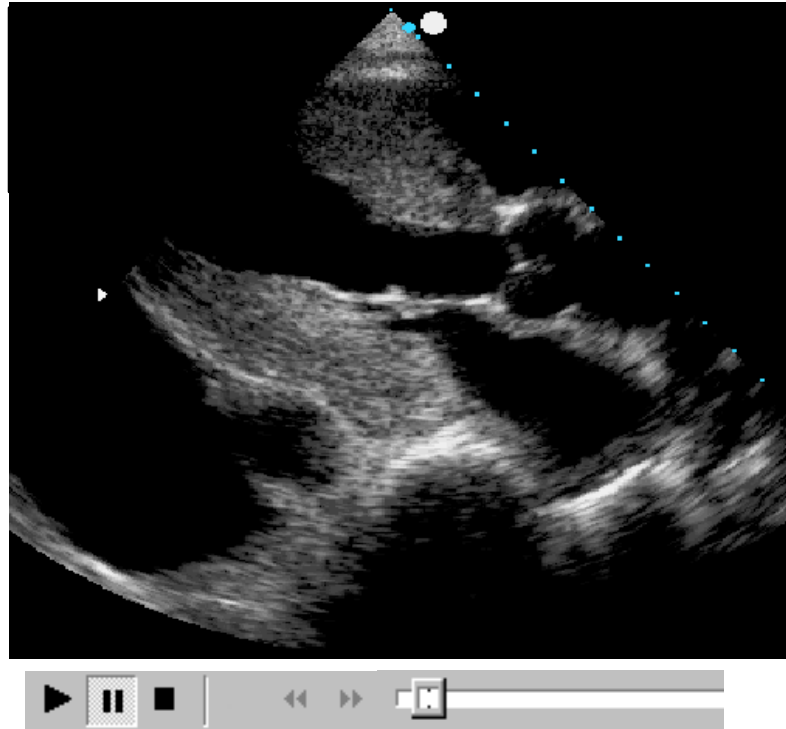


Case # 1

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. The cardiac output in this patient is reduced because of:

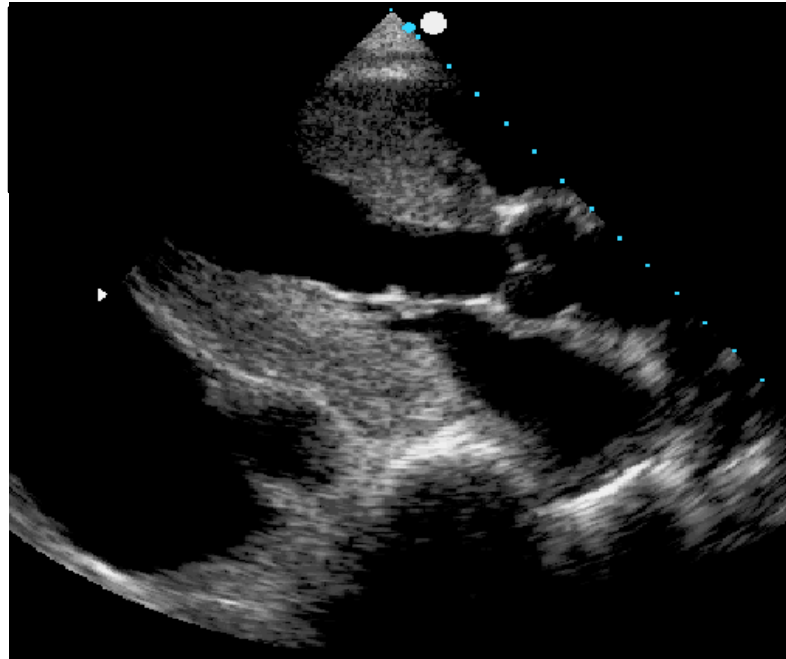
- O a) tamponade physiology
- O b) restrictive physiology
- O c) coronary artery disease
- O d) left bundle branch block



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. The cardiac output in this patient is reduced because of:

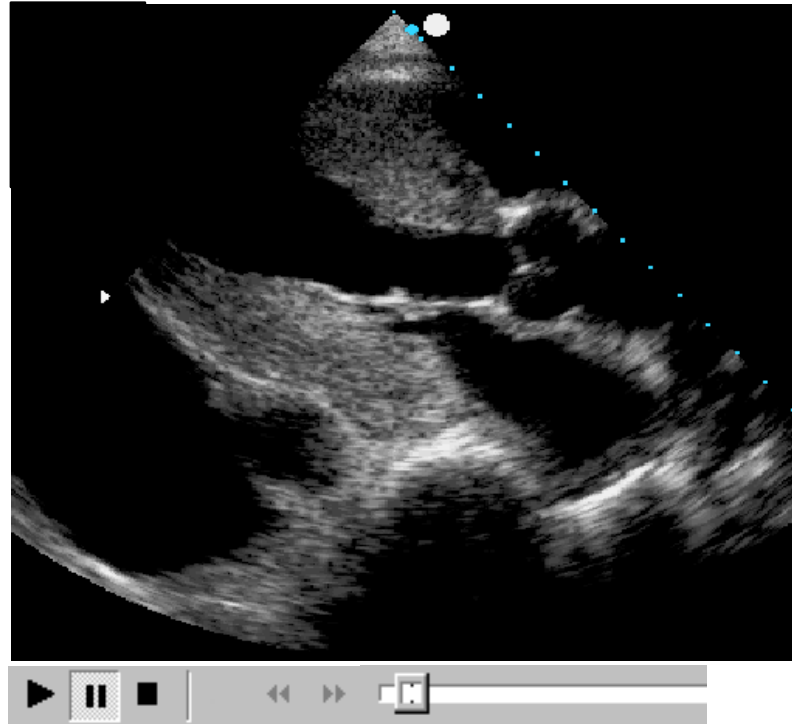
- a) tamponade physiology
- b) restrictive physiology
- c) coronary artery disease
- d) left bundle branch block



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Looking at the parasternal long-axis view, this patient most likely has which of the following etiologies:

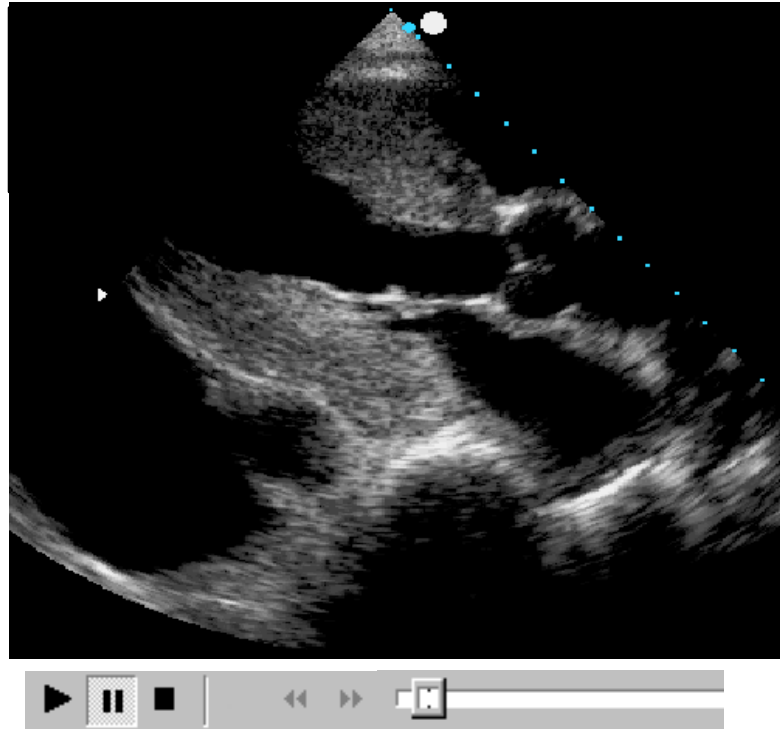
- a) hypertension
- b) sarcoidosis
- c) amyloidosis
- d) mitral stenosis



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Looking at the parasternal long-axis view, this patient most likely has which of the following etiologies:

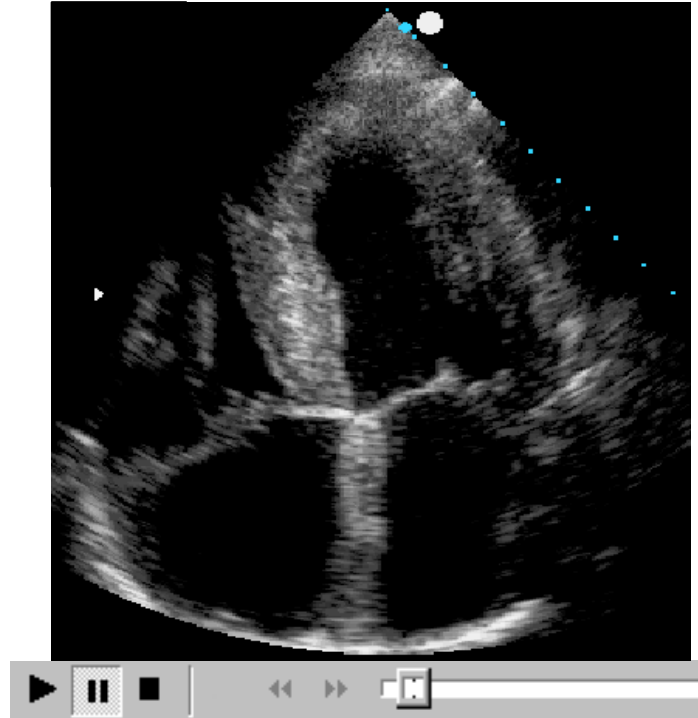
- a) hypertension
- b) sarcoidosis
- c) amyloidosis
- d) mitral stenosis



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. In the apical 4ch view, why does the interatrial septum appear so fat?

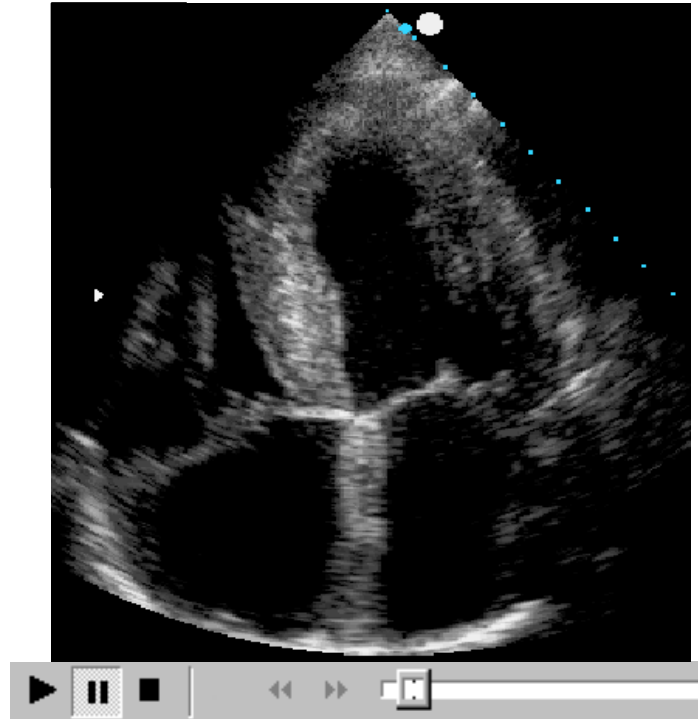
- a) hyperlipomatous
- b) transducer beam width
- c) amyloid deposits
- d) poor far-field resolution



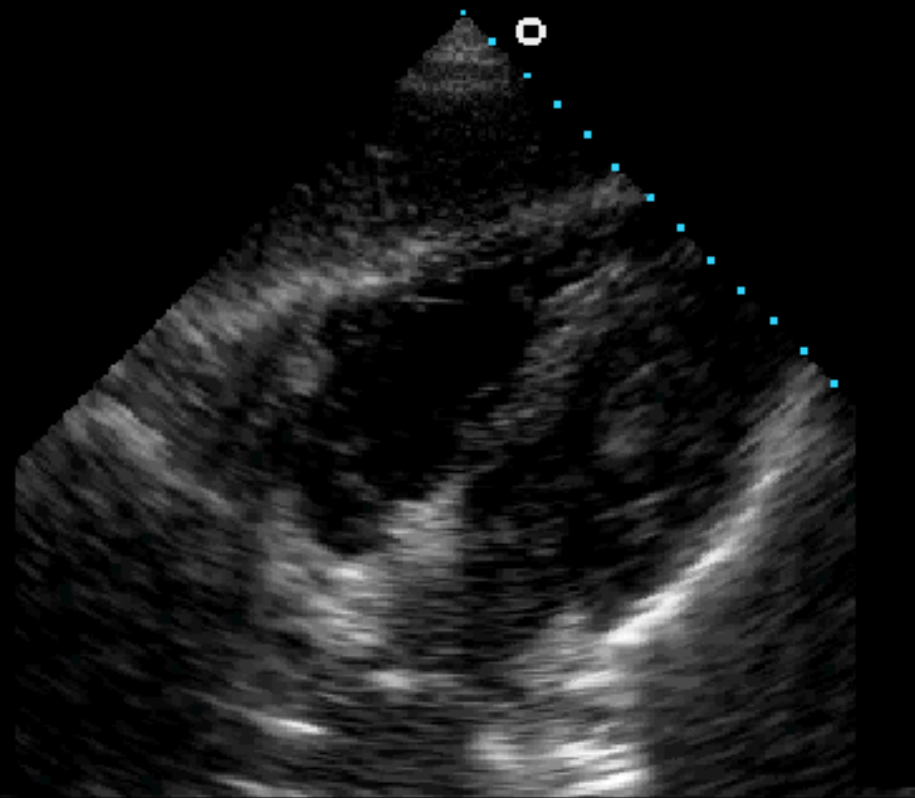
Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. In the apical 4ch view, why does the interatrial septum appear so fat?

