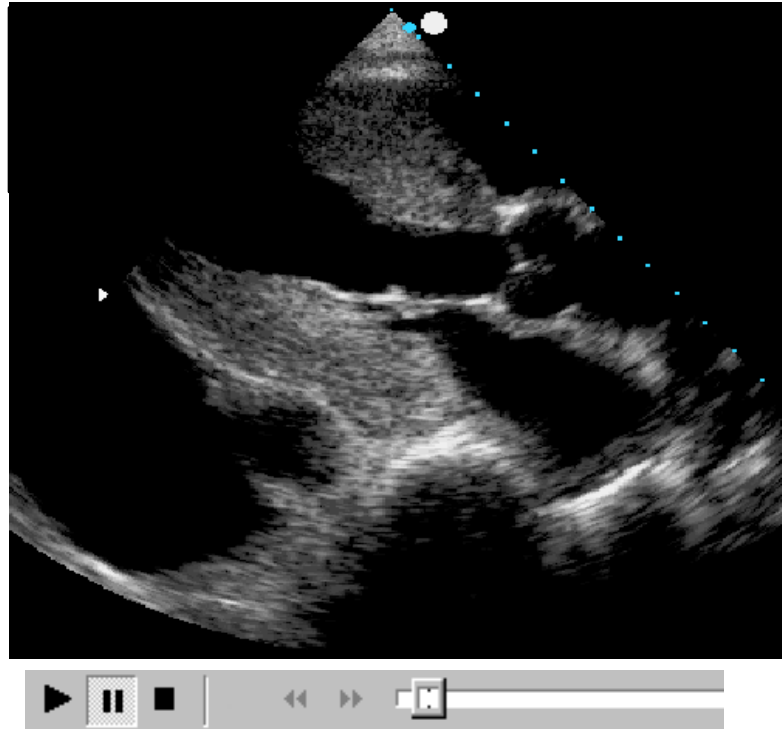


# Case # 1

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

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

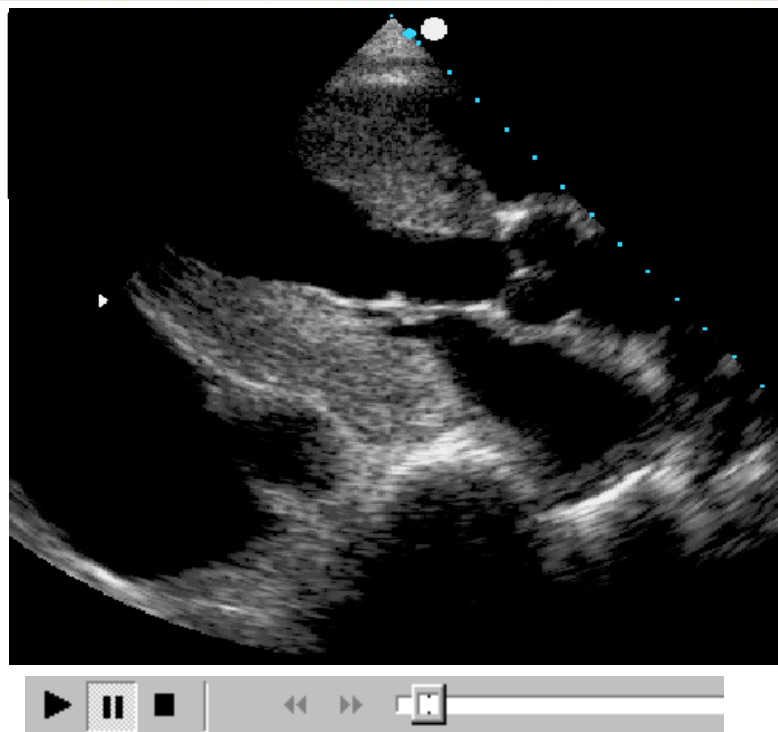
- O a) tamponade physiology
- O b) restrictive physiology
- O c) coronary artery disease
- O d) left bundle branch block



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

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

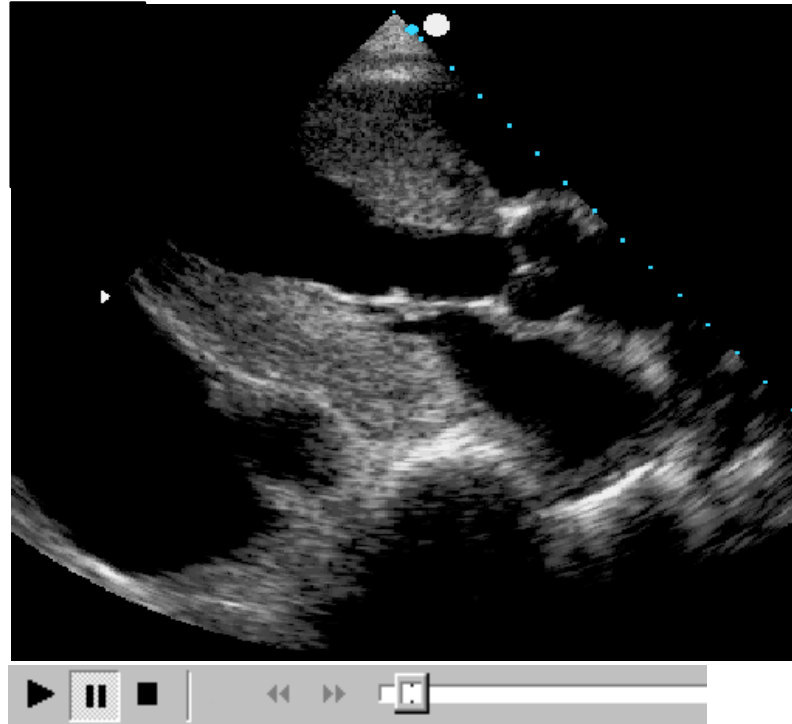
- ☐ a) tamponade physiology
- ☒ b) restrictive physiology
- ☐ c) coronary artery disease
- ☐ d) left bundle branch block



|                 |                      |         |        |         |
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| 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:

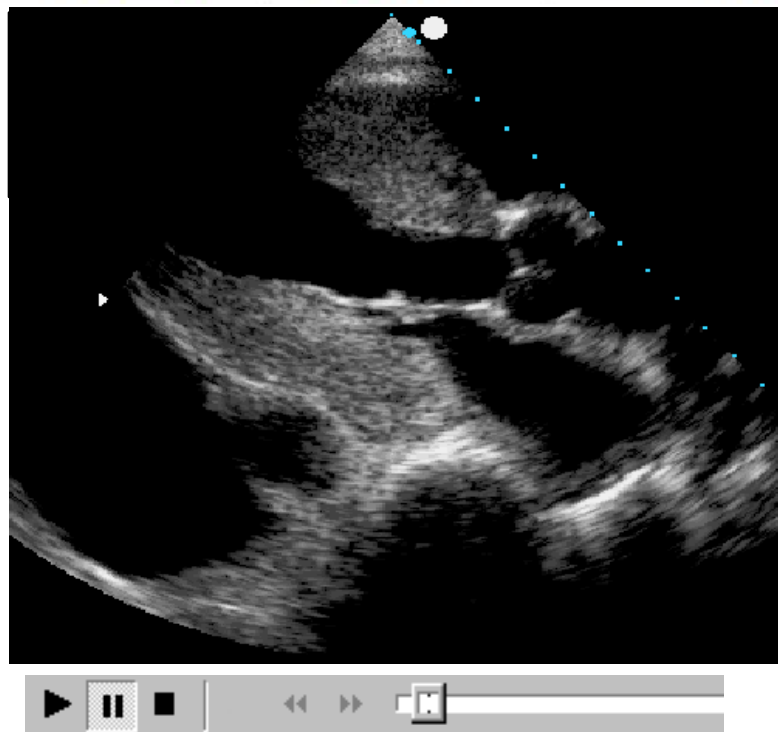
- ☐ a) hypertension
- ☐ b) sarcoidosis
- ☐ c) amyloidosis
- ☐ d) mitral stenosis



|                 |                      |         |        |         |
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| 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:

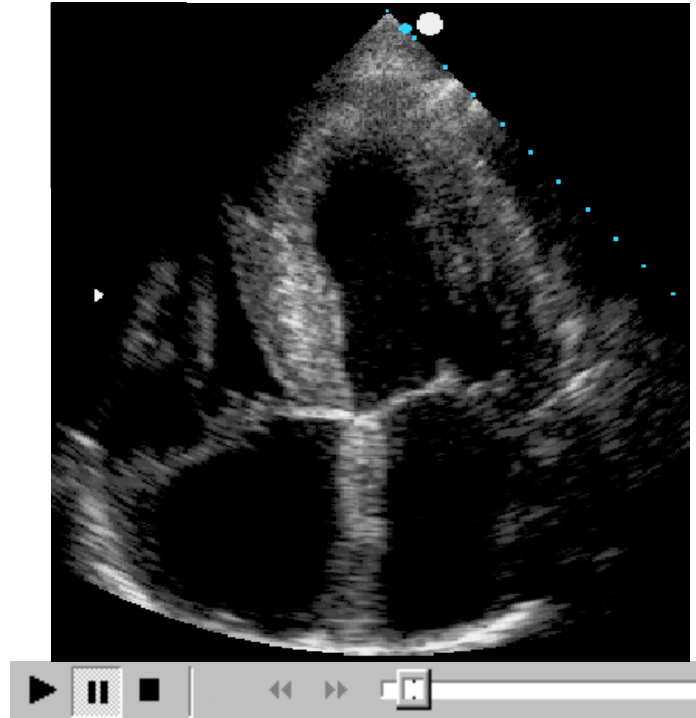
- ☐ a) hypertension
- ☐ b) sarcoidosis
- ☒ c) amyloidosis
- ☐ d) mitral stenosis



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| Flag for Review | Time Remaining 34:30 |         |        |         |
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3. In the apical 4ch view, why does the interatrial septum appear so fat?

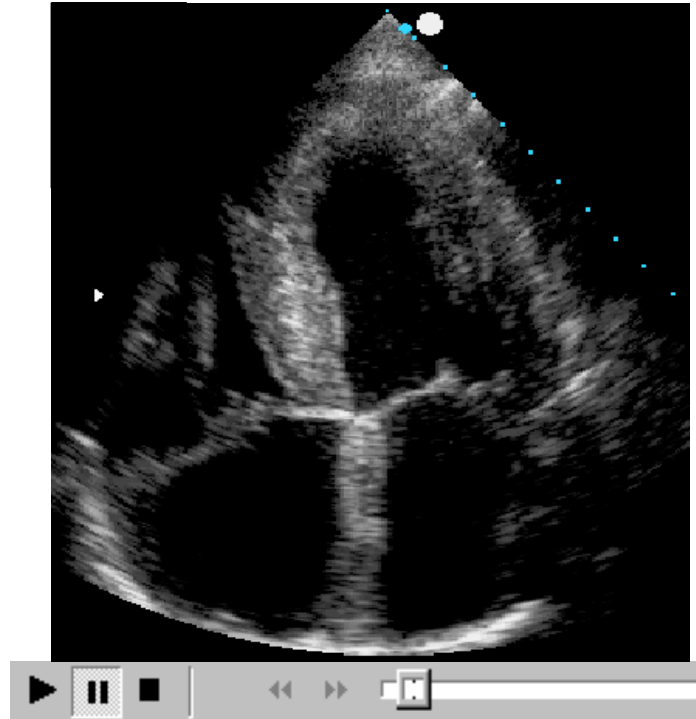
- O a) hyperlipomatous
- O b) transducer beam width
- O c) amyloid deposits
- O d) poor far-field resolution



