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ARDMS AE Adult Echocardiography Examination Sample Questions (Q27-Q32):

NEW QUESTION # 27

Which method is appropriate for measuring the left atrial diameter in parasternal long axis?

- A. Inner edge to inner edge, perpendicular to the aortic root, at end-diastole
- B. Inner edge to inner edge, perpendicular to the aortic root, at end-systole
- C. Inner edge to inner edge, parallel to the aortic root, at end-diastole
- D. Outer edge to outer edge, perpendicular to the aortic root, at end-systole

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The recommended method to measure left atrial diameter in the parasternal long axis view is the inner edge to inner edge technique, perpendicular to the aortic root, measured at end-diastole. This approach provides the most reproducible and standardized measurement.

Measurement parallel to the aortic root or at end-systole is less accurate. Outer edge measurements overestimate size.

ASE chamber quantification guidelines specify this method for standardization and reproducibility in adult echocardiography practice#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

NEW QUESTION # 28

Which congenital heart anomaly is found in approximately 30% of normal adults?

- A. Patent foramen ovale
- B. Cleft mitral valve
- C. Bicuspid aortic valve
- D. Hypertrophic cardiomyopathy

Answer: A

Explanation:

Patent foramen ovale (PFO) is a common congenital cardiac anomaly found in approximately 25-30% of the adult population. It represents incomplete closure of the foramen ovale after birth and is usually asymptomatic.

Cleft mitral valve and bicuspid aortic valve are less common congenital anomalies, and hypertrophic cardiomyopathy is a genetic myocardial disease, not an anomaly.

This prevalence and clinical significance are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Common Anomalies#20:110-115Textbook of Clinical Echocardiography#.

NEW QUESTION # 29

Which unit of measurement is used to quantify tricuspid annular plane systolic excursion?

- A. Centimeters/second
- B. Centimeters
- C. Milliliters/minute
- D. Millimeters of mercury

Answer: B

Explanation:

Tricuspid annular plane systolic excursion (TAPSE) is measured as the linear displacement of the tricuspid annulus during systole and is expressed in centimeters (cm). It quantifies right ventricular longitudinal systolic function.

Centimeters per second is a velocity measurement used in tissue Doppler imaging. Milliliters per minute refers to volume flow, and millimeters of mercury measures pressure.

This is standardized in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Functional Assessment#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 30

When should a patient's systemic blood pressure be documented on an echocardiogram?

- A. When evidence of pulmonary hypertension is detected
- B. When significant aortic stenosis is present
- C. With every echocardiogram
- D. When significant mitral regurgitation is present

Answer: C

Explanation:

Systemic blood pressure should be documented during every echocardiogram because blood pressure influences cardiac loading conditions, hemodynamics, and interpretation of valvular lesions and ventricular function.

Blood pressure affects Doppler velocities, gradients across valves, and myocardial performance; therefore, it is essential to record it routinely to interpret echocardiographic findings accurately.

This guideline is stated in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Examination Standards and Reporting#20:15-20Textbook of Clinical Echocardiography#.

NEW QUESTION # 31

Which finding is most consistent with this M-mode image?

- A. Mitral valve prolapse
- **B. Rheumatic mitral stenosis**
- C. Mitral valve annuloplasty ring
- D. Systolic anterior motion of the mitral valve

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This M-mode echocardiographic image shows thickened mitral valve leaflets with a characteristic "doming" or "hockey-stick" appearance during diastole, which is classic for rheumatic mitral stenosis. Rheumatic mitral stenosis leads to leaflet thickening, restricted opening, and calcification, which alters the normal mitral valve motion on M-mode.

Mitral valve prolapse would show systolic displacement of the leaflets into the left atrium, typically later in systole, not doming in diastole. Mitral valve annuloplasty ring would appear as a bright echogenic line around the annulus but is not seen in this image. Systolic anterior motion (SAM) of the mitral valve is usually seen in hypertrophic cardiomyopathy and presents as anterior motion during systole, not the diastolic pattern shown.

This classical M-mode appearance is described in "Textbook of Clinical Echocardiography, 6e", Chapter on Rheumatic Valve Disease#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 32

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