaging Guidelinesp.180-185# #16:Textbook of Clinical Echocardiography, 6ep.200-205#.

NEW QUESTION # 15

The respirometer should be turned on when assessing which possible disease process(es)?

- A. Congestive heart failure
- B. Ischemic cardiomyopathy
- **C. Pericardial effusion and tamponade**
- D. Mitral regurgitation and stenosis

Answer: C

Explanation:

A respirometer monitors the respiratory cycle and is essential when evaluating diseases in which respiratory variation affects echocardiographic measurements, such as pericardial effusion and cardiac tamponade. In tamponade, respiratory changes in mitral and tricuspid inflows, as well as variations in inferior vena cava size, are key diagnostic features.

Congestive heart failure, ischemic cardiomyopathy, and mitral valve diseases do not require synchronization with respiration for diagnosis or quantification and are not reliant on respirometer use.

This recommendation is outlined in ASE pericardial disease guidelines and echocardiography procedural protocols#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

NEW QUESTION # 16

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