- a) hyperlipomatous
- b) transducer beam width
- c) amyloid deposits
- d) poor far-field resolution



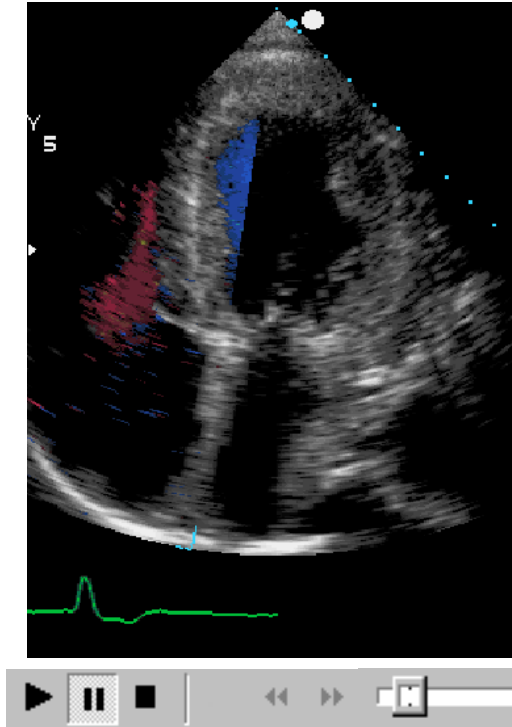
Hyperlipomatous



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. The color flow Doppler demonstrates:

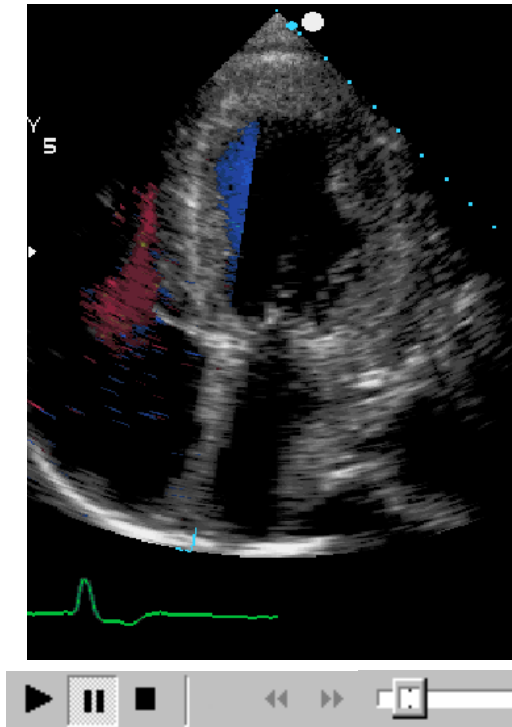
- a) normal tricuspid regurgitation
- b) moderate tricuspid regurgitation
- c) mild tricuspid regurgitation
- d) pulmonary hypertension



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. The color flow Doppler demonstrates:

- a) normal tricuspid regurgitation
- b) moderate tricuspid regurgitation
- c) mild tricuspid regurgitation
- d) pulmonary hypertension

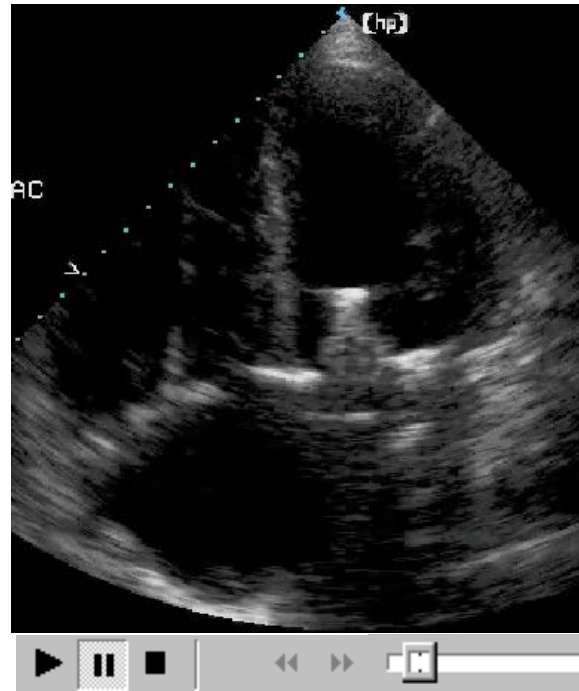


Case # 2

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. This is what type of prosthetic mitral valve?

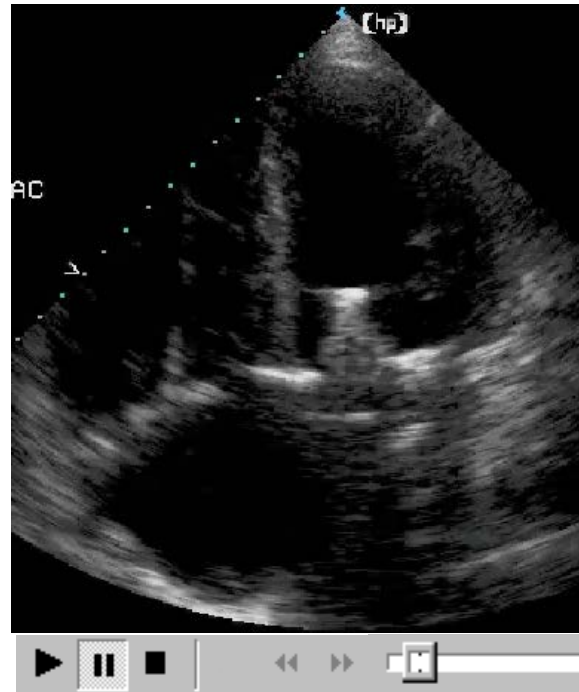
- a) tilting disk
- b) ball and cage
- c) St. Jude
- d) porcine



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. This is what type of prosthetic mitral valve?

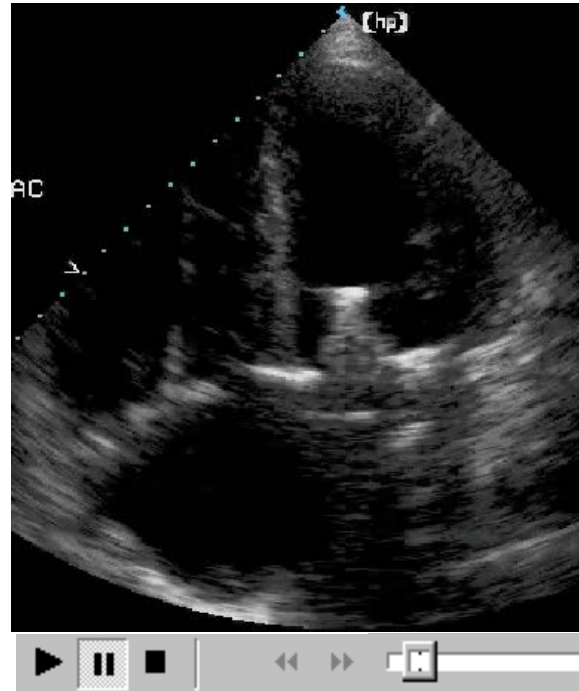
- a) tilting disk
- b) ball and cage
- c) St. Jude
- d) porcine



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. One of the best features of this type of prosthetic valve is:

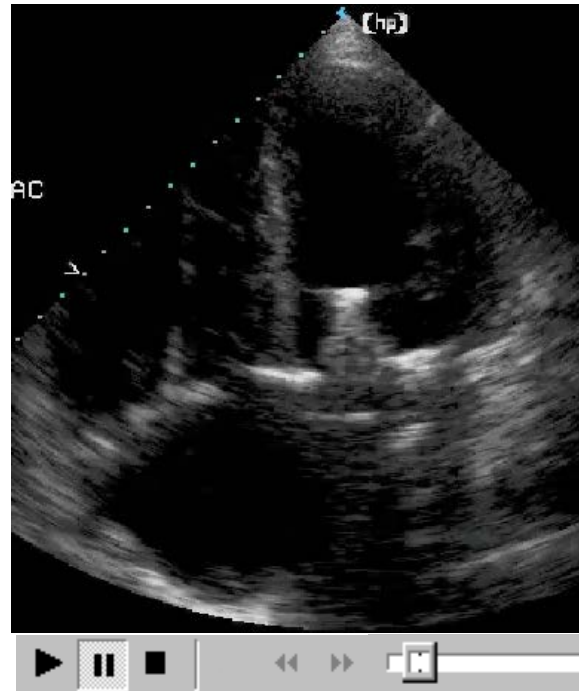
- a) durability
- b) low gradient
- c) no need for blood thinners
- d) low chance of infection



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. One of the best features of this type of prosthetic valve is:

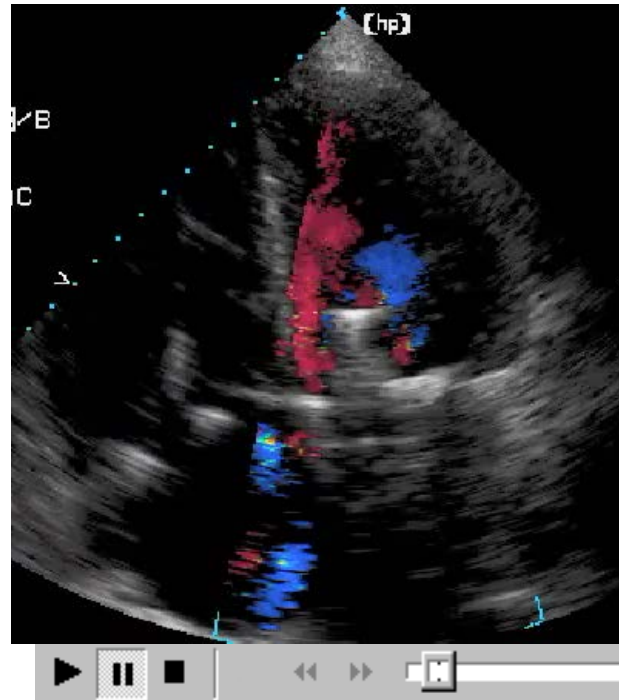
- a) durability
- b) low gradient
- c) no need for blood thinners
- d) low chance of infection



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. By color Doppler the degree of mitral regurg in this view is:

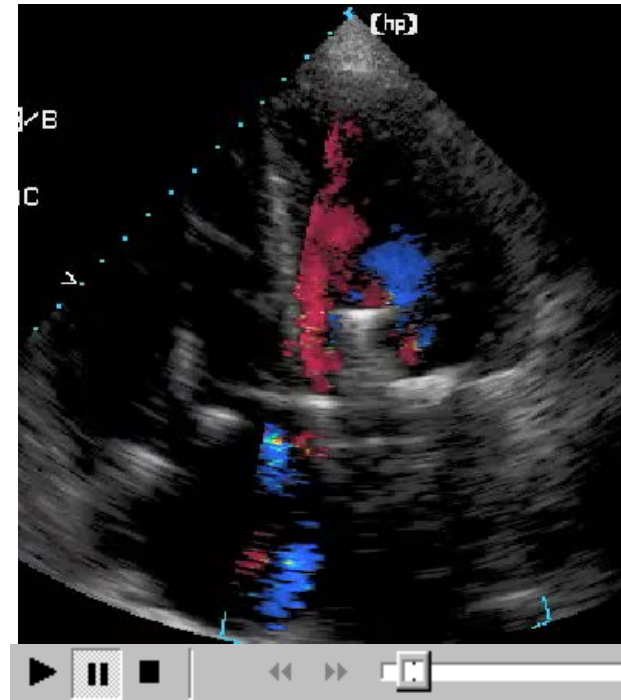
- a) mild
- b) normal for a prosthetic valve
- c) indeterminate
- d) severe



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. By color Doppler the degree of mitral regurg in this view is:

- a) mild
- b) normal for a prosthetic valve
- c) indeterminate
- d) severe

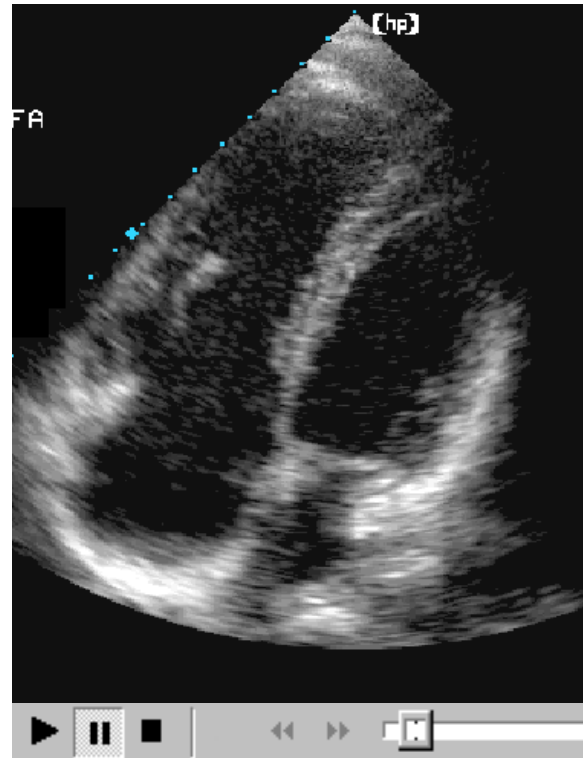


Case # 3

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This is an asymptomatic 36 y/o male. Which is a common associated defect?