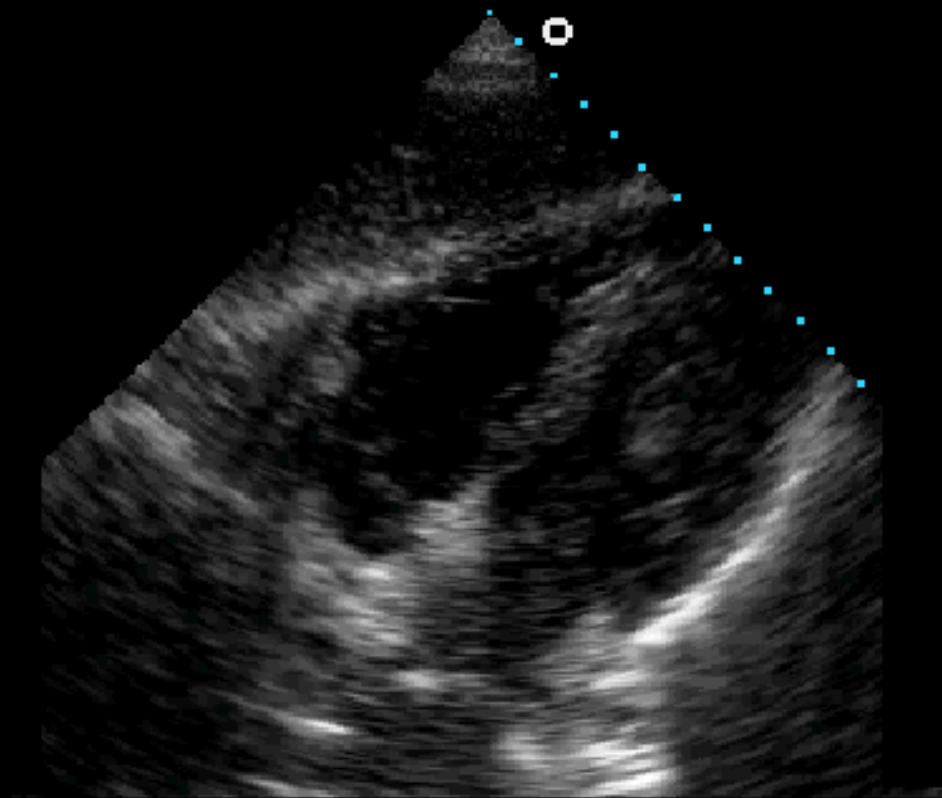
|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
|                 | < Previous           | *Review | Next > | Exhibit |

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

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



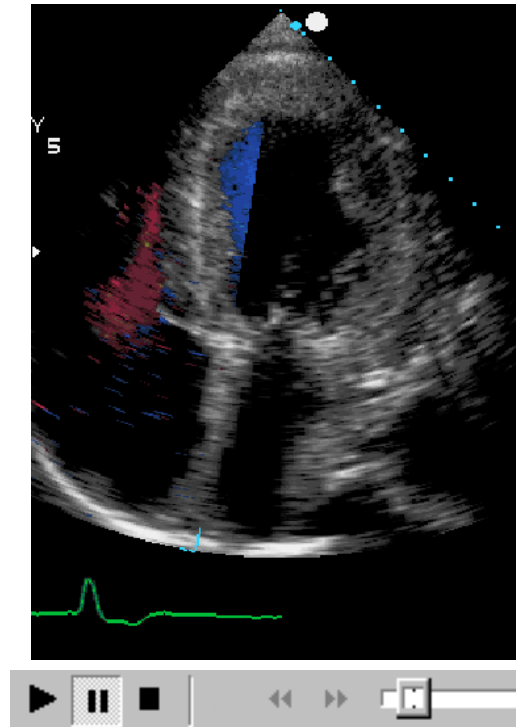
# Hyperlipomatous



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| Flag for Review | Time Remaining 34:30 |         |        |         |
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4. The color flow Doppler demonstrates:

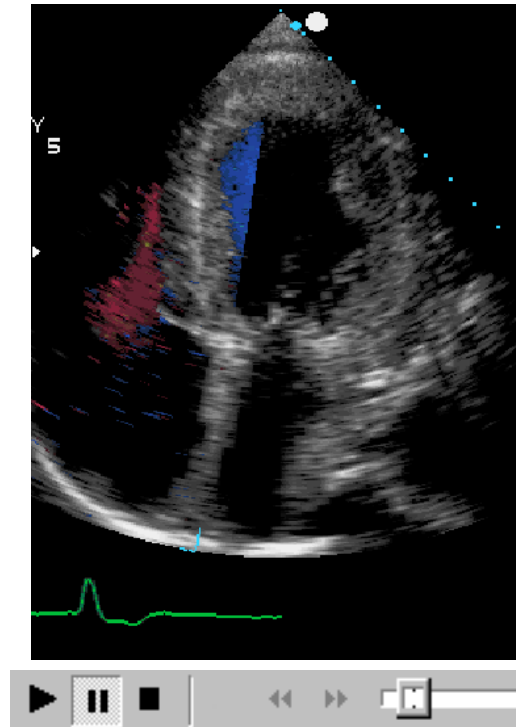
- ☐ a) normal tricuspid regurgitation
- ☐ b) moderate tricuspid regurgitation
- ☐ c) mild tricuspid regurgitation
- ☐ d) pulmonary hypertension



|                 |                      |         |        |         |
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| 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

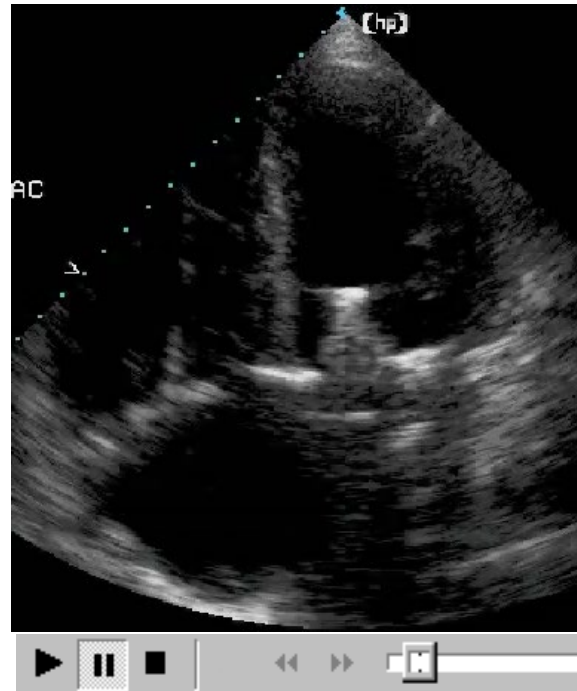


# Case # 2

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

5. This is what type of prosthetic mitral valve?

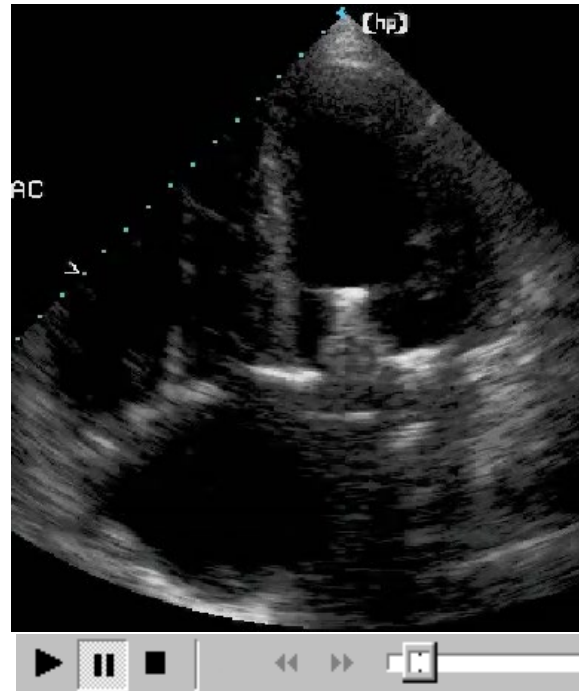
- ☐ a) tilting disk
- ☐ b) ball and cage
- ☐ c) St. Jude
- ☐ d) porcine



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

5. This is what type of prosthetic mitral valve?

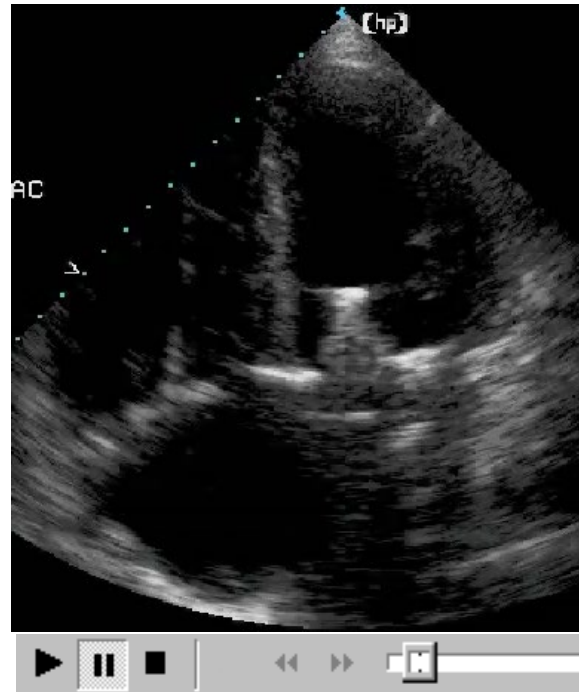
- ☐ a) tilting disk
- ☒ b) ball and cage
- ☐ c) St. Jude
- ☐ d) porcine



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| Flag for Review | Time Remaining 34:30 |         |        |         |
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6. One of the best features of this type of prosthetic valve is:

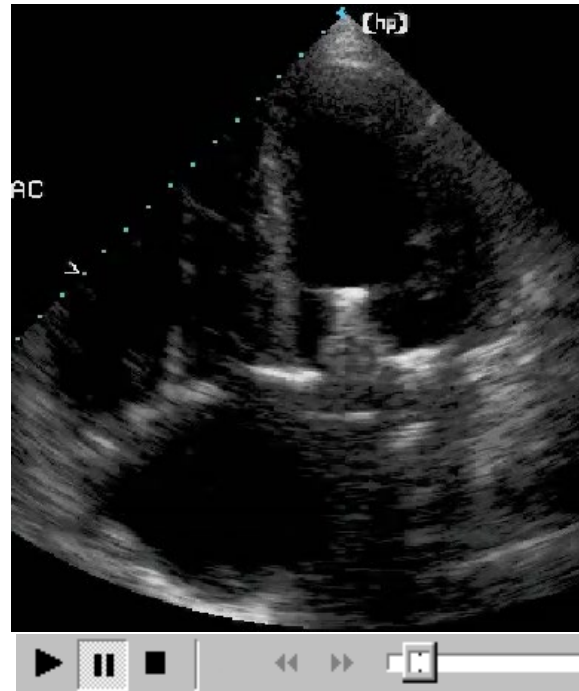
- ☐ a) durability
- ☐ b) low gradient
- ☐ c) no need for blood thinners
- ☐ d) low chance of infection



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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6. One of the best features of this type of prosthetic valve is:

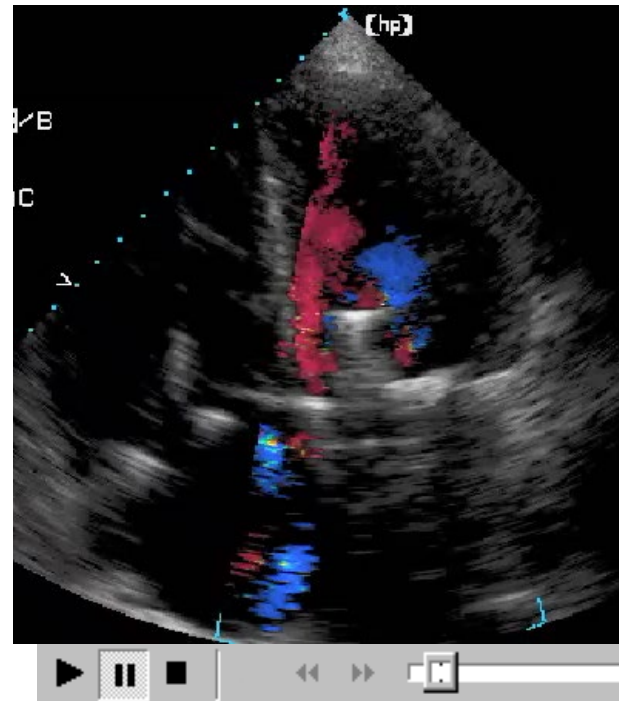
- a) durability
- O b) low gradient
- O c) no need for blood thinners
- O d) low chance of infection



