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## ARDMS AE Adult Echocardiography Examination Sample Questions (Q65-Q70):

### NEW QUESTION # 65

Which finding is best demonstrated in this video?



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

**Answer: C**

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, 6p.350-355##12:ASE Cardiomyopathy Guidelinesp.120-130#.

#### NEW QUESTION # 66

What is the normal dP/dt value of left ventricular systolic function?

- A. Less than 400 mmHg/s
- B. 400-799 mmHg/s
- C. 800-1199 mmHg/s
- D. Greater than 1200 mmHg/s

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The left ventricular dP/dt is a measure of the rate of rise in left ventricular pressure during isovolumic contraction, which reflects systolic function. It is derived from Doppler echocardiography by measuring the time interval between mitral regurgitant jet velocities of 1 m/s and 3 m/s. Using the simplified Bernoulli equation, the pressure gradient at each velocity is calculated, and the rate of pressure rise (dP/dt) is calculated by dividing the pressure difference by the time interval between these velocities.

A normal left ventricular dP/dt is generally considered to be greater than 1200 mmHg/s. Values lower than this indicate impaired systolic function, as the ventricle is slower to generate pressure during contraction.

For example, a measured time interval of 36 milliseconds (0.036 seconds) between the MR velocities of 1 and 3 m/s corresponds to a dP/dt of approximately 889 mmHg/s, which is mildly reduced, indicating some systolic dysfunction.

The exact extract from the "Textbook of Clinical Echocardiography, 6e" states that normal dP/dt values are typically above 1000 mmHg/s, with >1200 mmHg/s considered a robust indicator of normal systolic function.

This measure is useful but requires a measurable mitral regurgitation jet and consistent alignment of the ultrasound beam. Variability in measurement can occur based on technical factors, but the dP/dt remains a useful parameter to quantify systolic function noninvasively.

#### NEW QUESTION # 67

What is the regional wall motion assessment of the two-chamber view displayed in this video?



- A. Aneurysmal basal inferior wall
- **B. Hypokinetic basal inferolateral wall**
- C. Aneurysmal basal inferolateral wall
- D. Hypokinetic basal inferior wall

**Answer: B**

Explanation:

The two-chamber apical echocardiographic view allows visualization of the basal inferolateral and anterior walls. The video demonstrates reduced wall thickening and motion in the basal inferolateral segment consistent with hypokinesis.

An aneurysm would appear as a dyskinetic or paradoxical bulging of the wall, which is not seen here. The basal inferior wall is visualized better in other views (such as the apical four-chamber).

Hypokinesis of the basal inferolateral wall suggests regional ischemia or infarction in the territory supplied by the left circumflex artery.

These assessments are standard in segmental wall motion analysis described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:

Textbook of Clinical Echocardiography, 6ep.380-385#.

#### NEW QUESTION # 68

Which flow abnormality produces a continuous murmur?

- A. Mitral stenosis
- **B. Ruptured sinus of Valsalva aneurysm**
- C. Muscular ventricular septal defect
- D. Aortic regurgitation

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

A continuous murmur is a heart murmur that occurs throughout both systole and diastole. Among the options, a ruptured sinus of Valsalva aneurysm produces a continuous murmur due to persistent flow between the aorta and a cardiac chamber (usually the right atrium or ventricle) during both systole and diastole.

Aortic regurgitation causes a diastolic murmur, mitral stenosis causes a diastolic murmur, and a muscular ventricular septal defect typically causes a holosystolic murmur but not continuous.

Ruptured sinus of Valsalva aneurysm causes a continuous shunting of blood, resulting in the characteristic continuous murmur, often described as "machinery-like." This clinical correlation is covered in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Root and Sinus of Valsalva Pathology#20:420-425Textbook of Clinical Echocardiography#.

### NEW QUESTION # 69

Which procedure is most appropriate for evaluation of an atrial septal defect in the presence of an atrial septal aneurysm?

- A. Transesophageal echocardiogram
- B. Cardiac catheterization
- C. Agitated saline contrast echocardiogram
- D. Cardiac MRI

**Answer: A**

Explanation:

Transesophageal echocardiography (TEE) provides superior visualization of the atrial septum, especially in the presence of an atrial septal aneurysm, which may obscure transthoracic views. TEE allows detailed anatomic assessment of the atrial septal defect (ASD), its size, and associated structures.

Agitated saline contrast echo is useful for detecting right-to-left shunts but is limited in anatomical delineation in complex cases. Cardiac MRI and catheterization can provide complementary information but are not first-line for ASD evaluation when TEE is available.

ASE adult congenital heart disease guidelines and echocardiography texts emphasize TEE as the gold standard for ASD evaluation in this setting#12:ASE Adult Congenital Guidelinesp.405-410##16:Textbook of Clinical Echocardiography, 6ep.570-575#.

### NEW QUESTION # 70

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