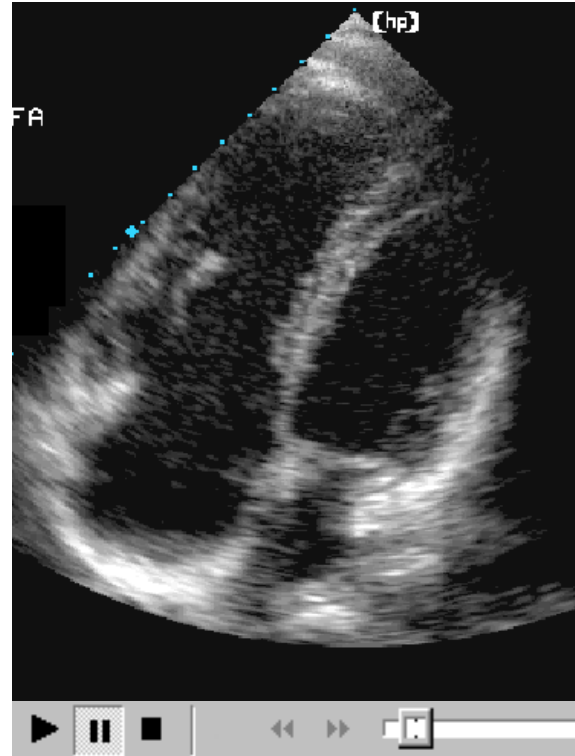
- a) atrial septal defect
- b) ventricular septal defect
- c) pulmonic stenosis
- d) L-transposition



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This is an asymptomatic 36 y/o male. Which is a common associated defect?

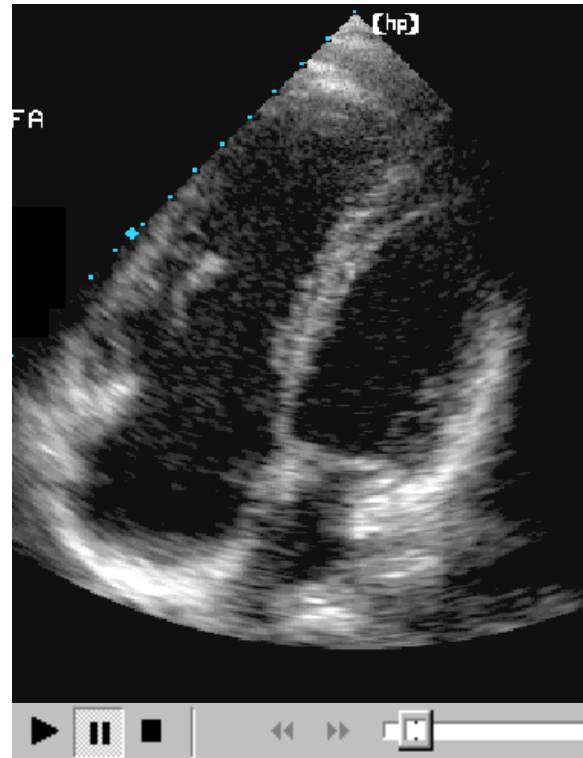
- a) atrial septal defect
- b) ventricular septal defect
- c) pulmonic stenosis
- d) L-transposition



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. A classic M-mode finding for this patient is:

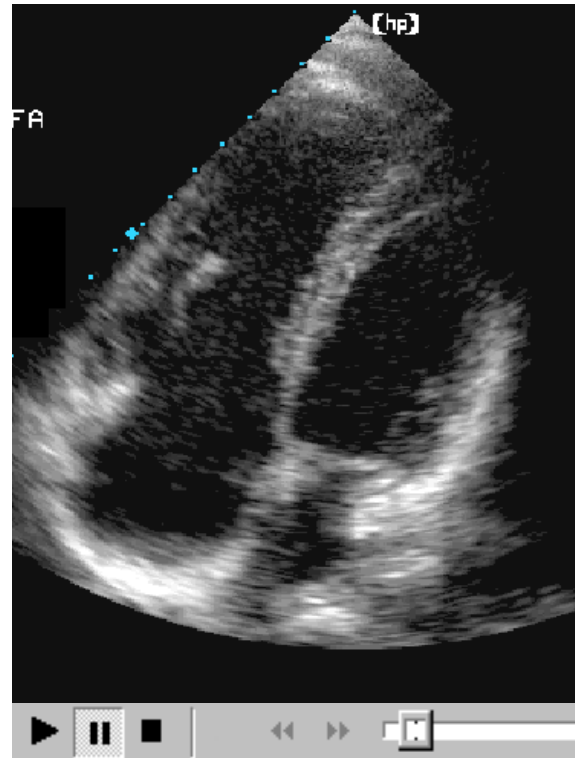
- a) delayed tricuspid closure
- b) early tricuspid closure
- c) tricuspid valve not seen
- d) tricuspid valve seen with the mitral



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. A classic M-mode finding for this patient is:

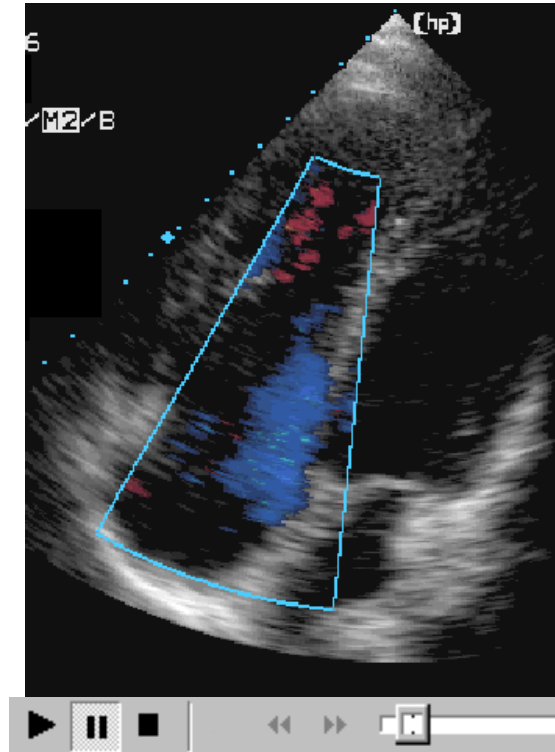
- a) delayed tricuspid closure
- b) early tricuspid closure
- c) tricuspid valve not seen
- d) tricuspid valve seen with the mitral



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. The tricuspid regurgitation:

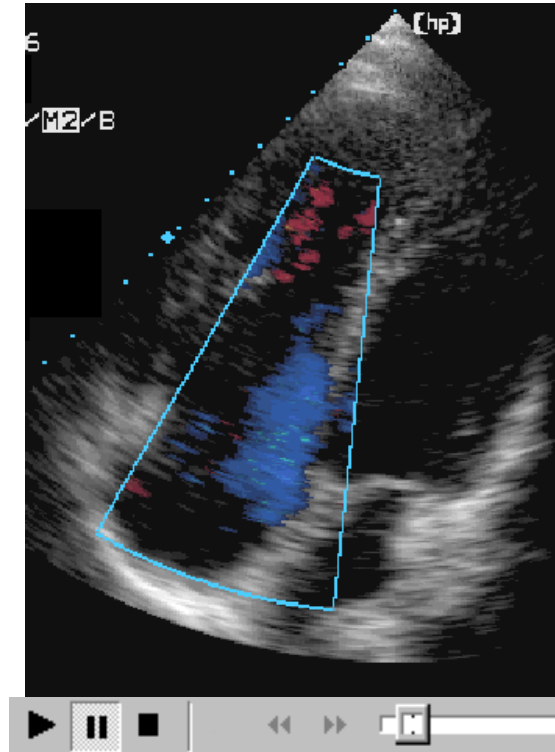
- a) is mild
- b) shows pulmonary hypertension
- c) makes the diagnosis of Ebstein's
- d) is underestimated in this view



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. The tricuspid regurgitation:

- a) is mild
- b) shows pulmonary hypertension
- c) makes the diagnosis of Ebstein's
- d) is underestimated in this view

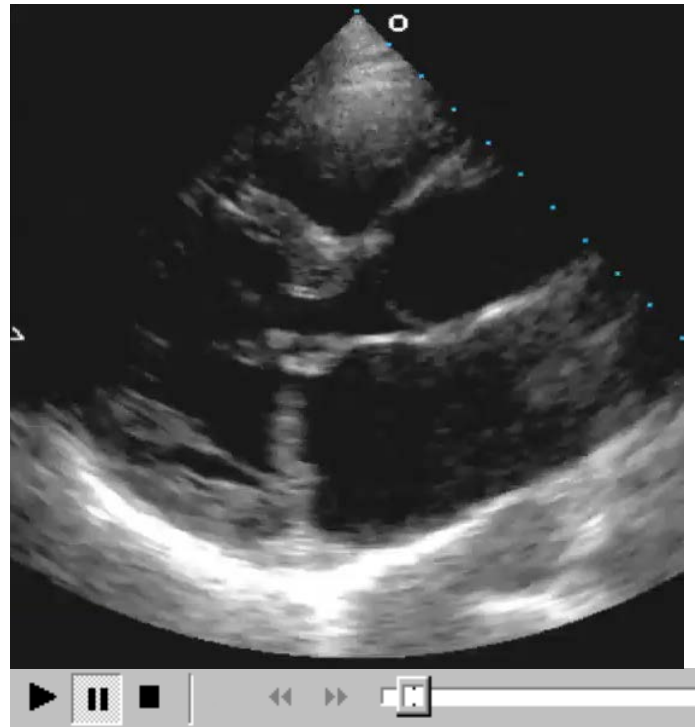


Case # 4

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. This patient's mitral valve leaflets are best described as:

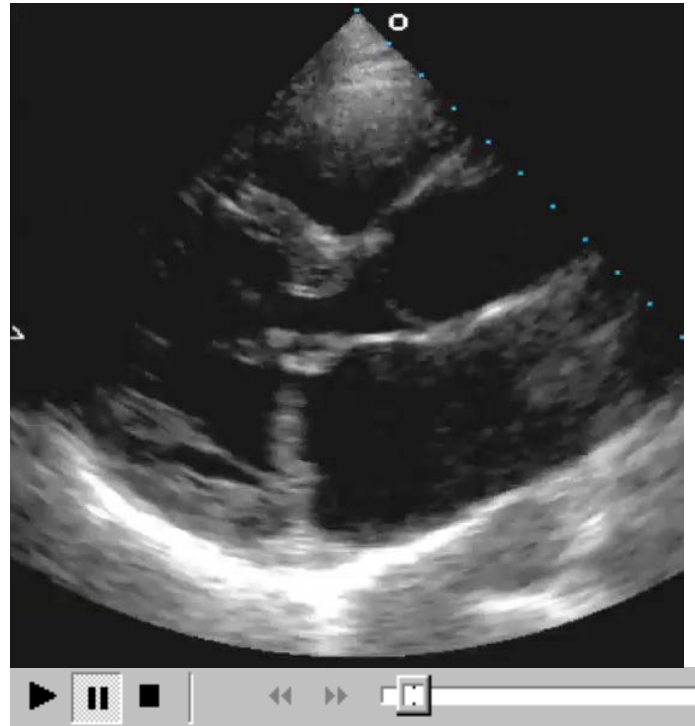
- a) normal
- b) normal thickness but prolapsing
- c) myxomatous but no prolapse
- d) myxomatous with prolapse



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. This patient's mitral valve leaflets are best described as:

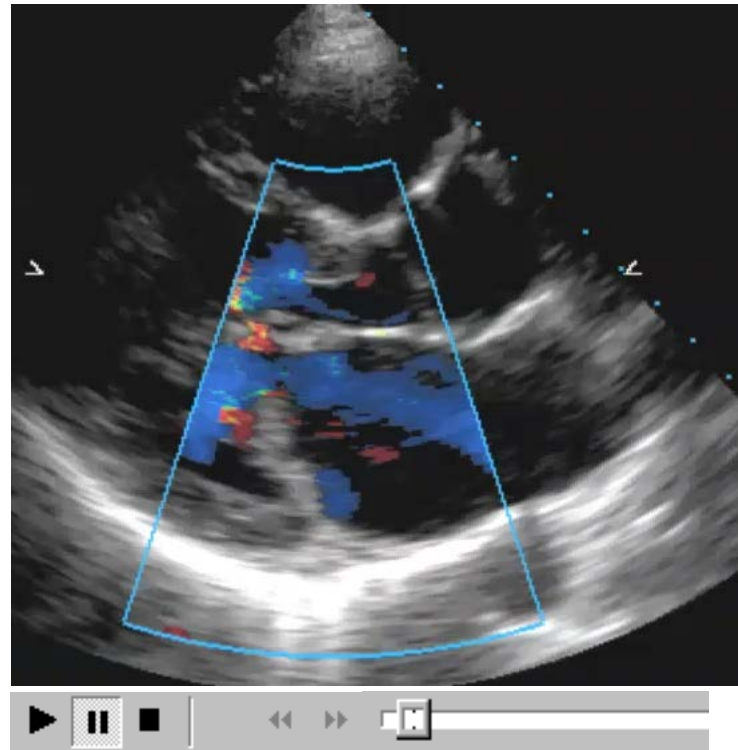
- a) normal
- b) normal thickness but prolapsing
- c) myxomatous but no prolapse
- d) myxomatous with prolapse



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Based on the color flow Doppler of mitral regurgitation which leaflet(s) prolapse the most?