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

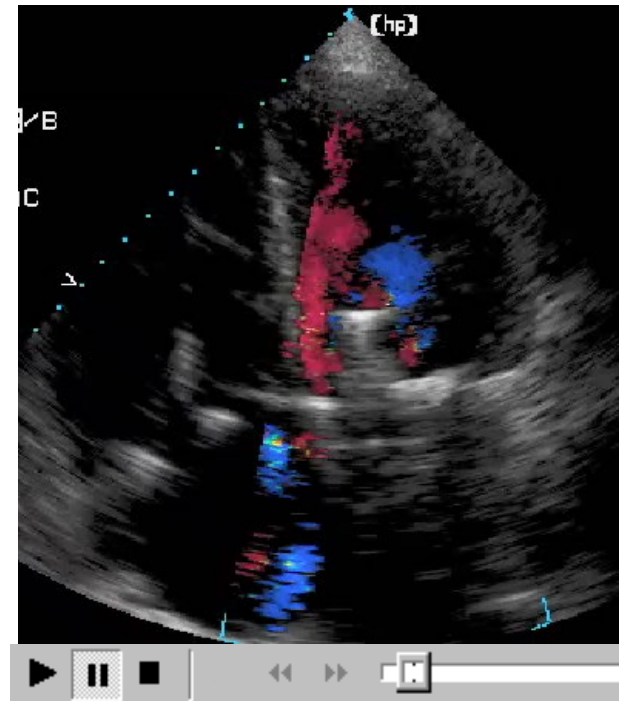
- ☐ a) mild
- ☐ b) normal for a prosthetic valve
- ☐ c) indeterminate
- ☐ d) severe



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| Flag for Review | Time Remaining 34:30 |         |        |         |
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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

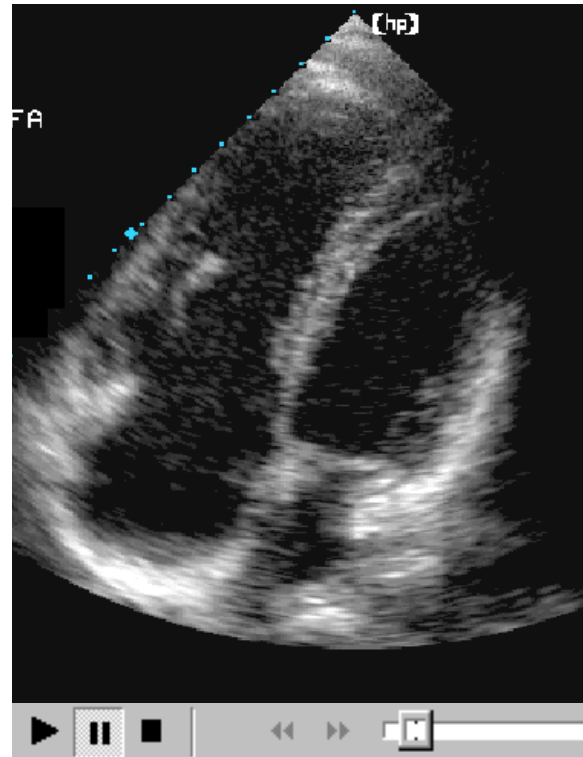


# Case # 3

|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| 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?

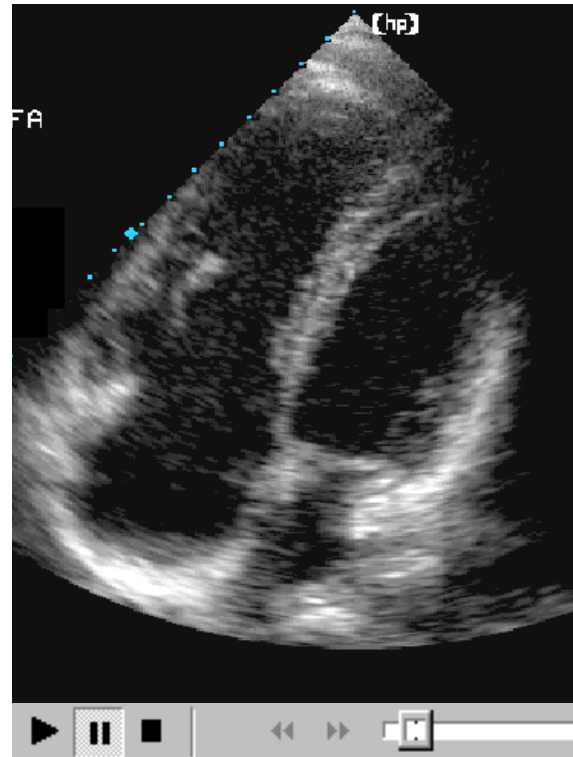
- O a) atrial septal defect
- O b) ventricular septal defect
- O c) pulmonic stenosis
- O d) L-transposition



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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8. This is an asymptomatic 36 y/o male. Which is a common associated defect?

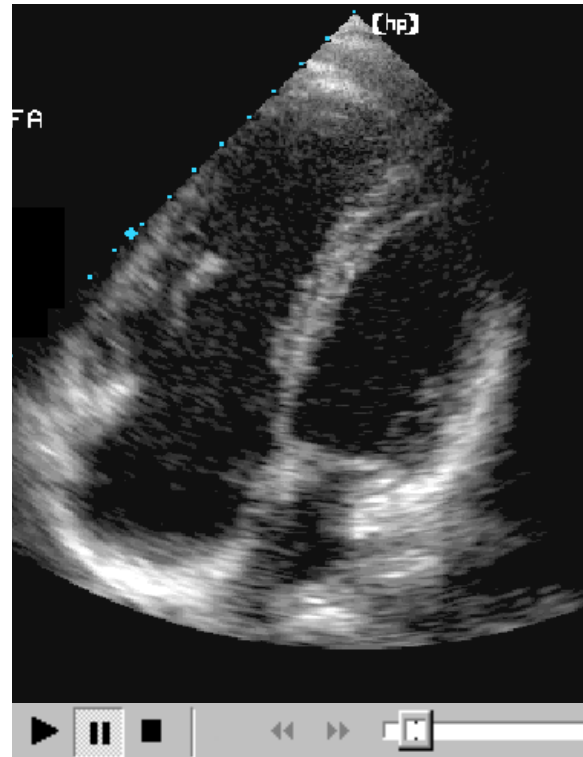
- ☒ a) atrial septal defect
- ☐ b) ventricular septal defect
- ☐ c) pulmonic stenosis
- ☐ d) L-transposition



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| Flag for Review | Time Remaining 34:30 |         |        |         |
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9. A classic M-mode finding for this patient is:

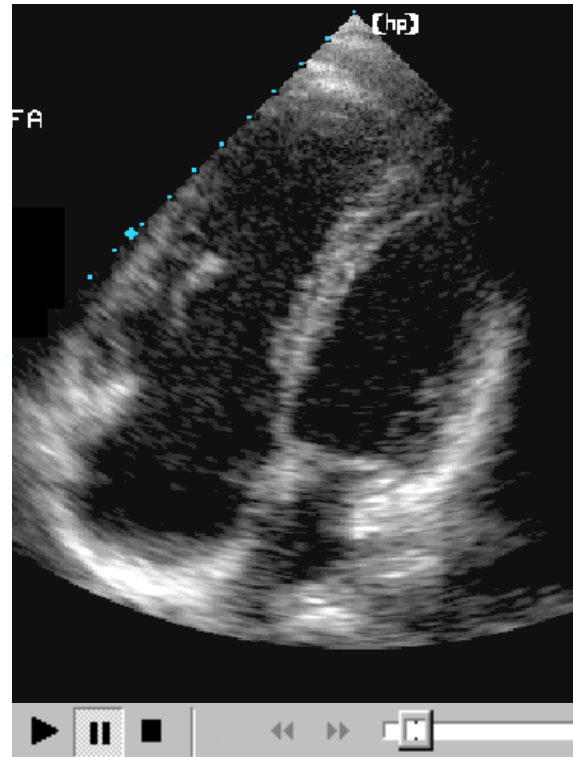
- O a) delayed tricuspid closure
- O b) early tricuspid closure
- O c) tricuspid valve not seen
- O d) tricuspid valve seen with the mitral



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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9. A classic M-mode finding for this patient is:

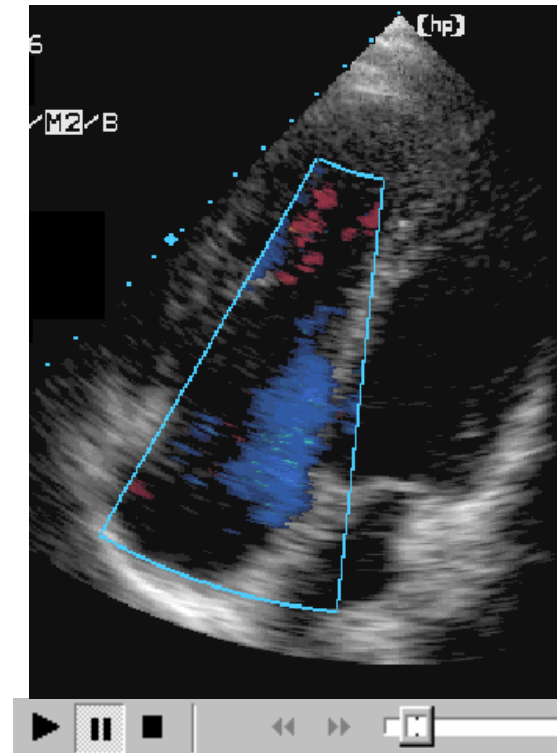
- ☐ a) delayed tricuspid closure
- ☐ b) early tricuspid closure
- ☐ c) tricuspid valve not seen
- ☒ d) tricuspid valve seen with the mitral



|                 |                      |         |        |         |
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10. The tricuspid regurgitation:

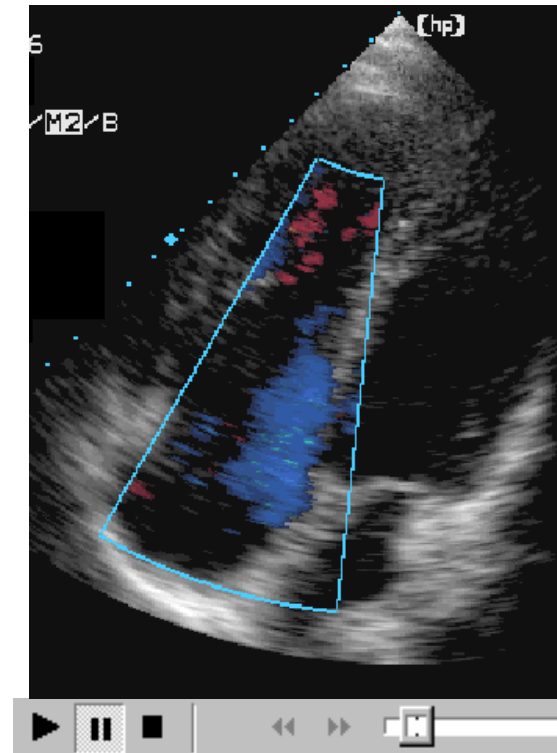
- ☐ a) is mild
- ☐ b) shows pulmonary hypertension
- ☐ c) makes the diagnosis of Ebstein's
- ☐ d) is underestimated in this view



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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10. The tricuspid regurgitation:

