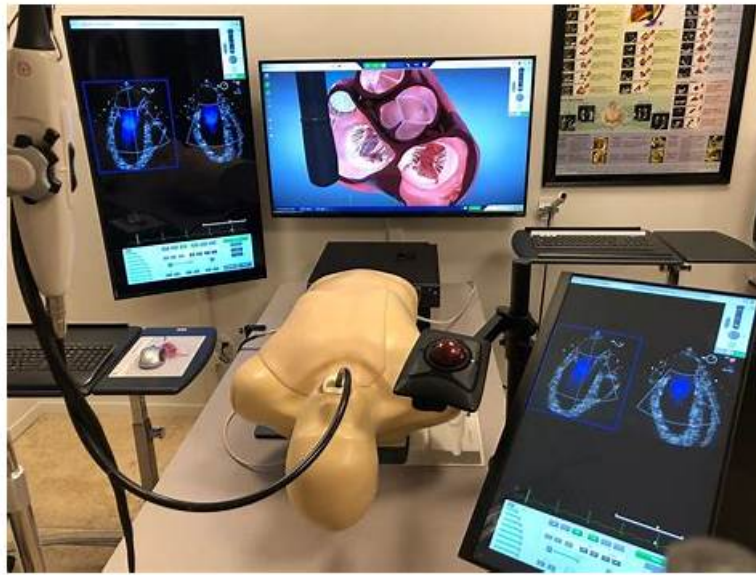


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q137-Q142):

NEW QUESTION # 137

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

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

Answer: B

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 # 138

Which parameter is expected to increase in the presence of cardiac tamponade?

- A. Oxygen saturation
- B. Systolic blood pressure
- C. Diastolic blood pressure
- **D. Heart rate**

Answer: D

Explanation:

In cardiac tamponade, pericardial fluid accumulation restricts cardiac filling leading to decreased stroke volume and cardiac output. As a compensatory mechanism, the heart rate increases (tachycardia) to maintain cardiac output.

Oxygen saturation typically does not increase; it may be normal or decreased if tamponade leads to hypoperfusion. Systolic and diastolic blood pressures often decrease due to reduced cardiac output.

This physiological response is well described in clinical cardiology texts and ASE pericardial disease guidelines#12:ASE Pericardial Disease Guidelinesp.300-305##16:Textbook of Clinical Echocardiography, 6ep.280-285#

NEW QUESTION # 139

Which syndrome is associated with pulmonic stenosis?

- A. Turner
- B. Eisenmenger
- C. Marfan
- **D. Noonan**

Answer: D

Explanation:

Pulmonic stenosis is a congenital valve abnormality often seen in genetic syndromes with cardiac manifestations. Among these, Noonan syndrome is the most frequently associated with pulmonic stenosis.

Noonan syndrome is a genetic disorder characterized by distinctive facial features, short stature, and congenital heart defects, with pulmonic valve stenosis being the predominant cardiac lesion. The stenosis is usually valvular and caused by dysplastic pulmonary valve leaflets, leading to obstruction of right ventricular outflow.

Other syndromes listed do not typically present with pulmonic stenosis:

Turner syndrome is more commonly linked with bicuspid aortic valve and coarctation of the aorta, not pulmonic stenosis.

Eisenmenger syndrome refers to the advanced phase of congenital heart defects with significant pulmonary hypertension and is not a genetic syndrome.

Marfan syndrome is predominantly associated with aortic root dilation and mitral valve prolapse, but not with pulmonic stenosis.

This association is well documented in adult echocardiography guidelines and texts, such as the "Textbook of Clinical Echocardiography" by Catherine Otto, which clearly identifies Noonan syndrome as the syndrome most commonly associated with pulmonic stenosis among congenital heart defects#16:Chapter on Congenital Heart DiseaseTextbook of Clinical Echocardiography, 6e#.

NEW QUESTION # 140

Which finding is demonstrated in this video?



- A. Native valve with extensive calcification
- B. Bioprosthetic valve replacement
- C. Mechanical valve replacement
- **D. Annuloplasty ring repair**

Answer: D

Explanation:

The echocardiographic video shows a prosthetic ring-like structure attached to the mitral annulus with preserved native leaflet motion, consistent with an annuloplasty ring repair. Annuloplasty rings are used to reduce the mitral annulus size and improve leaflet coaptation in mitral regurgitation without replacing the valve.

Bioprosthetic or mechanical valve replacements would show distinctly different echogenic valve structures with leaflet or disc motion replacing the native valve. Extensive calcification of a native valve appears as echogenic, thickened leaflets without a discrete ring. This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Repair Techniques#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 141

Which condition causes both tricuspid stenosis and tricuspid regurgitation?

- A. Cor pulmonale
- B. Amyloid heart disease
- C. Pulmonary hypertension
- **D. Carcinoid heart disease**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Carcinoid heart disease results from the deposition of fibrous plaques on the endocardium of right-sided heart valves, predominantly affecting the tricuspid and pulmonary valves. This leads to both tricuspid stenosis (valve leaflet thickening and immobility causing obstruction) and tricuspid regurgitation (incomplete coaptation due to leaflet retraction).

Pulmonary hypertension and cor pulmonale cause primarily functional tricuspid regurgitation without stenosis. Amyloid heart disease can cause restrictive cardiomyopathy but rarely causes combined tricuspid valve stenosis and regurgitation.

These pathological changes are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Carcinoid Heart Disease

NEW QUESTION # 142

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