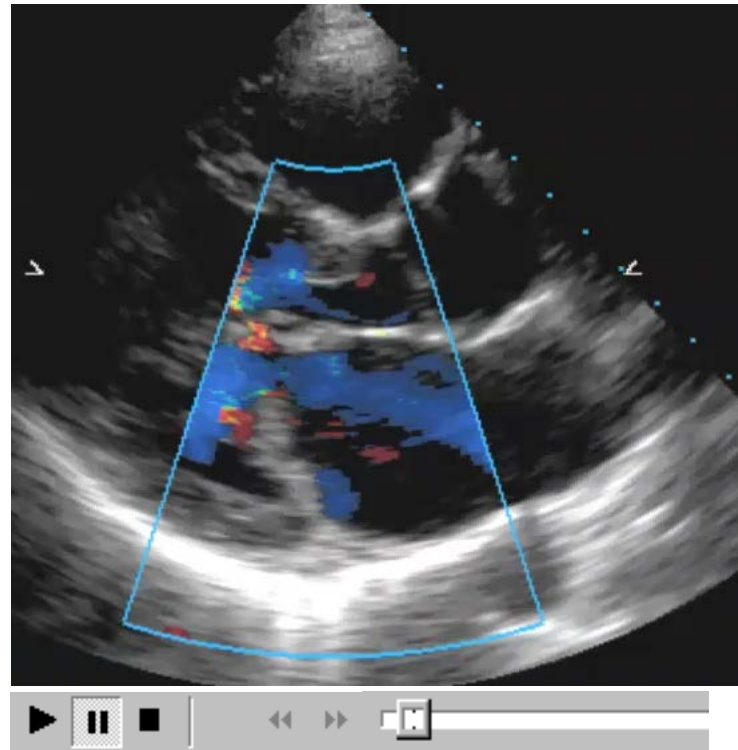
- a) anterior leaflet only
- b) posterior leaflet only
- c) both leaflets are prolapsing
- d) no mitral regurgitation is seen



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Based on the color flow Doppler of mitral regurgitation which leaflet(s) prolapse the most?

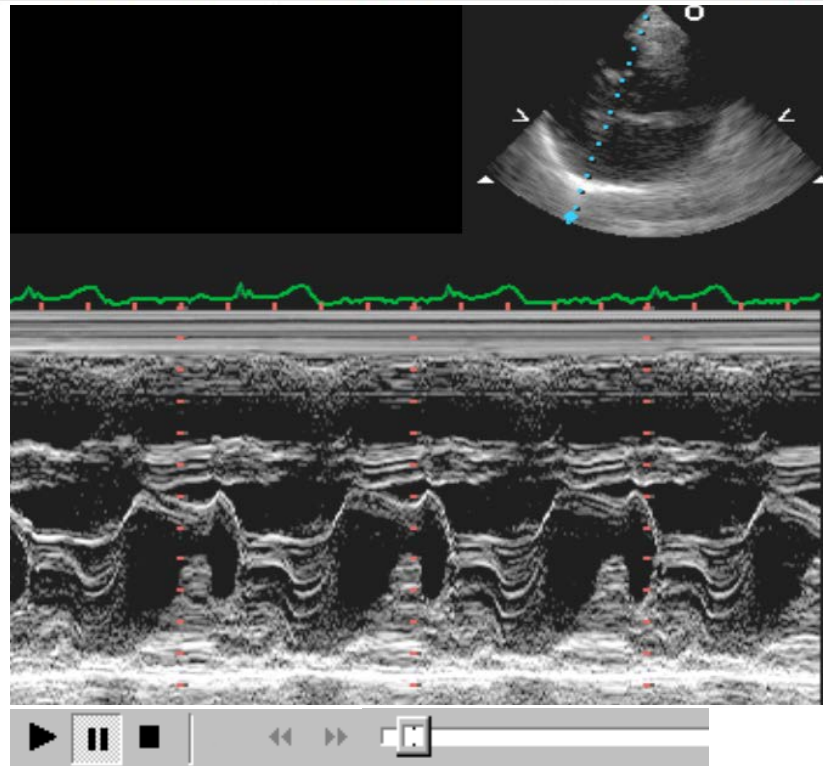
- a) anterior leaflet only
- b) posterior leaflet only
- c) both leaflets are prolapsing
- d) no mitral regurgitation is seen



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. Based on this M-mode which of the following auscultatory findings might this patient present with?

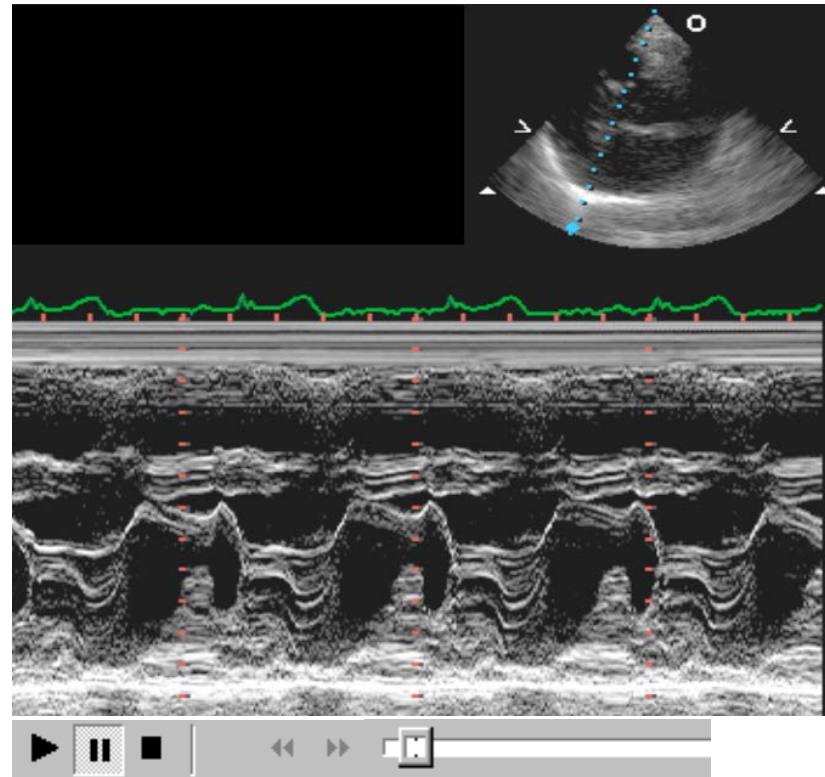
- a) holosystolic murmur
- b) continuous murmur
- c) click and late systolic murmur
- d) diastolic blowing type murmur



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. Based on this M-mode which of the following auscultatory findings might this patient present with?

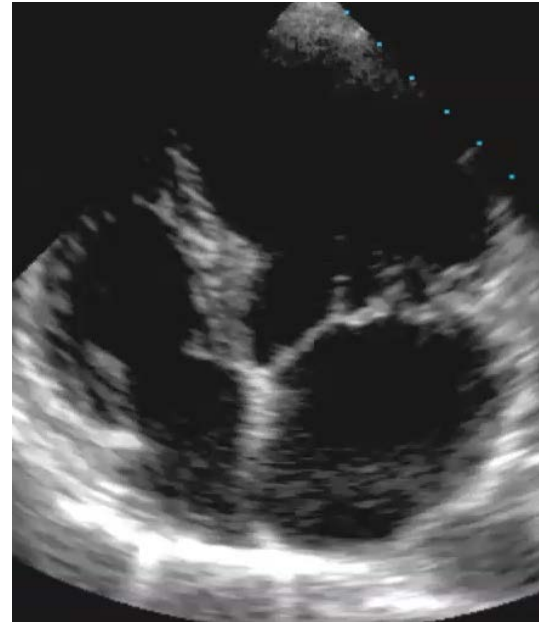
- a) holosystolic murmur
- b) continuous murmur
- c) click and late systolic murmur
- d) diastolic blowing type murmur



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. Which of the following statements is most accurate for this image?

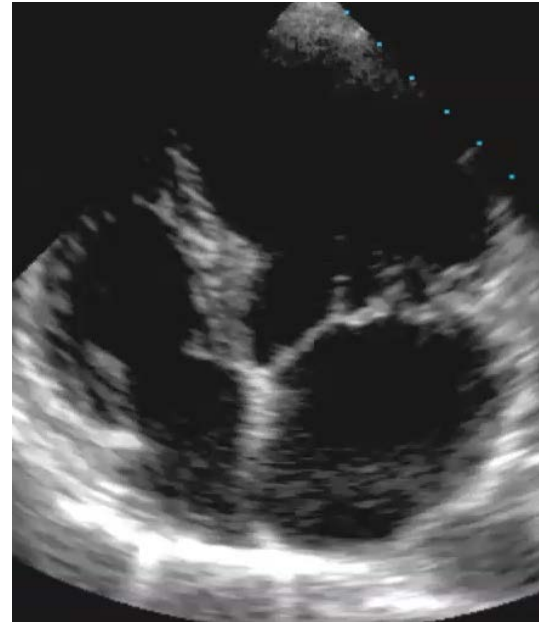
- a) never call MV prolapse in an apical view
- b) never call MV prolapse in an apical 4 ch view
- c) this patient has a normal mitral valve
- d) this patient needs their mitral valve replaced



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. Which of the following statements is most accurate for this image?

- a) never call MV prolapse in an apical view
- b) never call MV prolapse in an apical 4 ch view
- c) this patient has a normal mitral valve
- d) this patient needs their mitral valve replaced

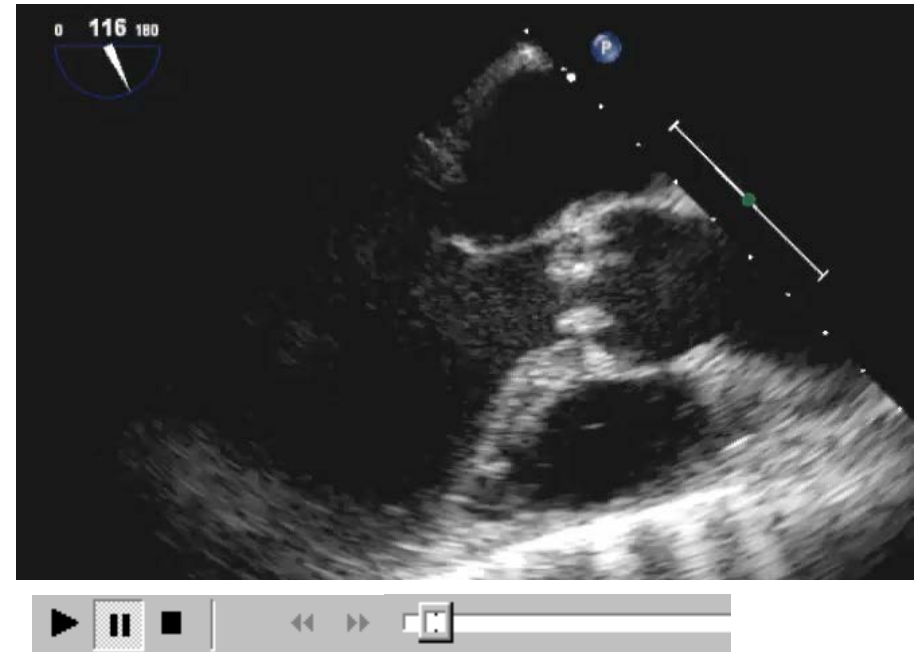


Case # 5

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. This echocardiogram shows which of the following findings?

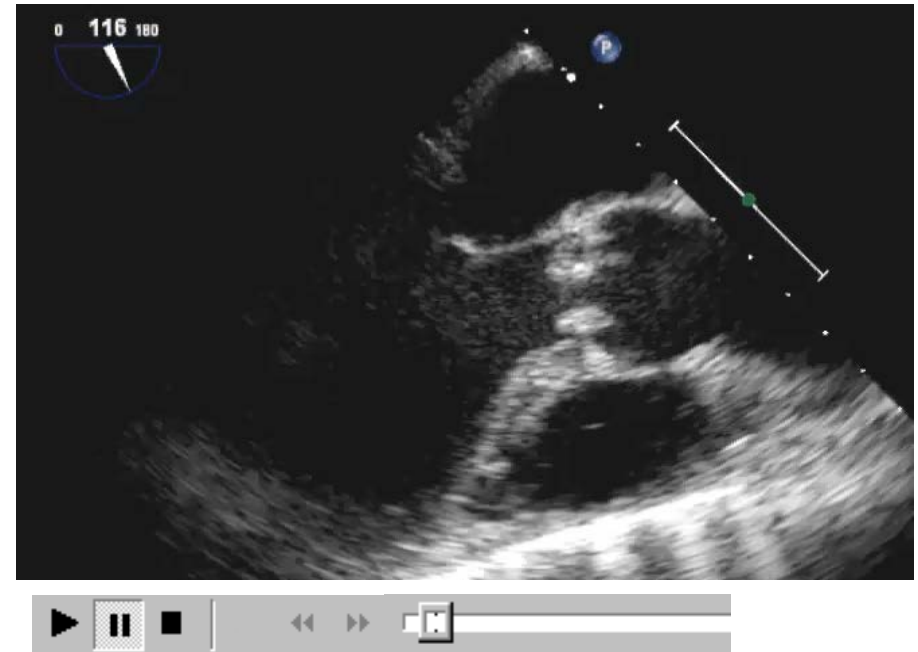
- a) dextrocardia
- b) normal TEE exam
- c) TEE with mitral valve prolapse
- d) TEE with possible aortic valve endocarditis



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. This echocardiogram shows which of the following findings?