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

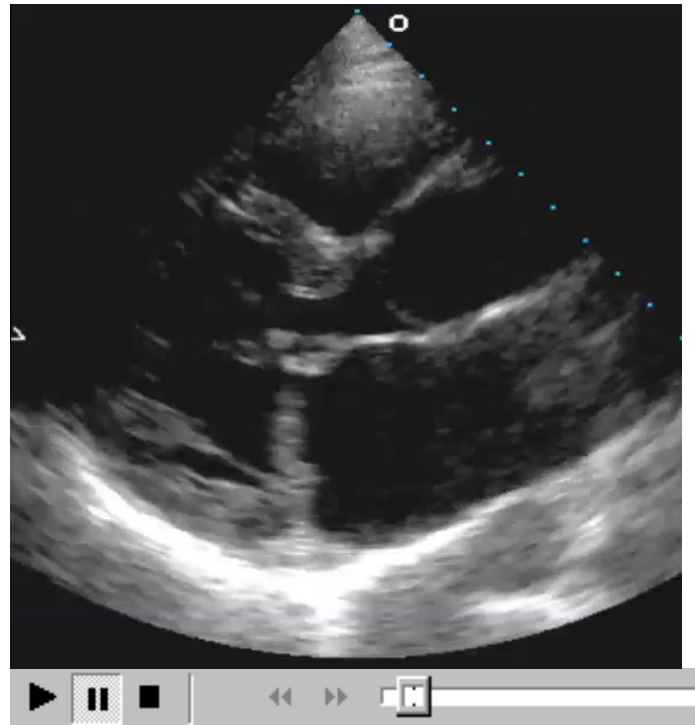


# Case # 4

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

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

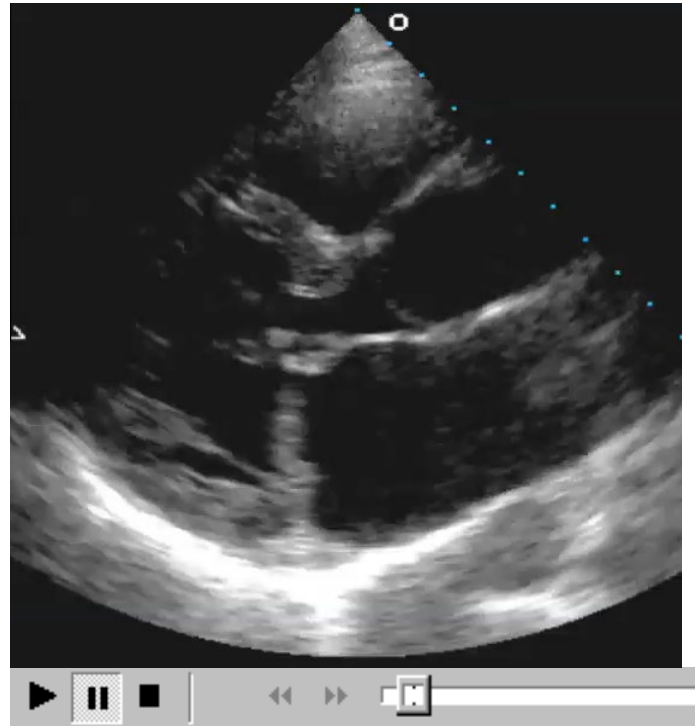
- ☐ a) normal
- ☐ b) normal thickness but prolapsing
- ☐ c) myxomatous but no prolapse
- ☐ d) myxomatous with prolapse



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

1. This patients mitral valve leaflets are best described as:

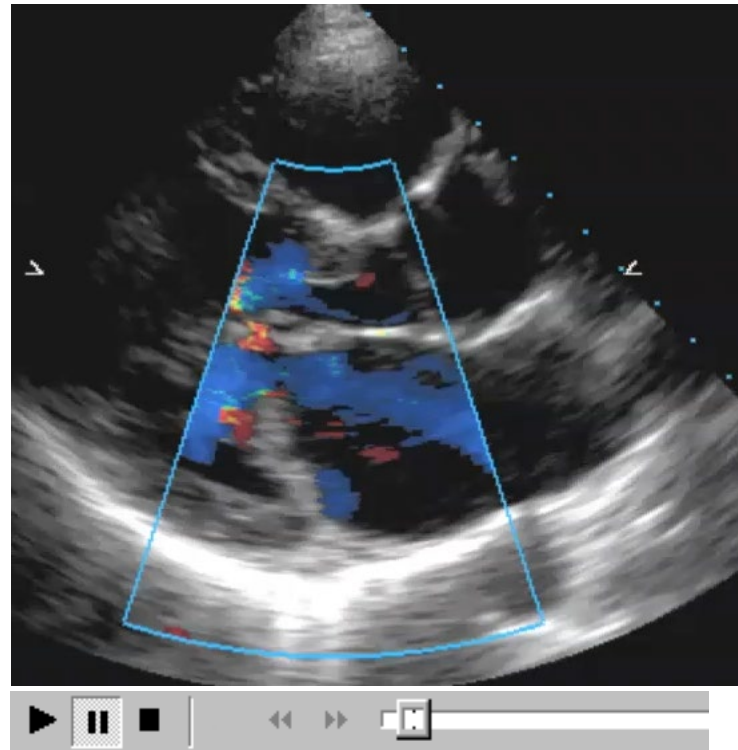
- ☐ a) normal
- ☐ b) normal thickness but prolapsing
- ☐ c) myxomatous but no prolapse
- ☒ d) myxomatous with prolapse



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| 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?

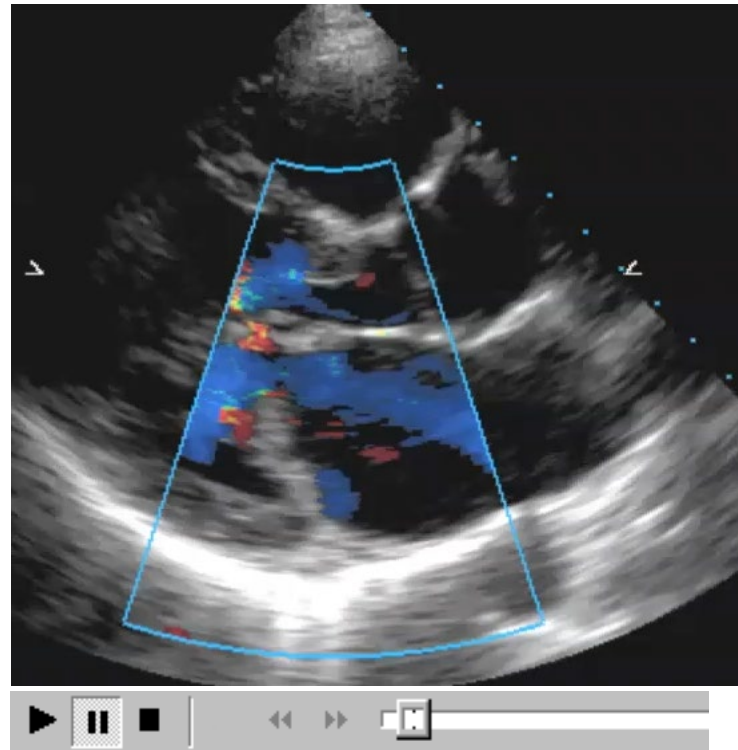
- ☐ a) anterior leaflet only
- ☐ b) posterior leaflet only
- ☐ c) both leaflets are prolapsing
- ☐ d) no mitral regurgitation is seen



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| 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?

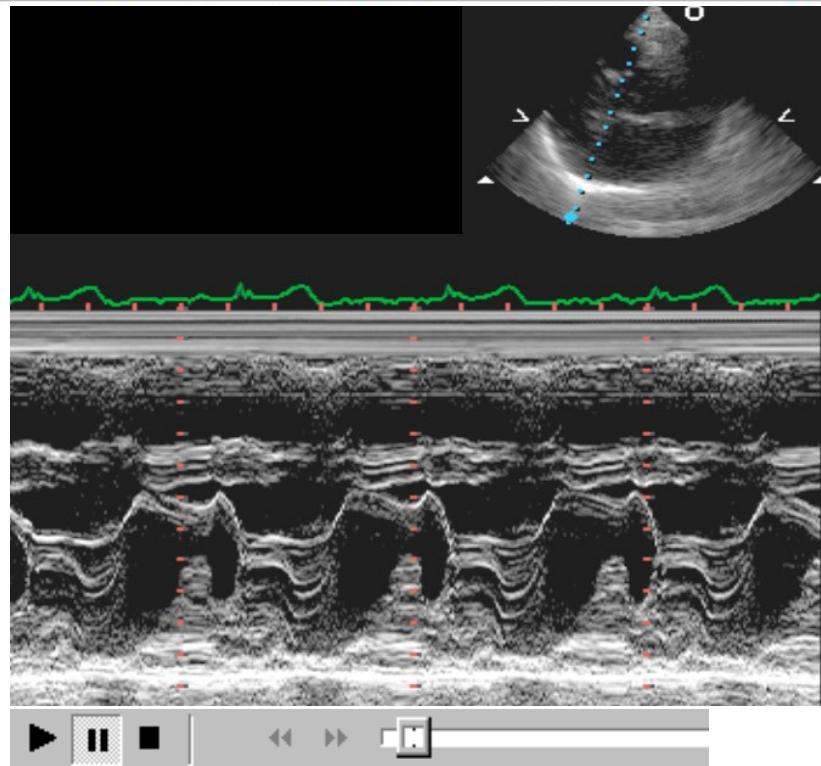
- ☐ a) anterior leaflet only
- ☐ b) posterior leaflet only
- ☒ c) both leaflets are prolapsing
- ☐ d) no mitral regurgitation is seen



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| Flag for Review | Time Remaining 34:30 |         |        |         |
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3. Based on this M-mode which of the following auscultatory findings might this patient present with?

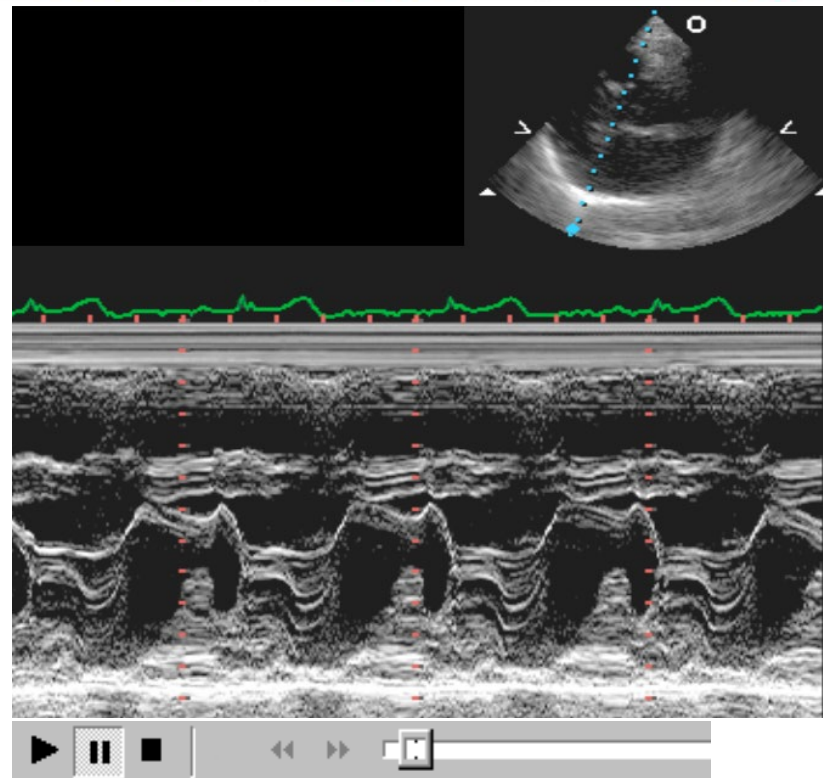
- O a) holosystolic murmur
- O b) continuous murmur
- O c) click and late systolic murmur
- O d) diastolic blowing type murmur



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

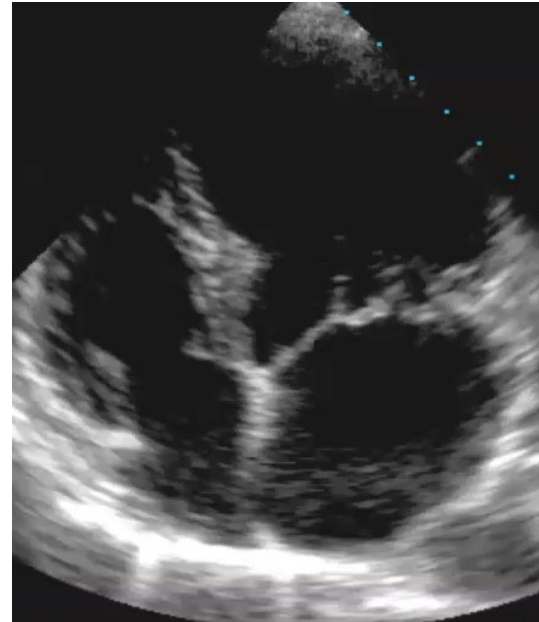
- O a) holosystolic murmur
- O b) continuous murmur
- c) click and late systolic murmur
- O d) diastolic blowing type murmur



