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ARDMS AE Adult Echocardiography Examination Sample Questions (Q94-Q99):

NEW QUESTION # 94

A patient with a ventricular septal defect, an atrial septal defect, and a cleft mitral valve is likely to have which abnormality?

- A. Atrioventricular canal defect
- B. Marfan syndrome

- C. Shone syndrome
- D. Ebstein anomaly

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Atrioventricular canal defect (AV canal defect) is a congenital cardiac malformation characterized by defects in the atrial and ventricular septa, along with abnormalities of the atrioventricular valves including cleft mitral valve. These features collectively cause shunting and valve regurgitation.

Ebstein anomaly primarily involves the tricuspid valve and right atrium, Marfan syndrome is a connective tissue disorder with different manifestations, and Shone syndrome involves left-sided obstructive lesions.

This is clearly outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Defects - Atrioventricular Septal Defects#20:120-125Textbook of Clinical Echocardiography#.

NEW QUESTION # 95

Which is the most likely abnormality represented in these images from a 48-year-old man with shortness of breath?

□

- A. Ischemic cardiomyopathy
- B. Loeffler syndrome
- C. Left ventricular noncompaction
- D. Hypertrophic cardiomyopathy

Answer: C

Explanation:

The echocardiographic images show prominent trabeculations and deep intertrabecular recesses communicating with the left ventricular cavity, best seen on contrast-enhanced images. This finding is characteristic of left ventricular noncompaction (LVNC), a cardiomyopathy resulting from arrested myocardial compaction during embryogenesis.

LVNC is diagnosed by visualizing a two-layered myocardium with a thin compacted epicardial layer and a thicker noncompacted endocardial layer with deep trabecular recesses. The use of contrast echocardiography enhances endocardial border delineation and recess visualization, increasing diagnostic accuracy.

Loeffler syndrome (hypereosinophilic cardiomyopathy) often shows endomyocardial fibrosis and restrictive physiology but not prominent trabeculations. Hypertrophic cardiomyopathy shows asymmetric septal hypertrophy without deep recesses. Ischemic cardiomyopathy shows wall motion abnormalities but not characteristic trabecular patterns.

These diagnostic criteria and imaging features are well documented in the "Textbook of Clinical Echocardiography" and ASE guidelines on cardiomyopathies and use of contrast echo#16:Textbook of Clinical Echocardiography, 6eChapter on LV Noncompaction##12:ASE Contrast Echocardiography Guidelinesp.180-190#.

NEW QUESTION # 96

Which of the following occurs during the strain phase of the Valsalva maneuver?

- A. Decreased afterload
- B. Increased afterload
- C. Decreased preload
- D. Increased preload

Answer: C

Explanation:

During the strain phase of the Valsalva maneuver, intrathoracic pressure increases significantly due to forced expiration against a closed glottis. This elevated intrathoracic pressure compresses the thoracic veins, leading to decreased venous return to the heart, which causes a reduction in preload (the volume of blood filling the ventricles during diastole). This reduction in preload is transient and results in decreased stroke volume and cardiac output.

This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio can normalize or reverse if diastolic dysfunction is present.

The strain phase does not decrease afterload; in fact, afterload can transiently increase during other phases, but the hallmark of the strain phase is decreased preload.

This explanation is detailed in the "Textbook of Clinical Echocardiography, 6e," which explains the hemodynamic changes during the Valsalva maneuver and its clinical application in echocardiographic assessment of diastolic function .

NEW QUESTION # 97

Based on this video, what is the estimated right atrial pressure in millimeters of mercury (mmHg)?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a subcostal IVC view with measurement of IVC diameter and respiratory collapsibility. The IVC appears dilated (>2.1 cm) with less than 50% collapse on inspiration, suggesting elevated right atrial pressure (RAP).

According to ASE guidelines for noninvasive RAP estimation, an IVC diameter >2.1 cm with <50% collapsibility corresponds to an RAP of approximately 10 mmHg.

Lower RAP values correspond to smaller IVC and greater collapsibility. This is a standard measurement in adult echocardiography practice and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6ep.115-120#.

NEW QUESTION # 98

Which view is best used to evaluate a bicuspid aortic valve?

- A. Apical long axis
- B. Parasternal short axis
- C. Right sternal border
- D. Apical five-chamber

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The parasternal short axis view at the level of the aortic valve is optimal for evaluating valve morphology, including detection of bicuspid aortic valve (BAV). This view clearly visualizes the valve leaflets en face during systole.

Right sternal border and apical views provide hemodynamic information but are less optimal for detailed valve anatomy. Apical long axis is better for left ventricular and outflow tract evaluation but limited for valve leaflet number.

This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Morphology and Congenital Anomalies#20:350-355Textbook of Clinical Echocardiography#.

NEW QUESTION # 99

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