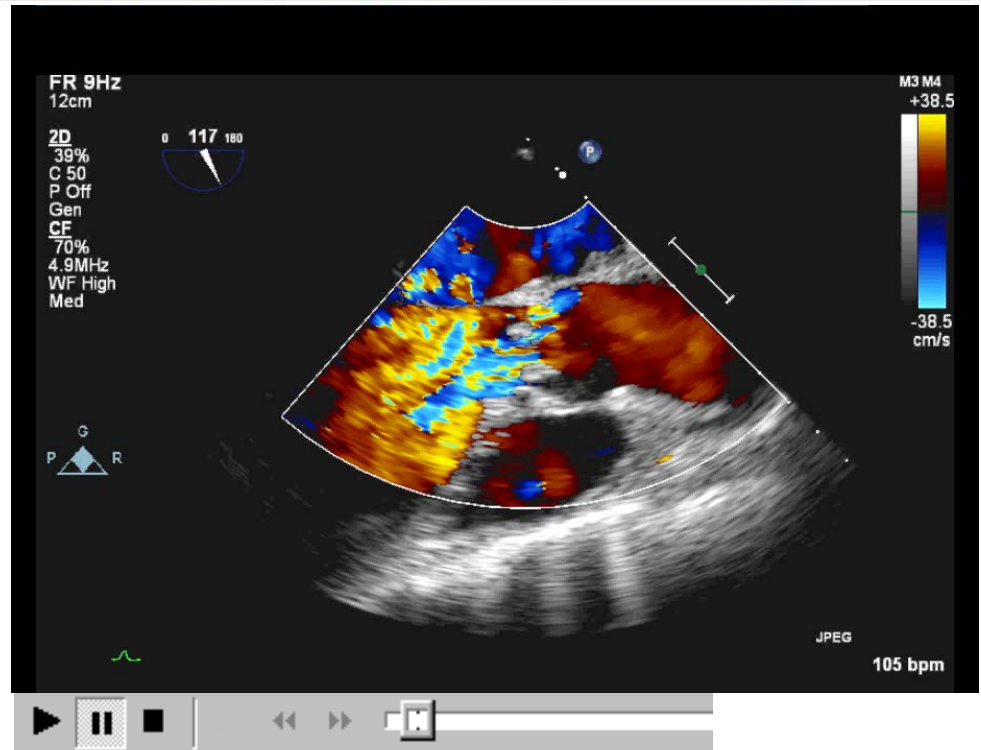
- a) dextrocardia
- b) normal TEE exam
- c) TEE with mitral valve prolapse
- d) TEE with possible aortic valve endocarditis



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. This echocardiographic image shows:

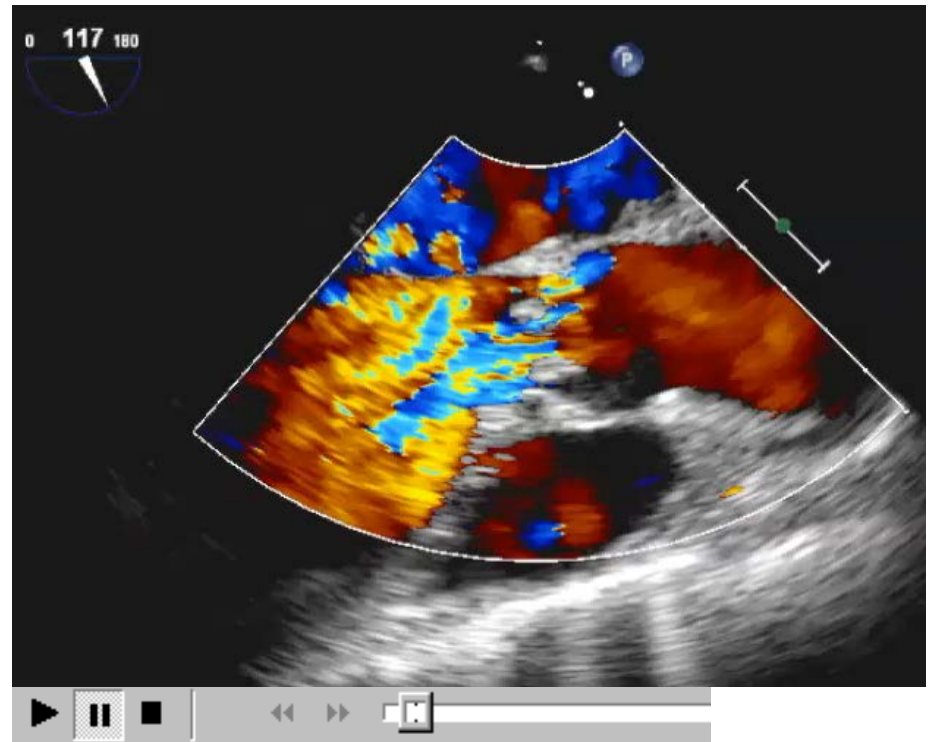
- a) mitral stenosis
- b) aortic coarctation
- c) mild aortic insufficiency
- d) severe aortic insufficiency



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. This echocardiographic image shows:

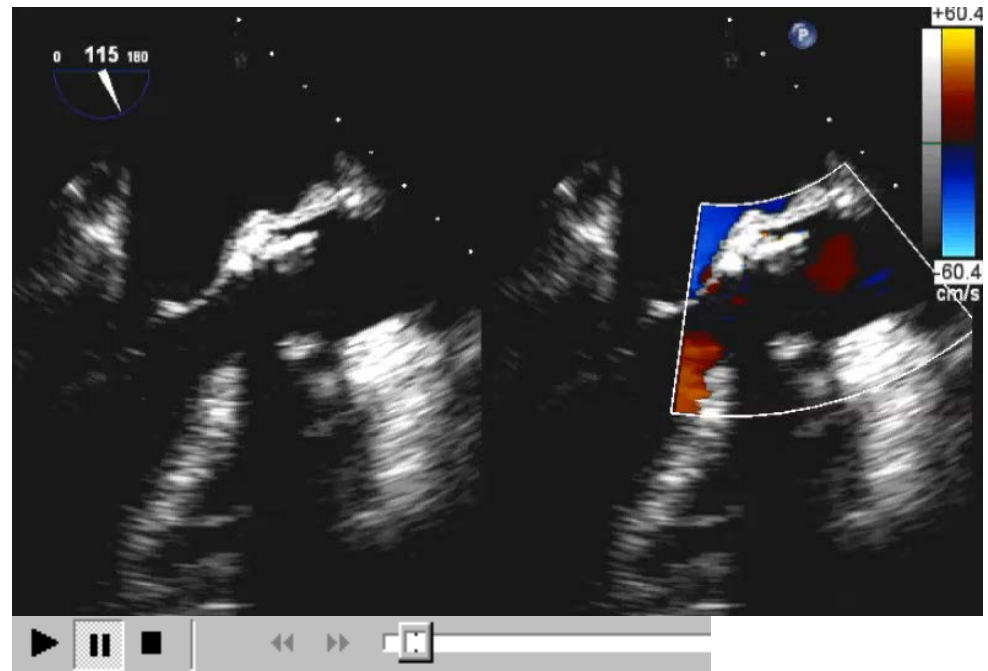
- a) mitral stenosis
- b) aortic coarctation
- c) mild aortic insufficiency
- d) severe aortic insufficiency



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. Which of the following statements best describe these post operative TEE images?

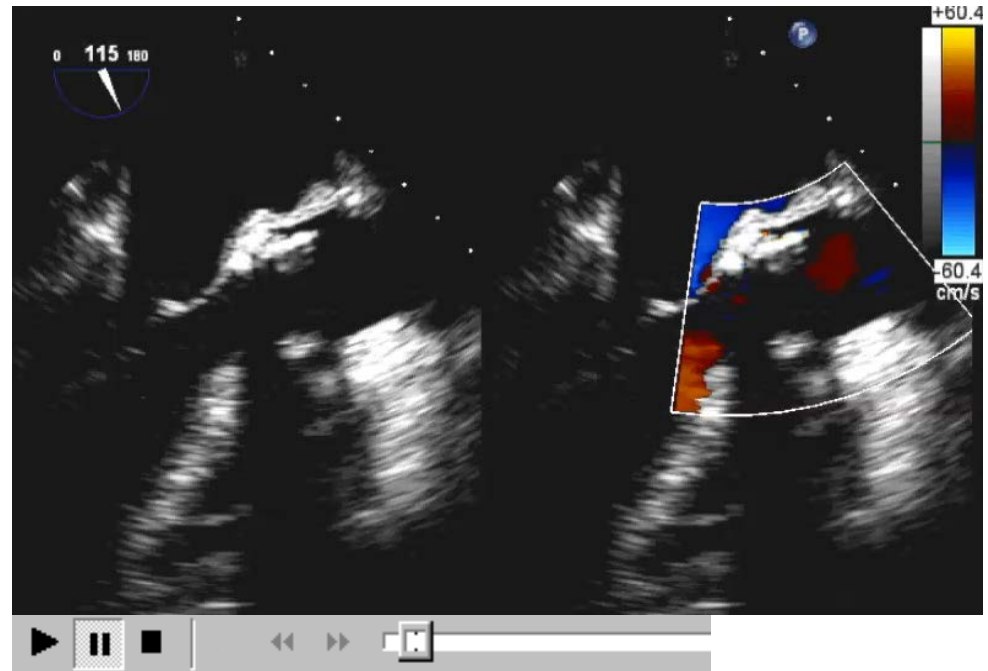
- a) severe mitral valve stenosis
- b) normal for an aortic prosthetic valve
- c) typical aortic dissection
- d) mild aortic stenosis with masking



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. Which of the following statements best describe these post operative TEE images?

- a) severe mitral valve stenosis
- b) normal for an aortic prosthetic valve
- c) typical aortic dissection
- d) mild aortic stenosis with masking

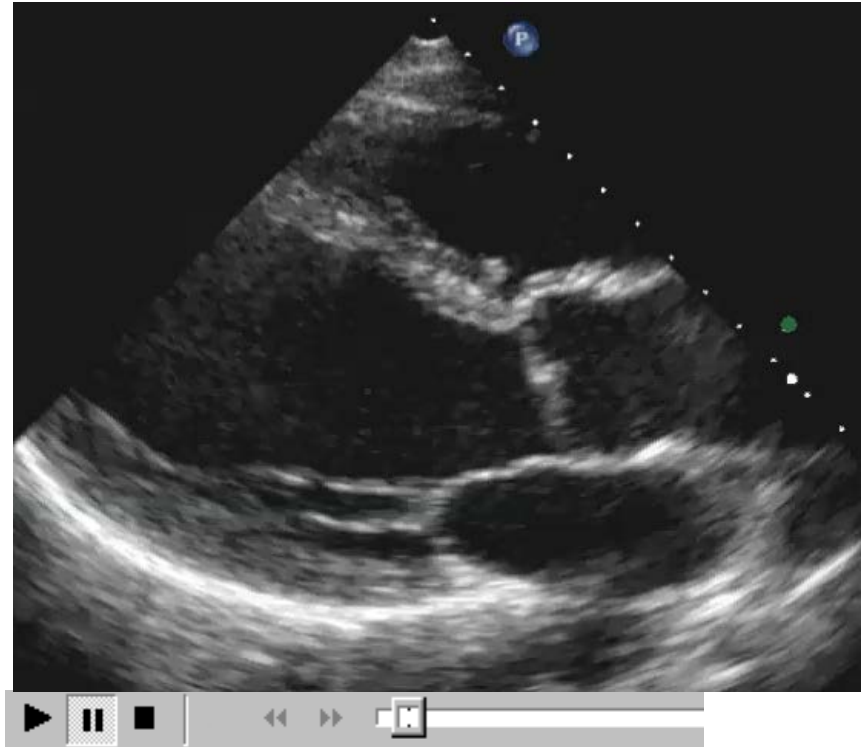


Case # 6

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This parasternal long-axis image shows:

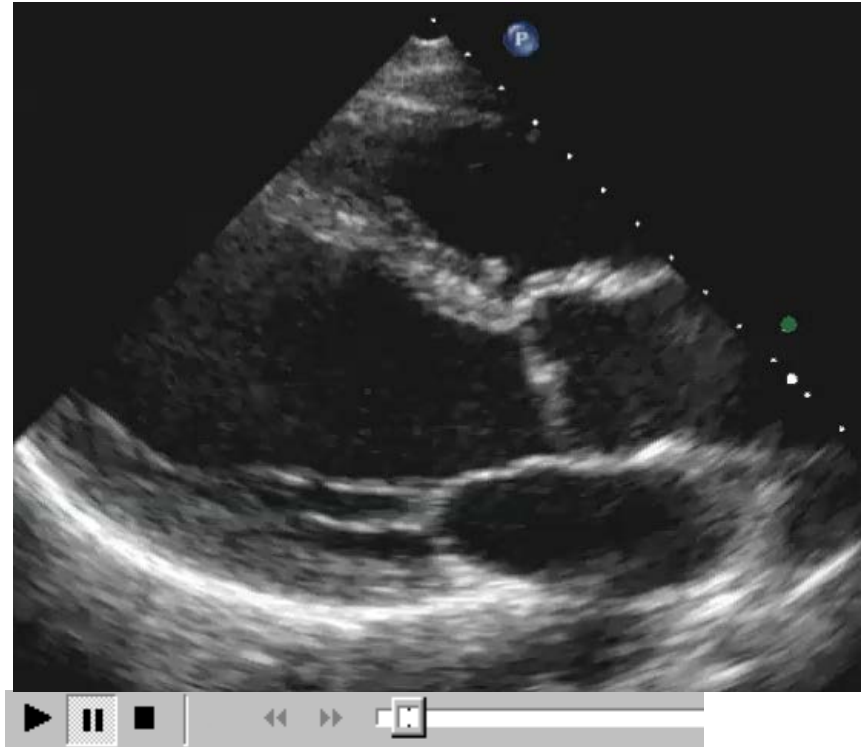
- a) possible bicuspid aortic valve
- b) classic rheumatic valve disease
- c) aortic valve endocarditis
- d) possible amyloid cardiomyopathy



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This parasternal long-axis image shows:

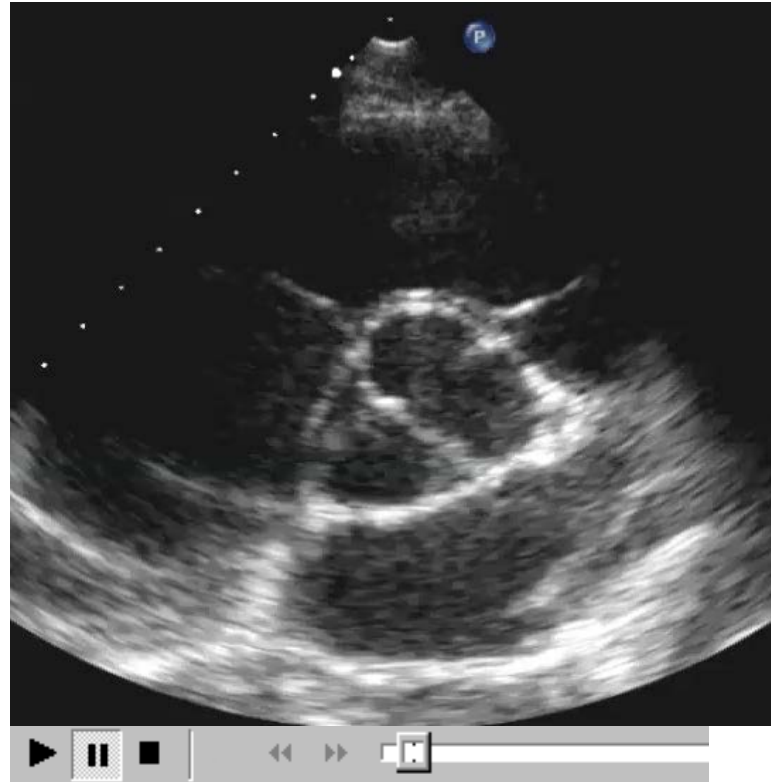
- a) possible bicuspid aortic valve
- b) classic rheumatic valve disease
- c) aortic valve endocarditis
- d) possible amyloid cardiomyopathy



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. Based on this parasternal short-axis image what other cardiac abnormality would you look for?

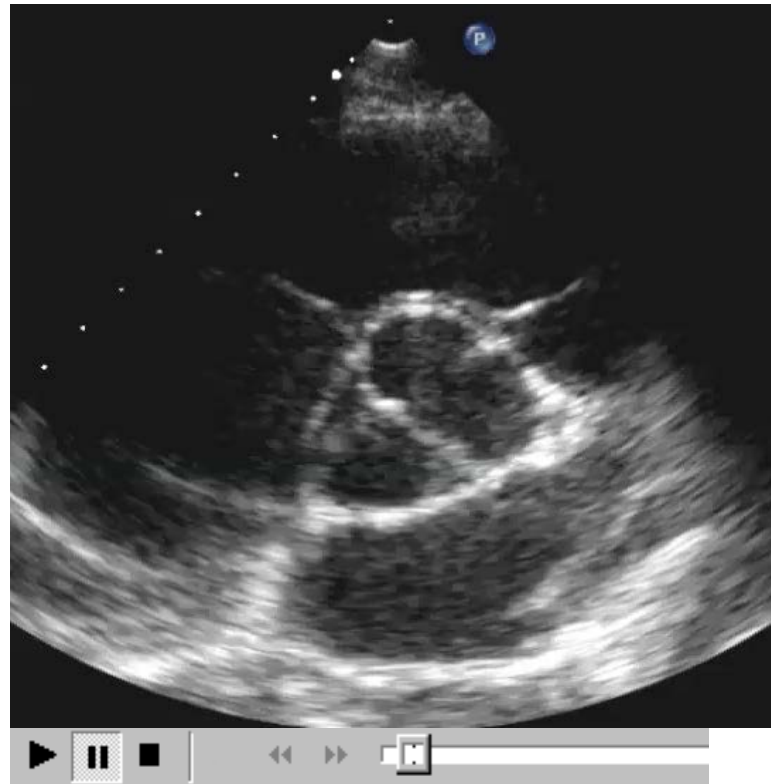
- a) aortic dissection
- b) aortic coarctation
- c) pericardial effusion
- d) ventricular septal defect



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. Based on this parasternal short-axis image what other cardiac abnormality would you look for?

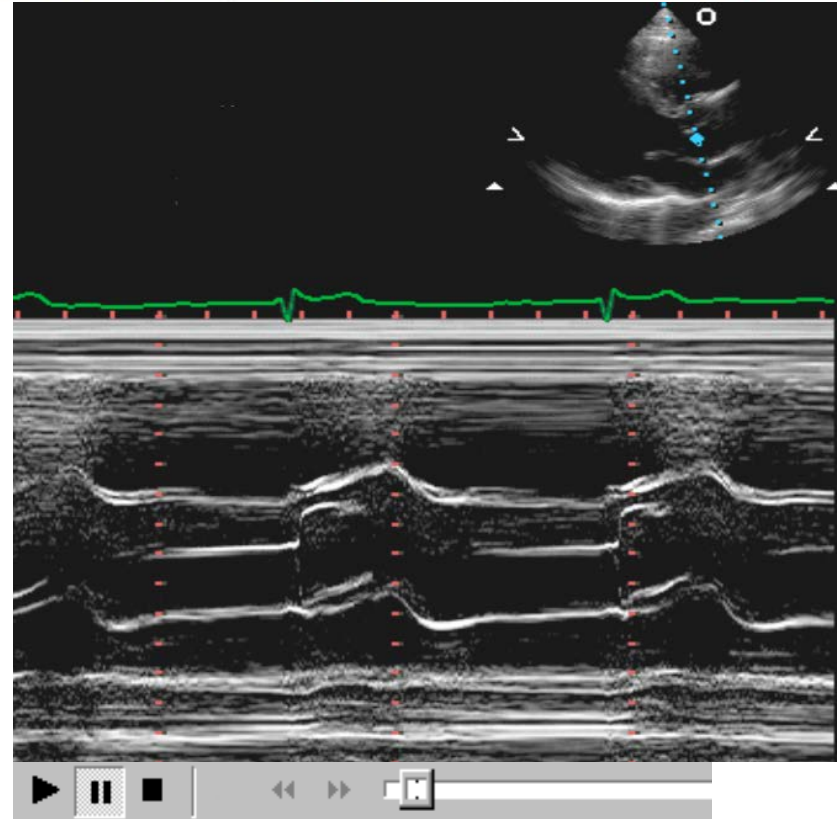
- a) aortic dissection
- b) aortic coarctation
- c) pericardial effusion
- d) ventricular septal defect



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. This patient's M-mode:

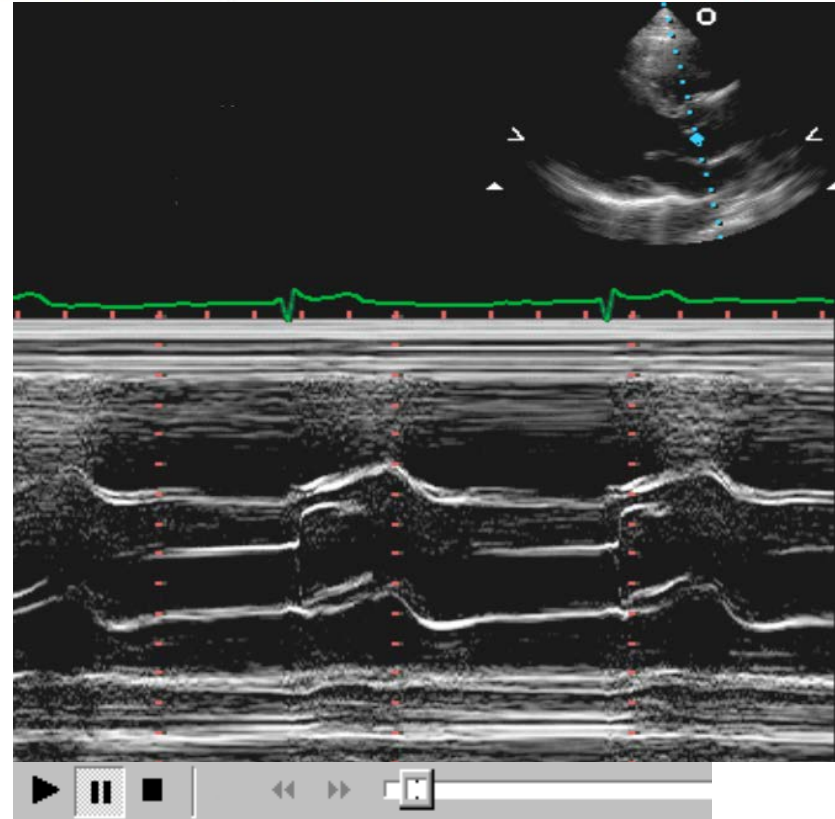
- O a) is classic for a bicuspid aortic valve
- O b) demonstrates aortic insufficiency
- O c) appears fairly normal
- O d) M-mode quality is too poor to comment on



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. This patients M-mode:

- a) is classic for a bicuspid aortic valve
- b) demonstrates aortic insufficiency
- c) appears fairly normal
- d) M-mode quality is too poor to comment on



Case # 7

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. The bright object in the right ventricle is probably:

- a) an artifact
- b) a Hickman catheter
- c) a Swan Ganz catheter
- d) the moderator band



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

1. The bright object in the right ventricle is probably:

- a) an artifact
- b) a Hickman catheter
- c) a Swan Ganz catheter
- d) the moderator band



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Pericardial effusions occur between which two layers?

- O a) fibrous and parietal
- O b) serous and visceral
- O c) parietal and visceral
- O d) endocardium and fibrous



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

2. Pericardial effusions occur between which two layers?

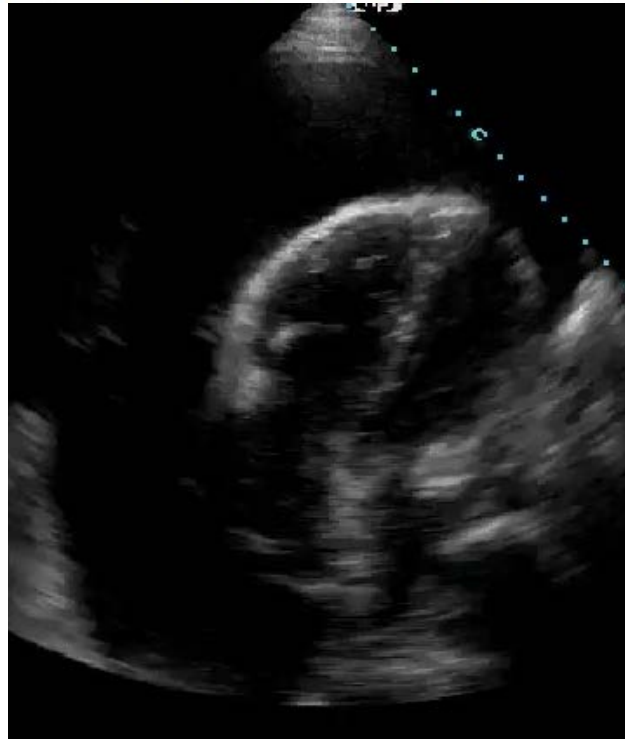
- a) fibrous and parietal
- b) serous and visceral
- c) parietal and visceral
- d) endocardium and fibrous



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. This patient's EKG might have which of the following patterns:

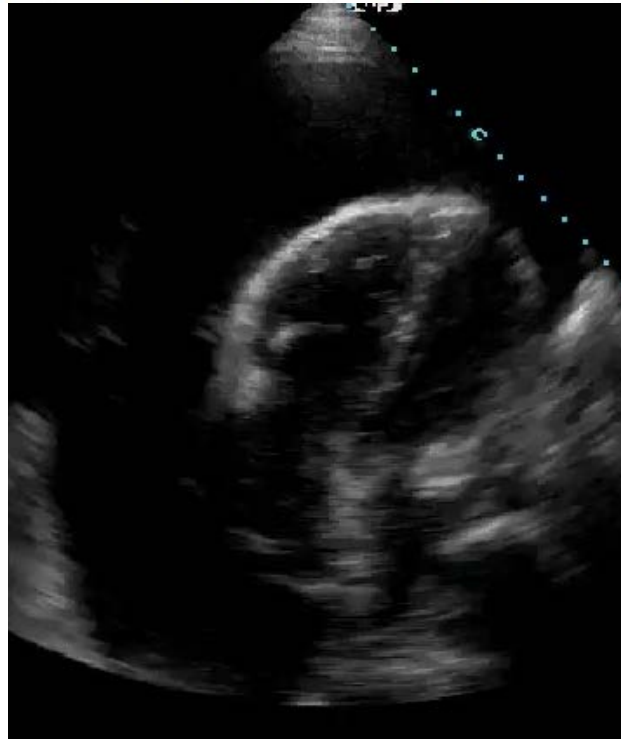
- a) junctional rhythm
- b) bundle branch block
- c) electrical alternans
- d) sinus arrhythmia



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

3. This patient's EKG might have which of the following patterns:

- a) junctional rhythm
- b) bundle branch block
- c) electrical alternans
- d) sinus arrhythmia

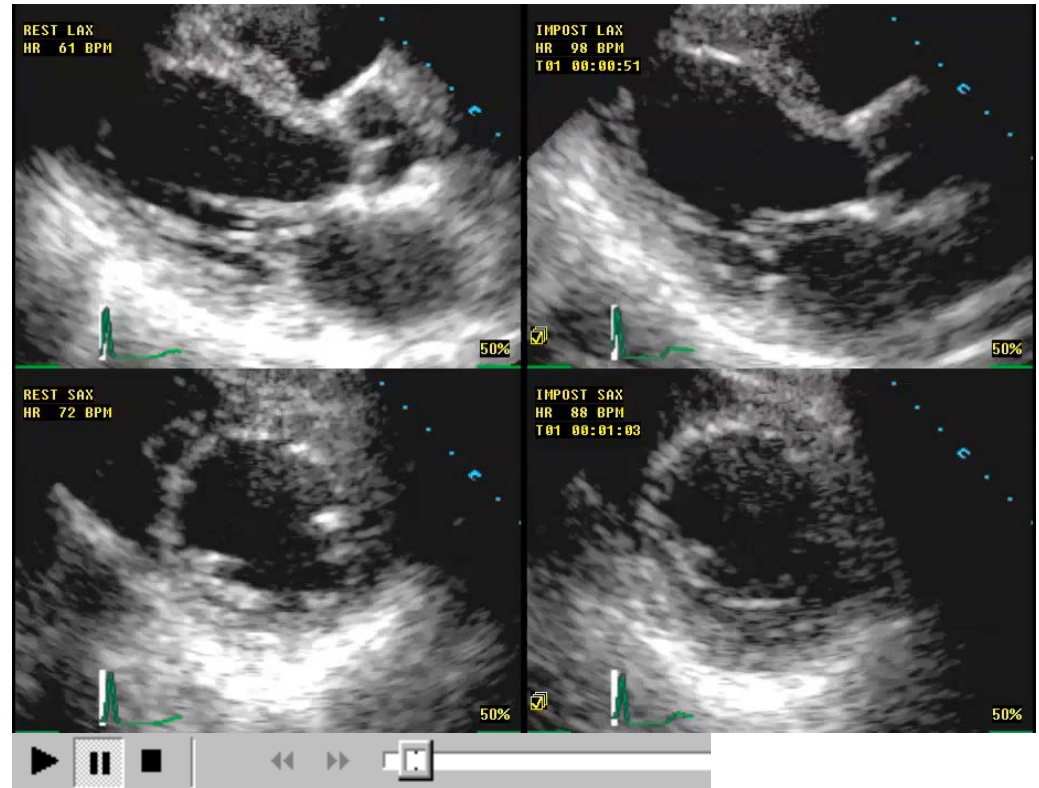


Case # 8

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. What type of stress echocardiogram is this patient receiving?

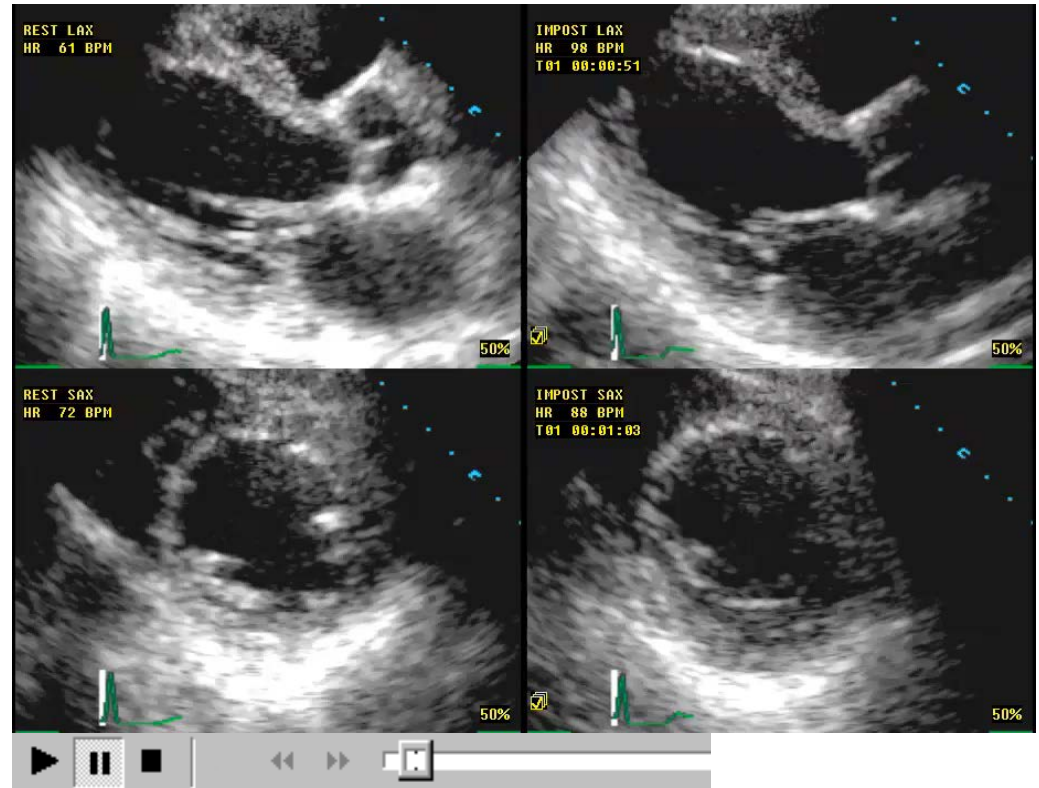
- a) pharmacological
- b) exercise
- c) Dobutamine
- d) viability



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

4. What type of stress echocardiogram is this patient receiving?

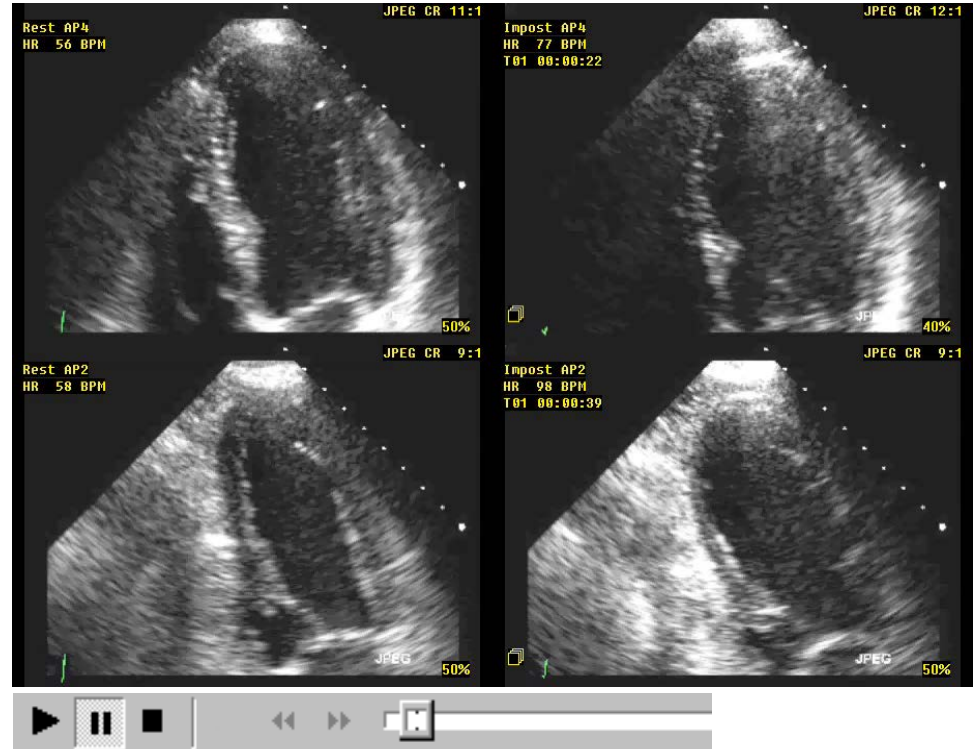
- a) pharmacological
- b) exercise
- c) Dobutamine
- d) viability



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. Post exercise the anterior and apical walls could be described as:

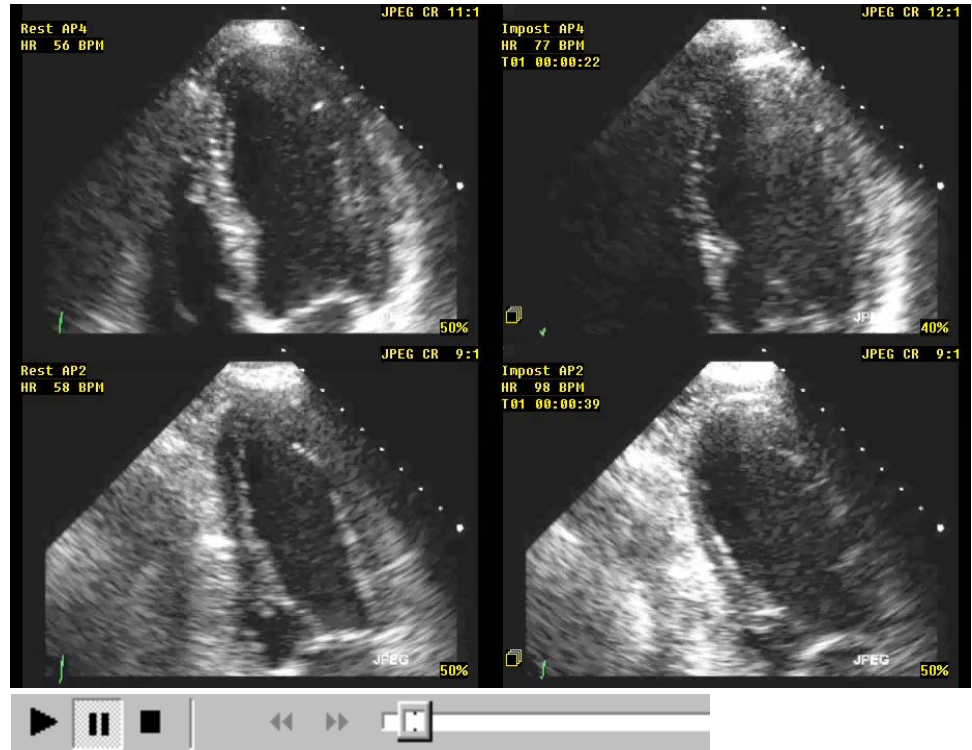
- a) normal
- b) hyperkinetic
- c) akinetic
- d) dyskinetic



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

5. Post exercise the anterior and apical walls could be described as:

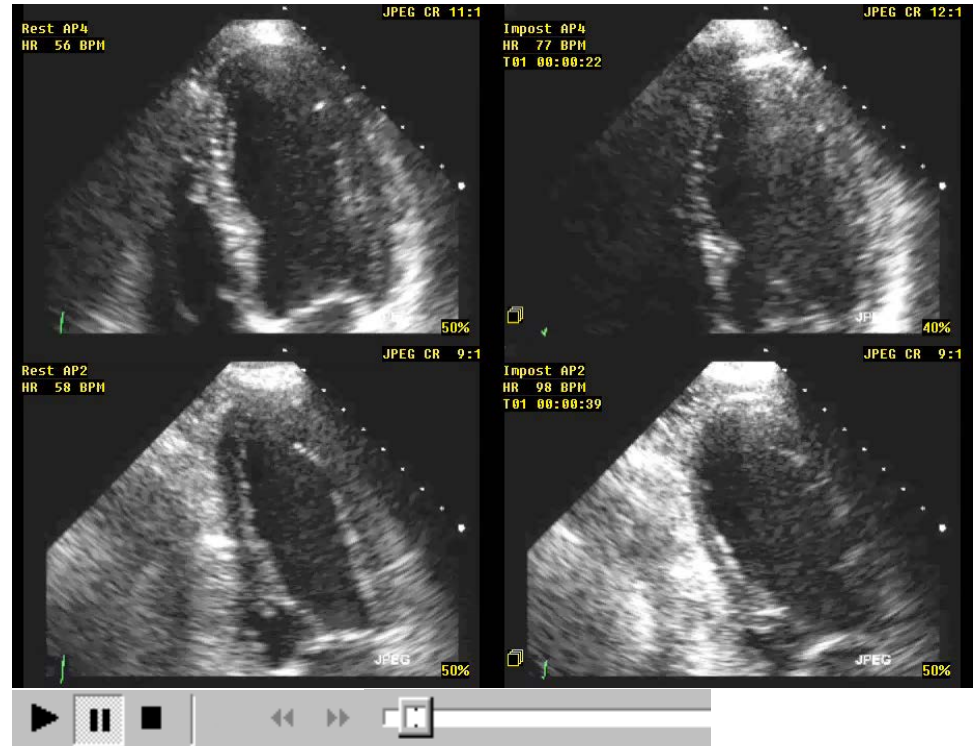
- a) normal
- b) hyperkinetic
- c) akinetic
- d) dyskinetic



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. This would indicate a blockage in which coronary artery?