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

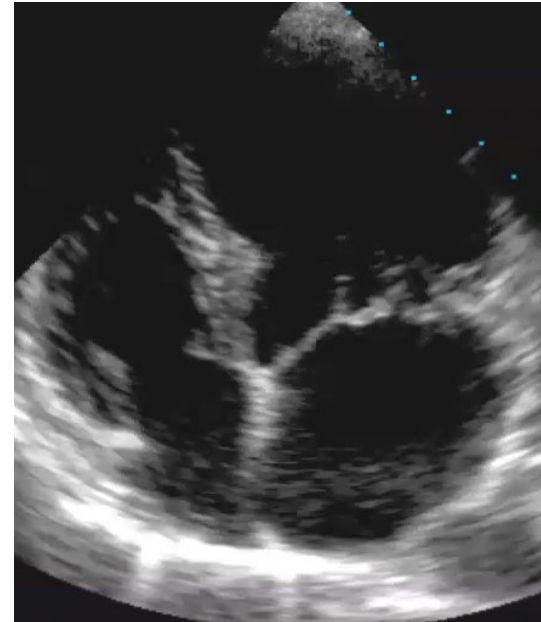
- ☐ a) never call MV prolapse in an apical view
- ☐ b) never call MV prolapse in an apical 4 ch view
- ☐ c) this patient has a normal mitral valve
- ☐ d) this patient needs their mitral valve replaced



|                 |                      |         |        |         |
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| 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

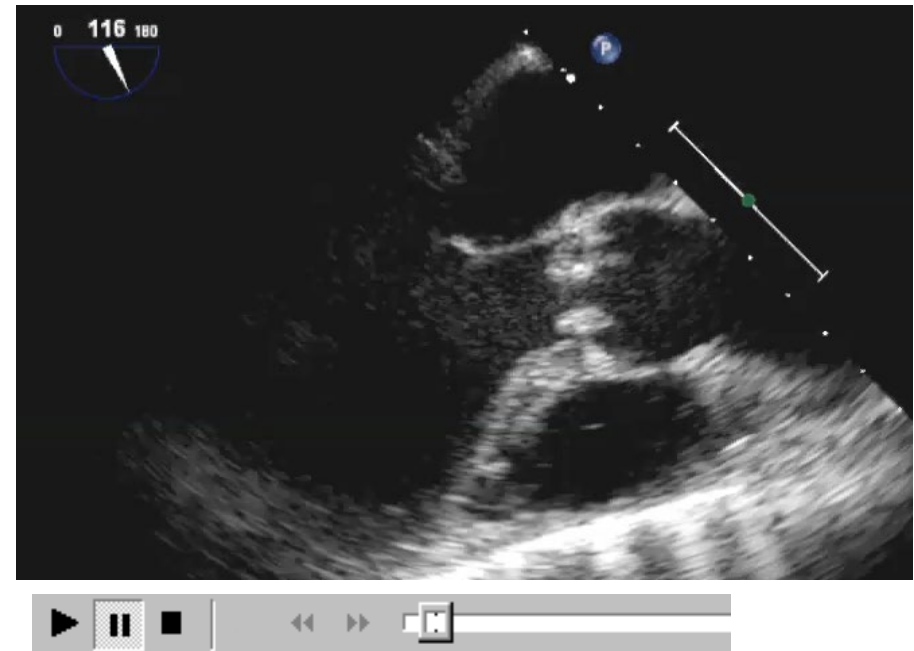


# Case # 5

|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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5. This echocardiogram shows which of the following findings?

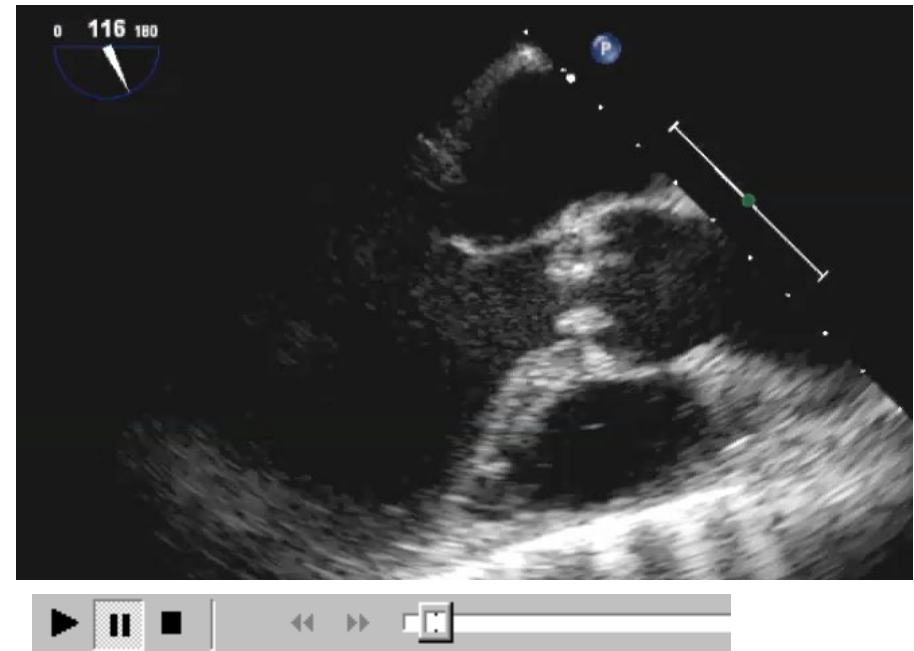
- ☐ a) dextrocardia
- ☐ b) normal TEE exam
- ☐ c) TEE with mitral valve prolapse
- ☐ d) TEE with possible aortic valve endocarditis



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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5. This echocardiogram shows which of the following findings?

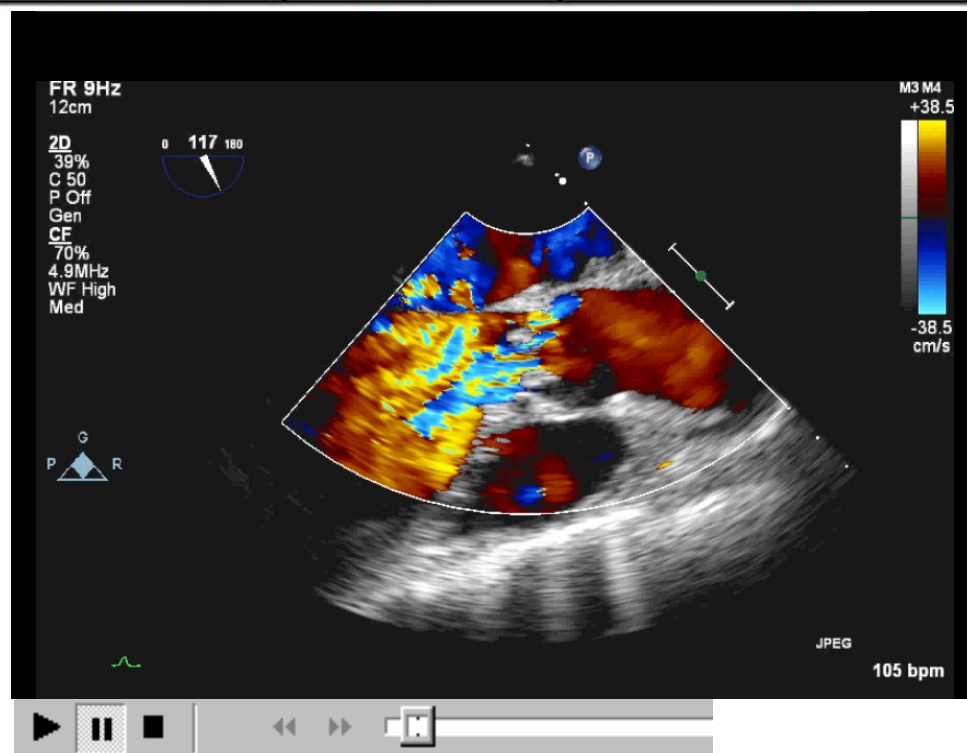
- ☐ a) dextrocardia
- ☐ b) normal TEE exam
- ☐ c) TEE with mitral valve prolapse
- ☒ d) TEE with possible aortic valve endocarditis



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
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6. This echocardiographic image shows:

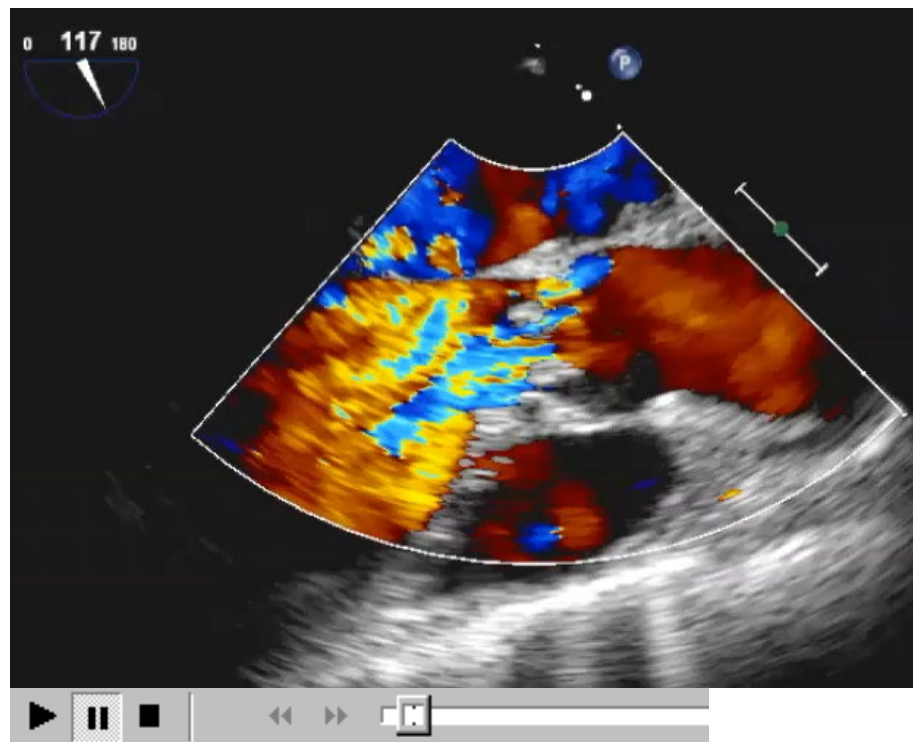
- ☐ a) mitral stenosis
- ☐ b) aortic coarctation
- ☐ c) mild aortic insufficiency
- ☐ d) severe aortic insufficiency



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
| Flag for Review | Time Remaining 34:30 |         |        |         |
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6. This echocardiographic image shows:

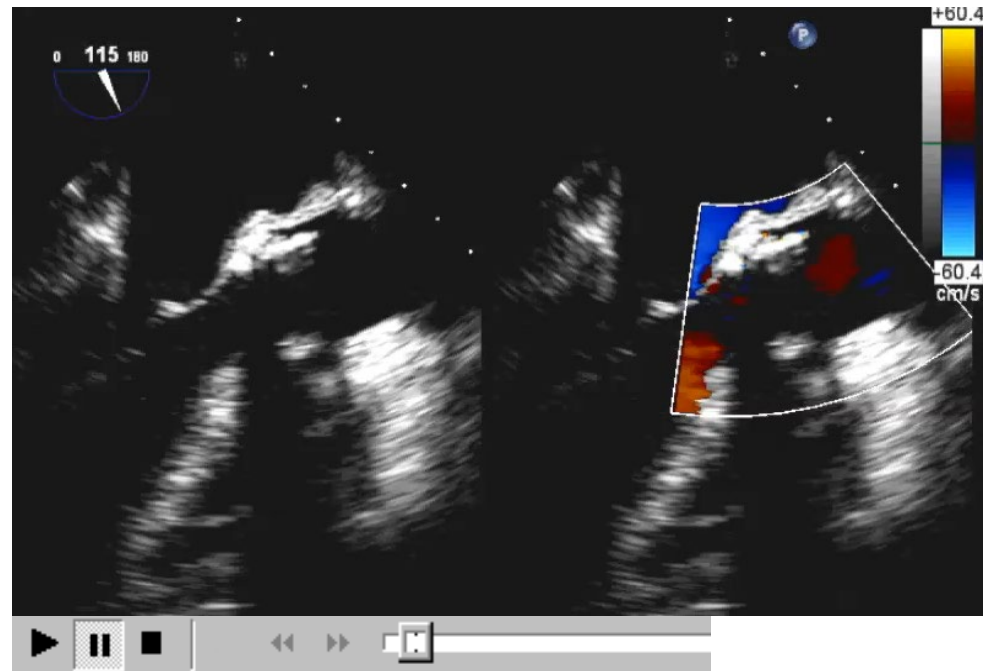
- ☐ a) mitral stenosis
- ☐ b) aortic coarctation
- ☐ c) mild aortic insufficiency
- ☒ d) severe aortic insufficiency



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| Flag for Review | Time Remaining 34:30 |         |        |         |
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7. Which of the following statements best describe these post operative TEE images?

