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ARDMS AE Adult Echocardiography Examination Sample Questions (Q32-Q37):

NEW QUESTION # 32

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

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

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 # 33

Which type of rendering is primarily utilized with three-dimensional echocardiography?

- A. Planar
- B. Volume
- C. External
- D. Surface

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Three-dimensional echocardiography (3D echo) primarily uses volume rendering to provide a realistic and spatially accurate representation of cardiac structures. Volume rendering processes a full dataset of voxels (3D pixels) to produce detailed images, allowing clinicians to visualize complex anatomical relationships in real time.

Surface rendering is another technique but primarily used in post-processing to create a solid surface model; it is less used in live 3D echocardiography.

Planar and external rendering are not standard terms in 3D echocardiography.

This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Advanced Echocardiographic Imaging Techniques#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 34

Which statement is most accurate regarding cardiac contusion?

- A. It can result from a myocardial infarction.
- B. It leads to hypercontractility of the left ventricle
- C. It is focal ventricular hypertrophy.
- D. It affects the right ventricle more commonly than the left.

Answer: D

Explanation:

Cardiac contusion is a myocardial injury resulting from blunt chest trauma, typically affecting the right ventricle more commonly than

the left ventricle because of its anterior location and proximity to the chest wall. The injury can range from mild bruising to severe myocardial damage and dysfunction.

It does not result from myocardial infarction (which is ischemic injury), nor does it cause hypertrophy or hypercontractility. Instead, it may cause wall motion abnormalities, arrhythmias, or even rupture.

These features are detailed in echocardiography and trauma cardiology literature, including the "Textbook of Clinical Echocardiography" and clinical guidelines on blunt cardiac injury#16:Textbook of Clinical Echocardiography, 6ep.600-605##12:ASE Trauma Cardiology Guidelinesp.500-505#.

NEW QUESTION # 35

Mid to distal septal akinesis in post-stress imaging of the apical four-chamber view is suggestive of disease in which coronary artery?

- A. Left anterior descending
- B. Obtuse marginal
- C. Left circumflex
- D. Posterior descending

Answer: A

Explanation:

The mid to distal interventricular septum is supplied predominantly by the left anterior descending (LAD) coronary artery. Post-stress echocardiography showing akinesis or hypokinesis of these segments is highly suggestive of ischemia or infarction in the LAD territory.

The posterior descending artery supplies the inferior wall, the obtuse marginal supplies lateral walls, and the left circumflex supplies lateral and posterior walls.

This coronary artery segmental relationship is a cornerstone of ischemic heart disease evaluation by stress echocardiography and is well documented in ASE guidelines and clinical echocardiography literature#16:

Textbook of Clinical Echocardiography, 6ep.380-385##12:ASE Stress Echocardiography Guidelinesp.300-310#.

NEW QUESTION # 36

Which of the following can be calculated from the peak tricuspid regurgitant velocity?

- A. Right atrial pressure
- B. Mean pulmonary artery pressure
- C. Pulmonary artery diastolic pressure
- D. Right ventricular systolic pressure

Answer: D

Explanation:

Peak tricuspid regurgitant velocity (TRV) allows estimation of right ventricular systolic pressure (RVSP) using the simplified Bernoulli equation: $RVSP = 4 \times (TRV)^2$