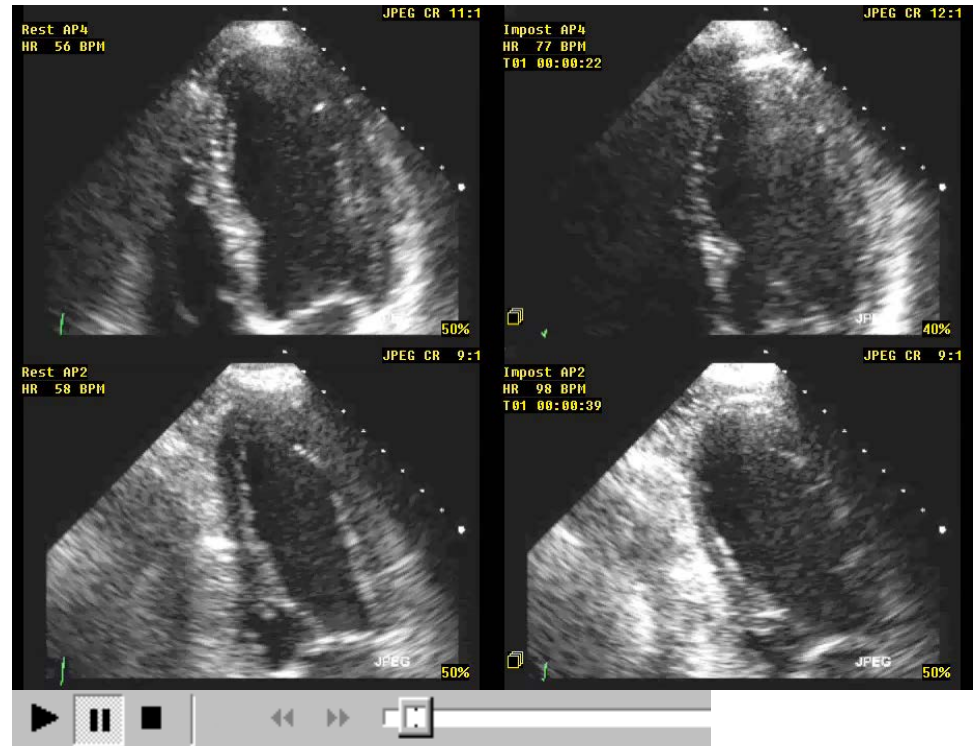
- a) left circumflex
- b) left anterior descending
- c) right coronary
- d) 1st septal perforator



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

6. This would indicate a blockage in which coronary artery?

- a) left circumflex
- b) left anterior descending
- c) right coronary
- d) 1st septal perforator



Case # 9

Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. This “flattened” interventricular septum is primarily caused by?

- a) atrial septal defect
- b) volume overload
- c) pulmonic stenosis
- d) pressure overload



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

7. This “flattened” interventricular septum is primarily caused by?

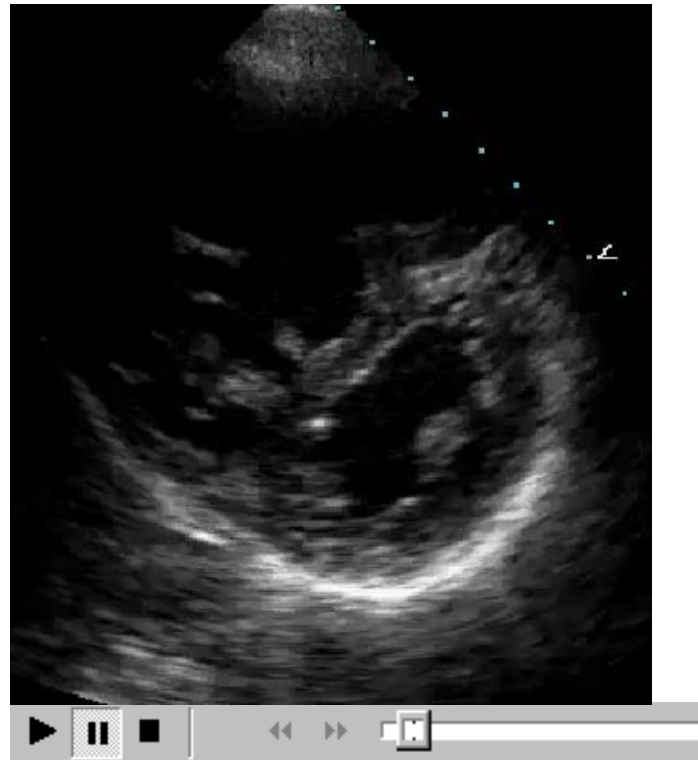
- a) atrial septal defect
- b) volume overload
- c) pulmonic stenosis
- d) pressure overload



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This problem might be a result of:

- a) pulmonic regurgitation
- b) pulmonary atresia
- c) pulmonary hypertension
- d) pulmonary emboli



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

8. This problem might be a result of:

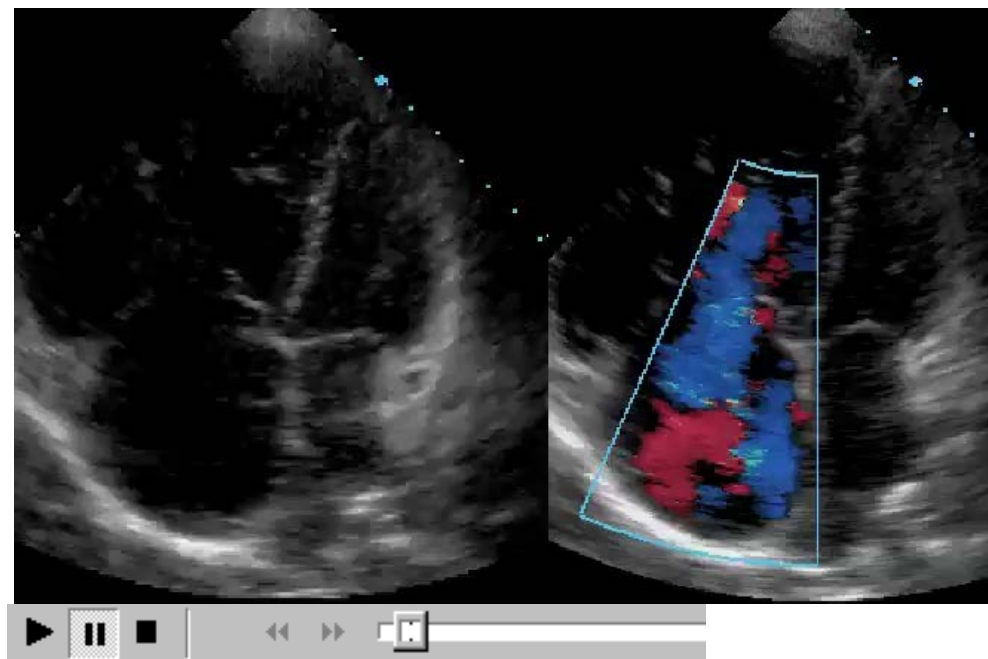
- a) pulmonic regurgitation
- b) pulmonary atresia
- c) pulmonary hypertension
- d) pulmonary emboli



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. The tricuspid regurgitation by color Doppler:

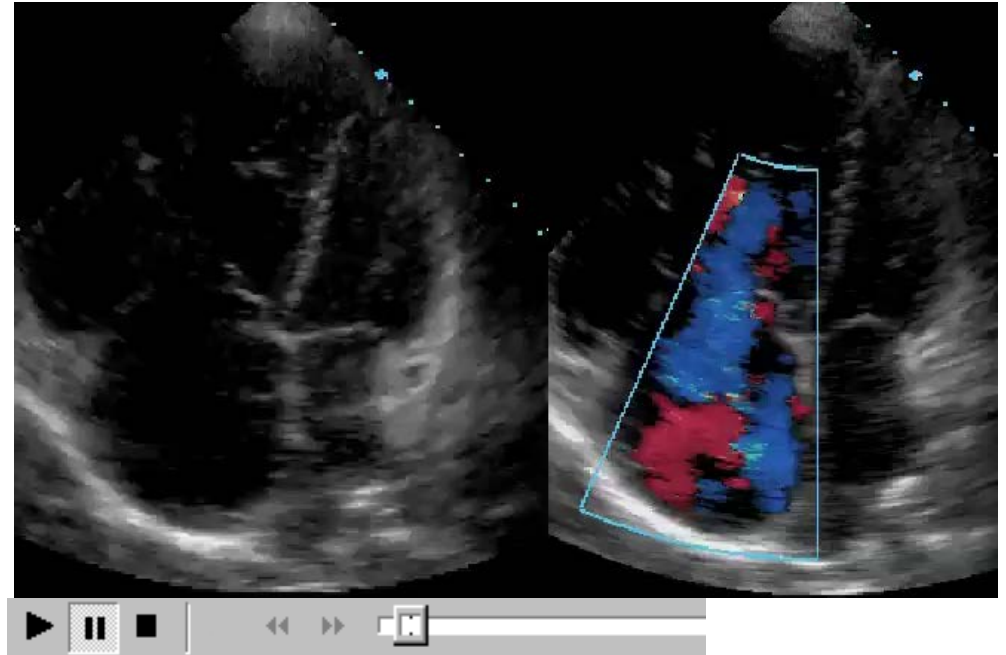
- a) is severe
- b) shows pulmonary hypertension
- c) is typical for a patient with an ASD
- d) is underestimated in this view



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

9. The tricuspid regurgitation by color Doppler:

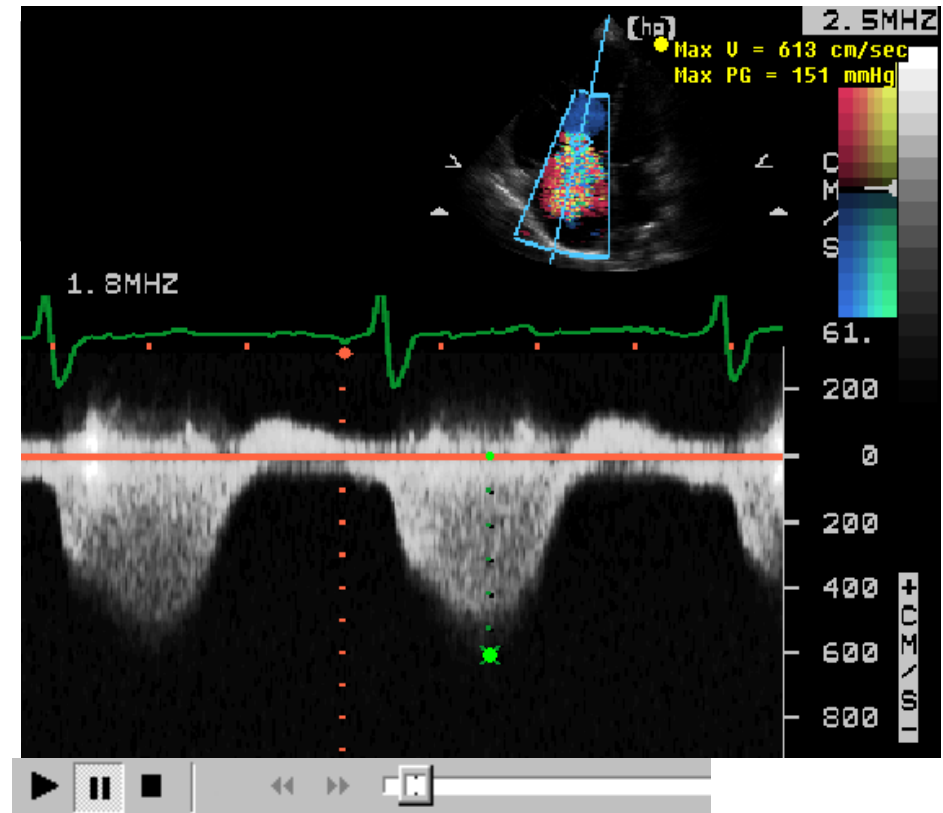
- a) is severe
- b) shows pulmonary hypertension
- c) is typical for a patient with an ASD
- d) is underestimated in this view



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. The right ventricular systolic pressure is:

- a) normal for a patient with an ASD
- b) moderately elevated
- c) severely elevated
- d) is underestimated in this view



Flag for Review	Time Remaining 34:30			
	< Previous	*Review	Next >	Exhibit

10. The right ventricular systolic pressure is:

- a) normal for a patient with an ASD
- b) moderately elevated
- c) severely elevated
- d) is underestimated in this view