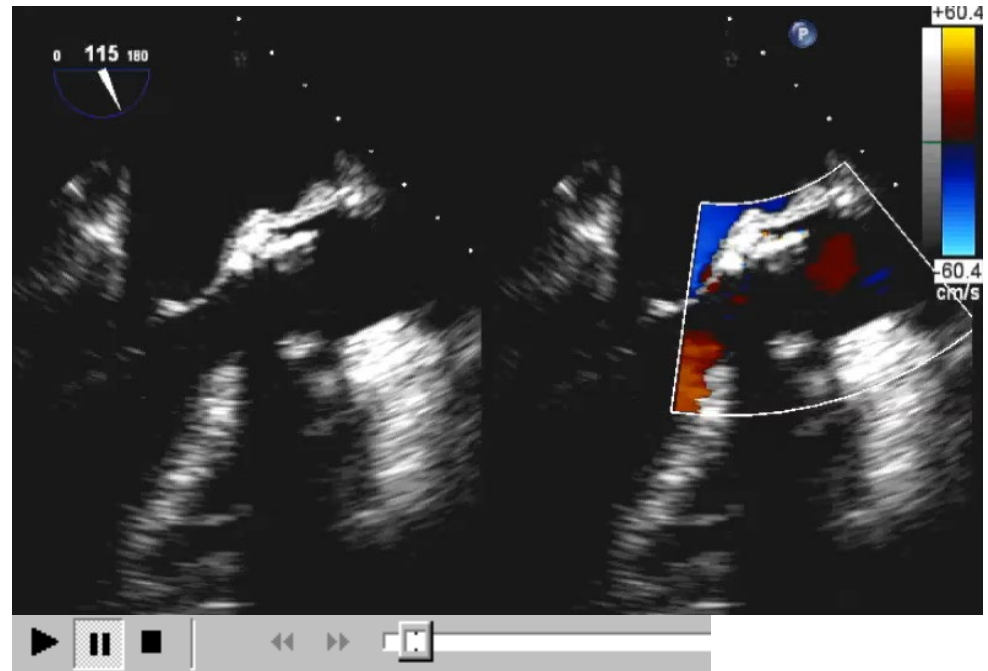
- ☐ a) severe mitral valve stenosis
- ☐ b) normal for an aortic prosthetic valve
- ☐ c) typical aortic dissection
- ☐ d) mild aortic stenosis with masking



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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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

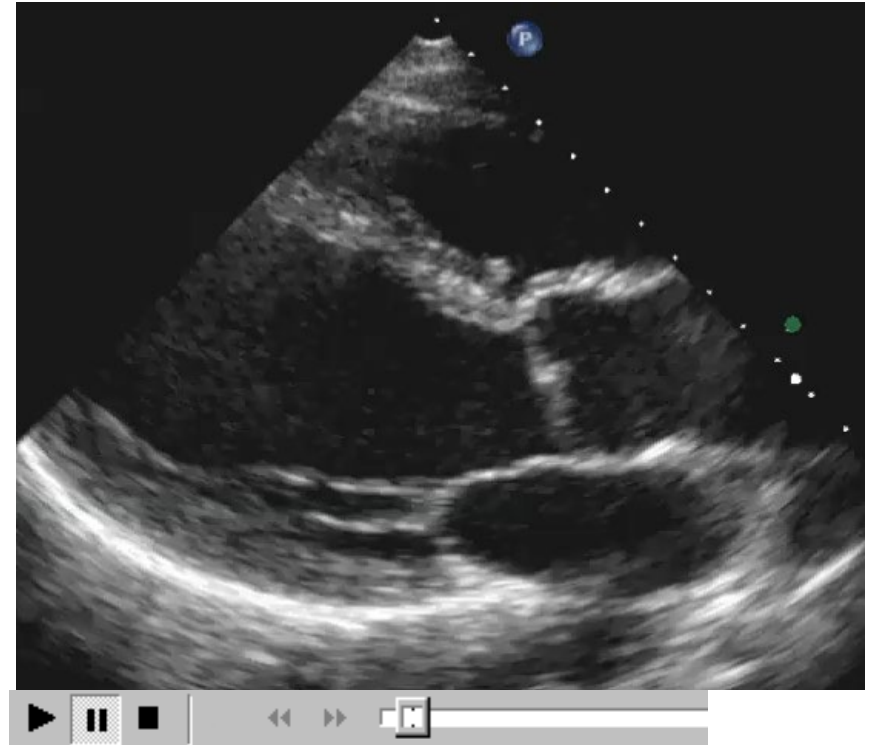


# Case # 6

|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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8. This parasternal long-axis image shows:

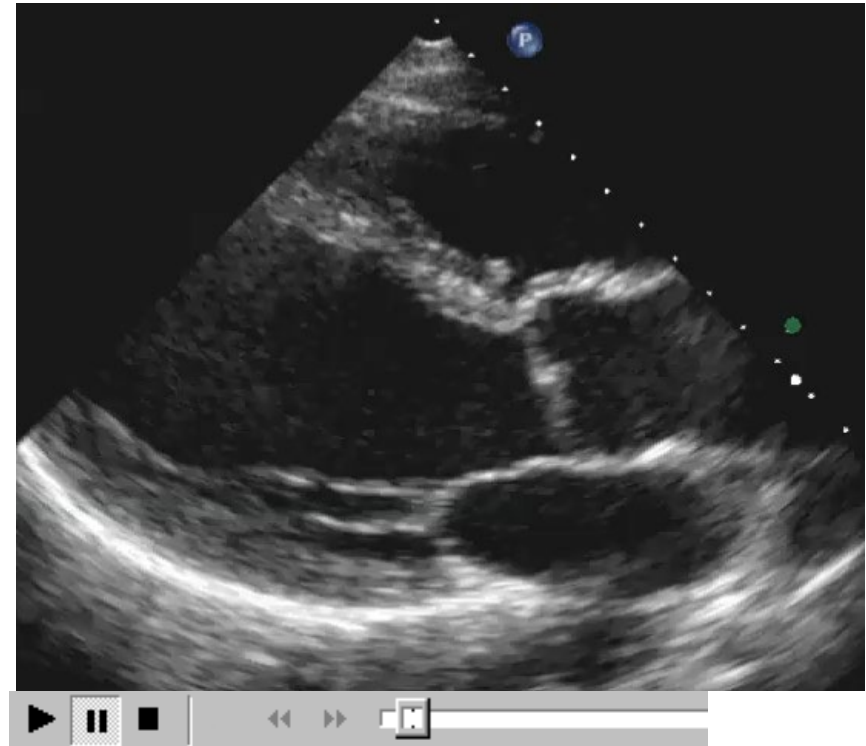
- ☐ a) possible bicuspid aortic valve
- ☐ b) classic rheumatic valve disease
- ☐ c) aortic valve endocarditis
- ☐ d) possible amyloid cardiomyopathy



|                 |                      |         |        |         |
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8. This parasternal long-axis image shows:

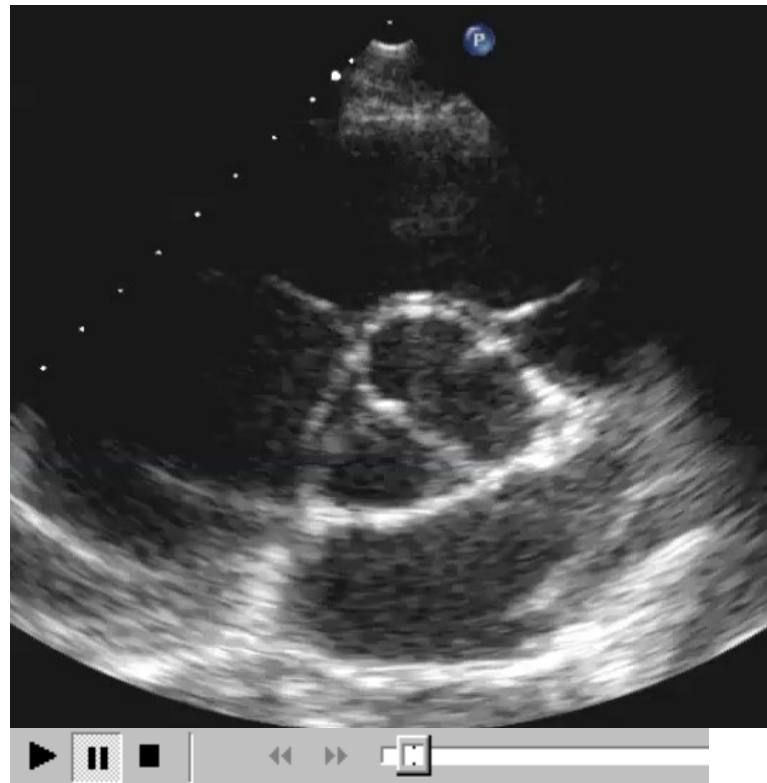
- ☒ a) possible bicuspid aortic valve
- ☐ b) classic rheumatic valve disease
- ☐ c) aortic valve endocarditis
- ☐ d) possible amyloid cardiomyopathy



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

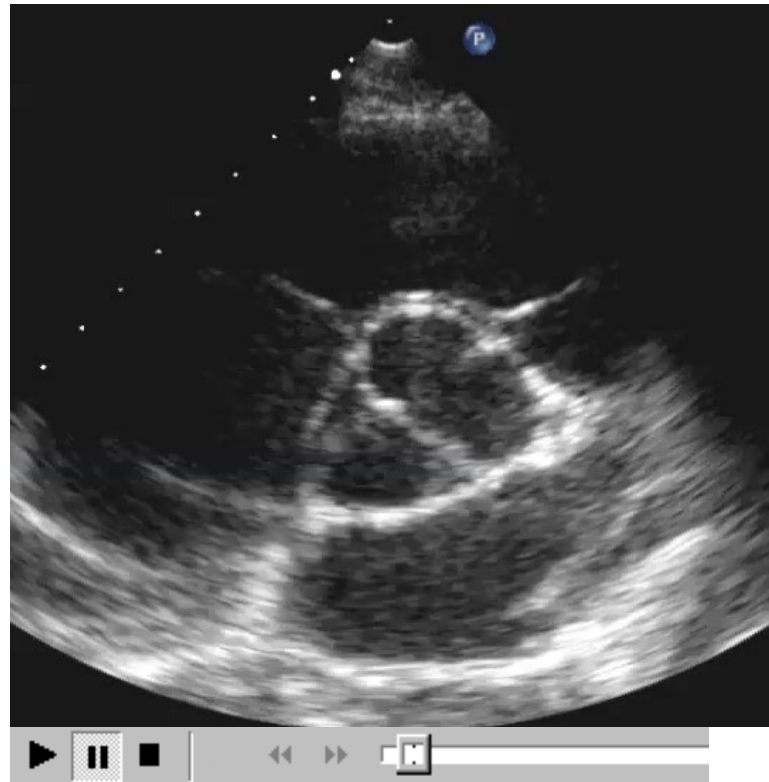
- O a) aortic dissection
- O b) aortic coarctation
- O c) pericardial effusion
- O d) ventricular septal defect



|                 |                      |         |        |         |
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| Flag for Review | Time Remaining 34:30 |         |        |         |
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9. Based on this parasternal short-axis image what other cardiac abnormality would you look for?

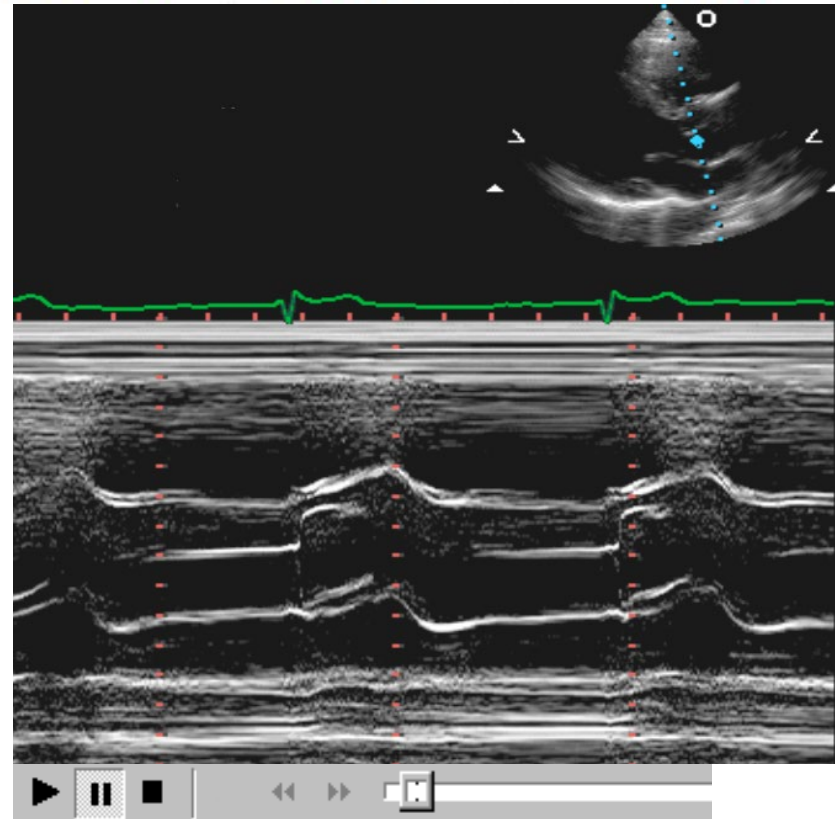
- ☐ a) aortic dissection
- ☒ b) aortic coarctation
- ☐ c) pericardial effusion
- ☐ d) ventricular septal defect



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10. This patients M-mode:

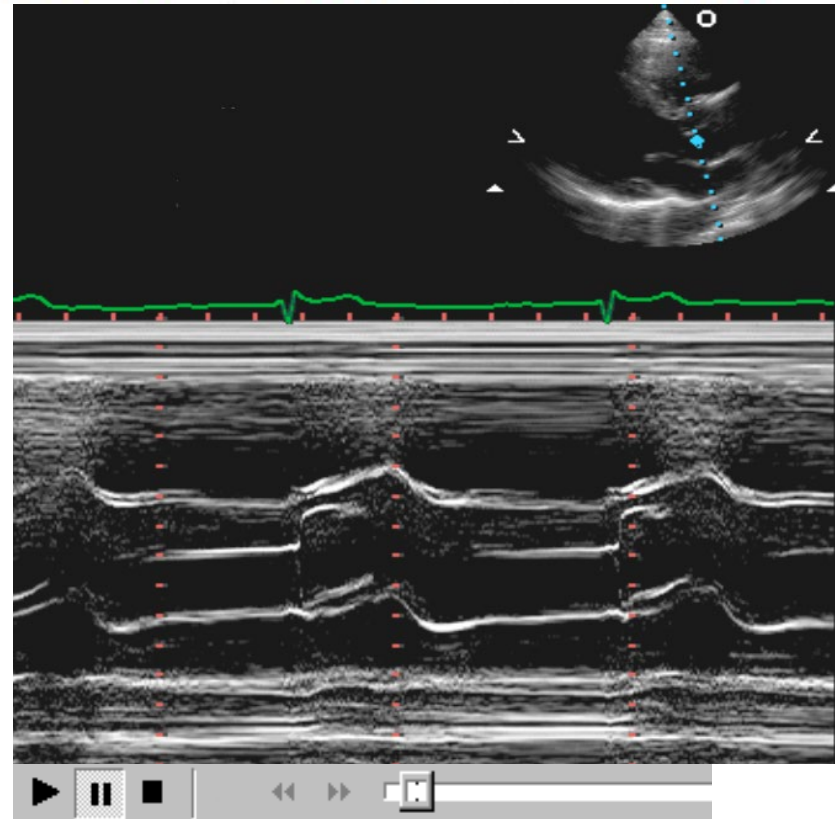
- O a) is classic for a bicuspid aortic valve
- O b) demonstrates aortic insufficiency
- O c) appears fairly normal
- O d) M-mode quality is too poor to comment on



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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

|                 |                      |         |        |         |
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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



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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



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2. Pericardial effusions occur between which two layers?

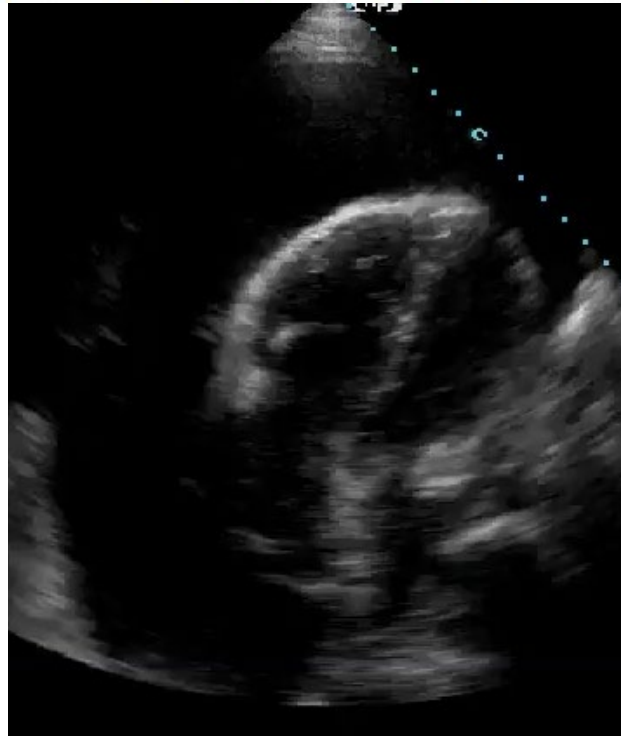
- O a) fibrous and parietal
- O b) serous and visceral
- c) parietal and visceral
- O d) endocardium and fibrous



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

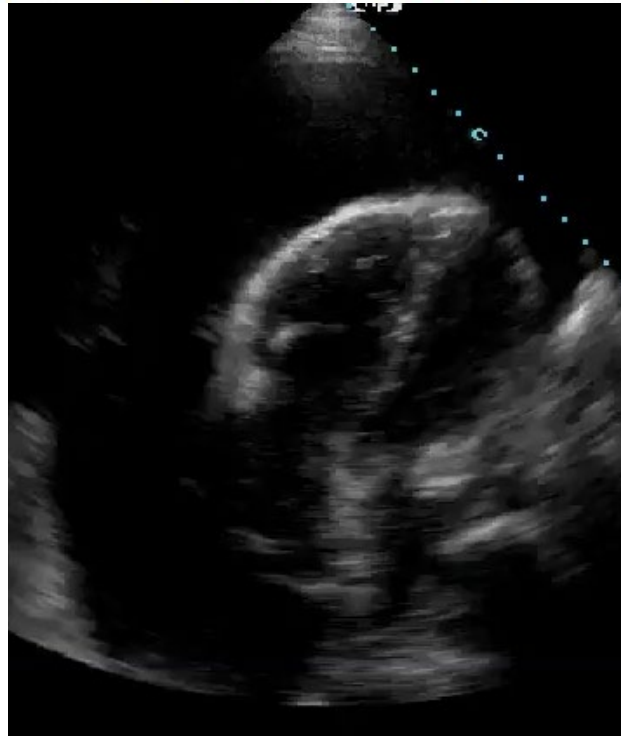
- ☐ a) junctional rhythm
- ☐ b) bundle branch block
- ☐ c) electrical alternans
- ☐ d) sinus arrhythmia



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- ☐ a) junctional rhythm
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- ☐ d) sinus arrhythmia

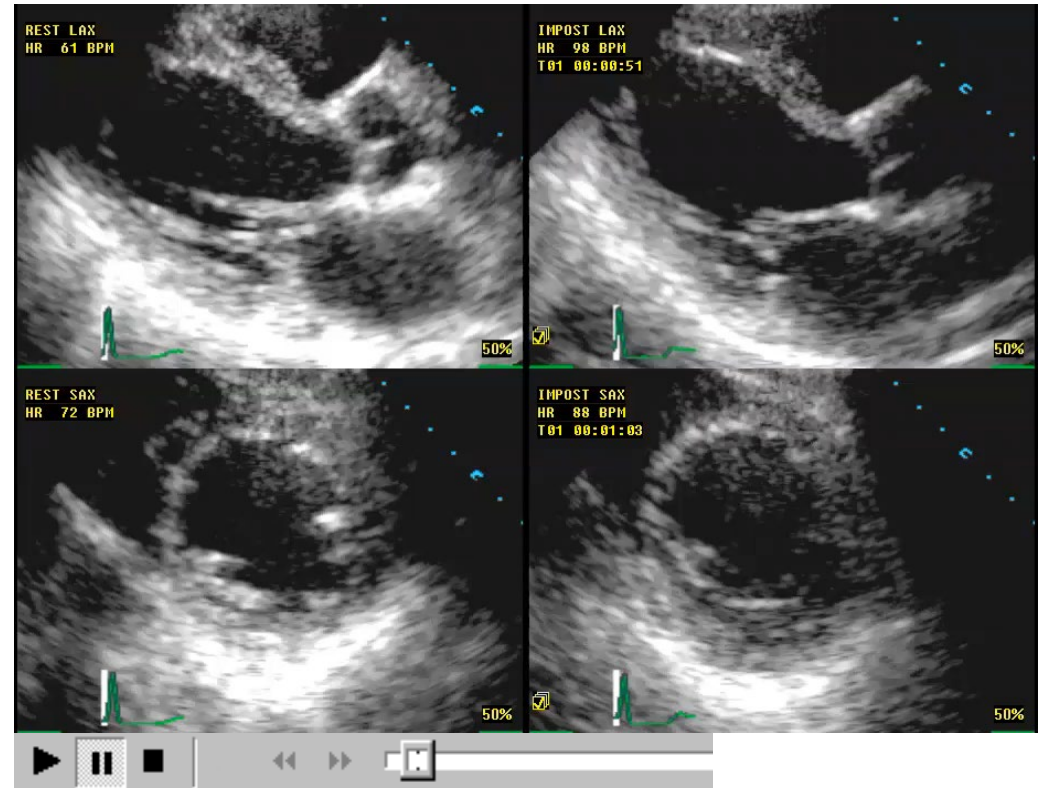


# Case # 8

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

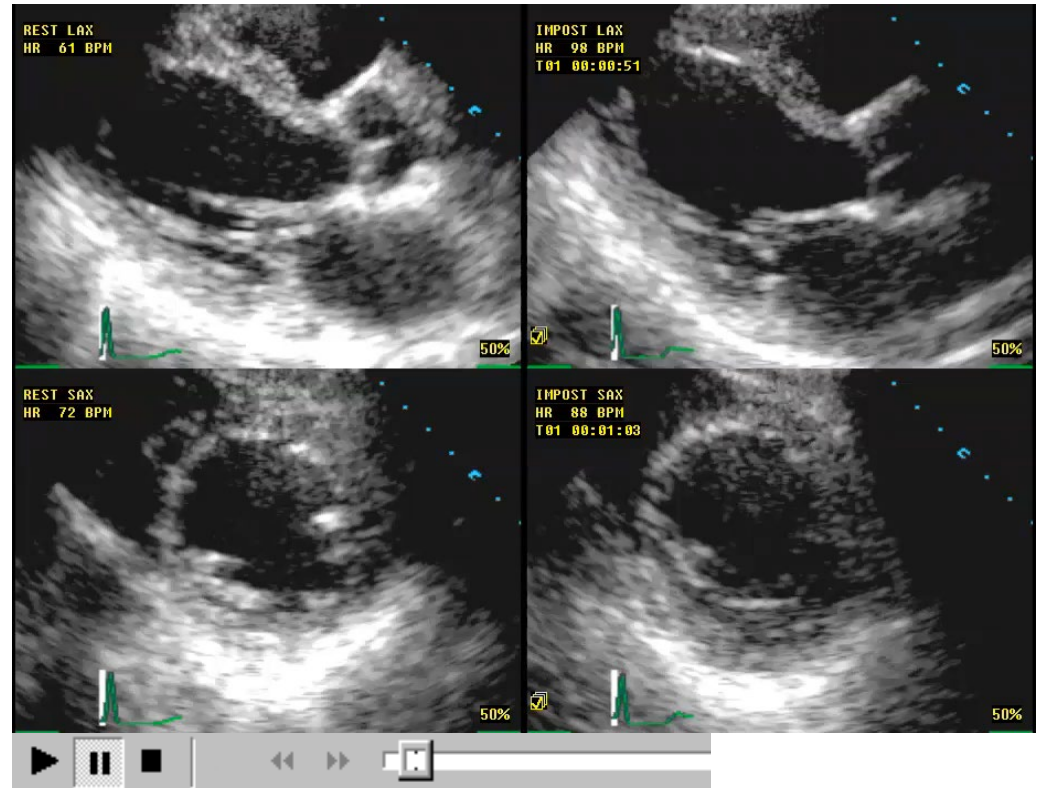
- ☐ a) pharmacological
- ☐ b) exercise
- ☐ c) Dobutamine
- ☐ d) viability



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

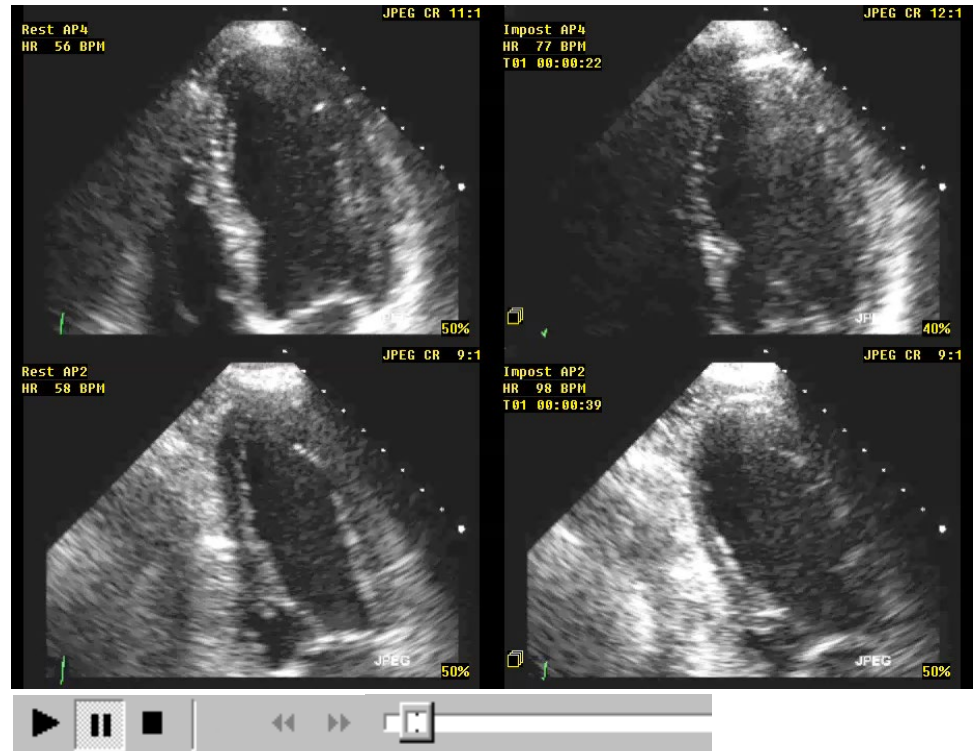
- ☐ a) pharmacological
- ☒ b) exercise
- ☐ c) Dobutamine
- ☐ d) viability



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

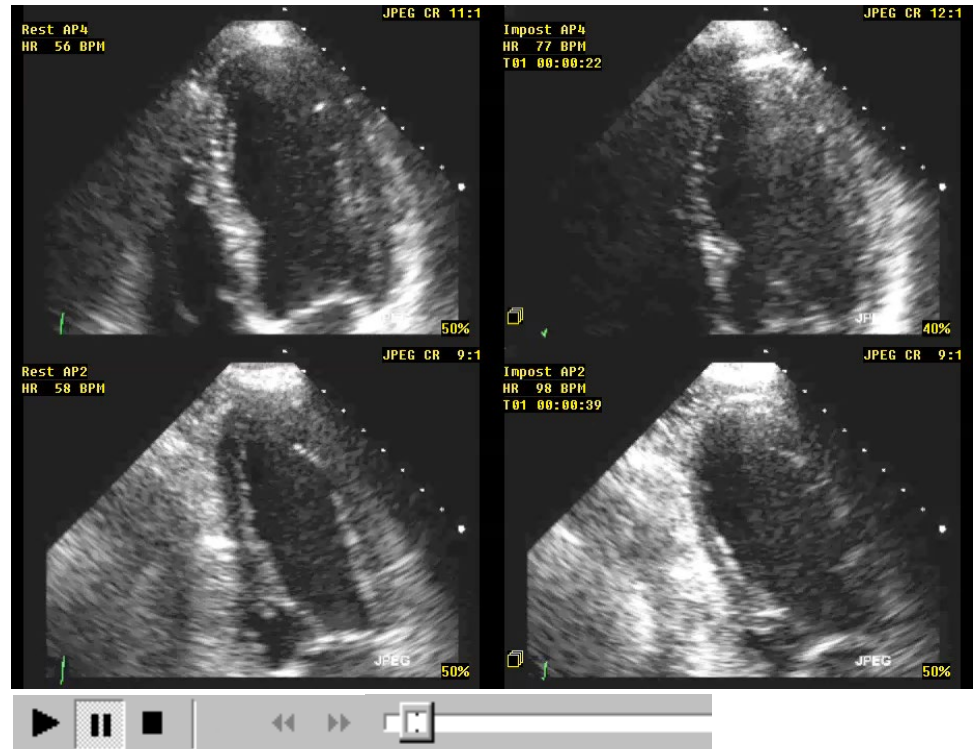
- ☐ a) normal
- ☐ b) hyperkinetic
- ☐ c) akinetic
- ☐ d) dyskinetic



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

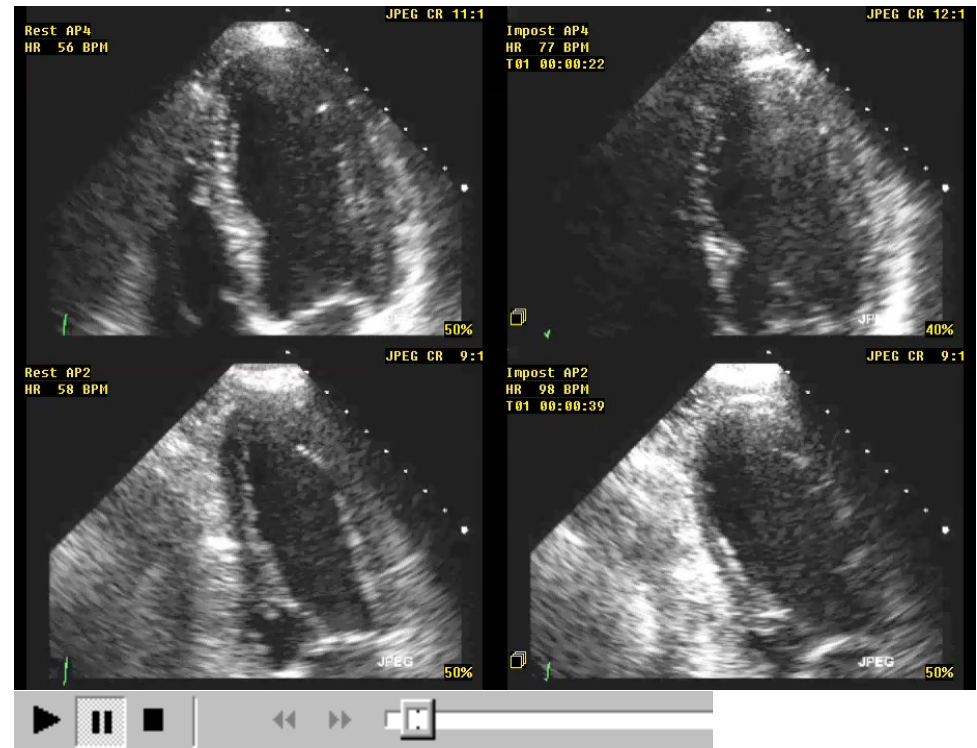
- ☐ a) normal
- ☐ b) hyperkinetic
- ☒ c) akinetic
- ☐ d) dyskinetic



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

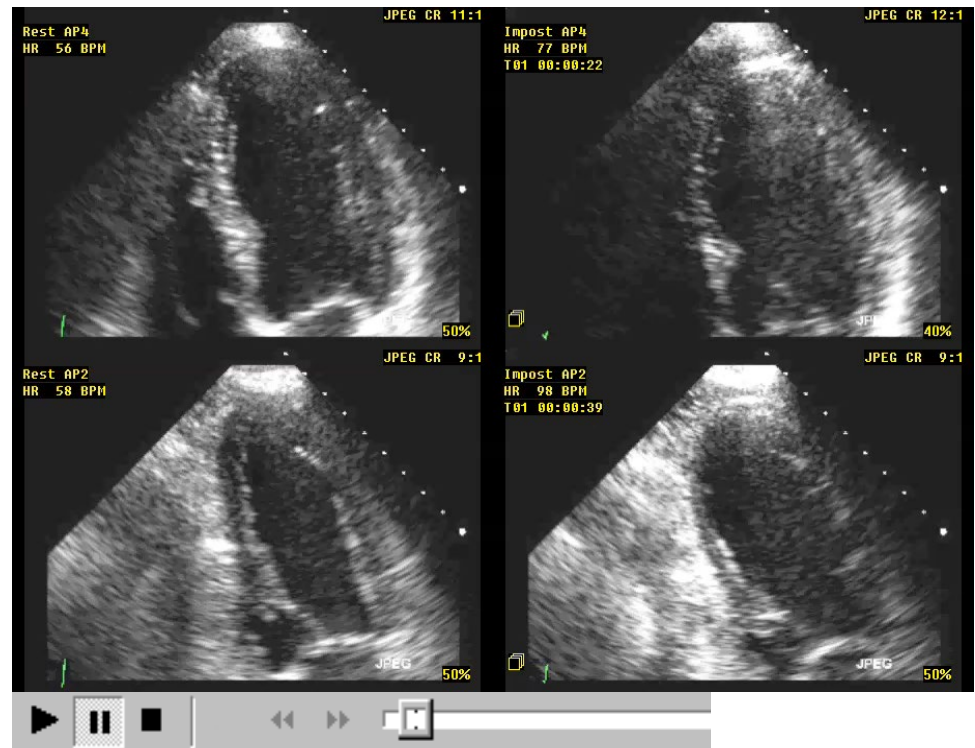
- O a) left circumflex
- O b) left anterior descending
- O c) right coronary
- O d) 1<sup>st</sup> septal perforator



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

- ☐ a) left circumflex
- ☒ b) left anterior descending
- ☐ c) right coronary
- ☐ d) 1<sup>st</sup> septal perforator



# Case # 9

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

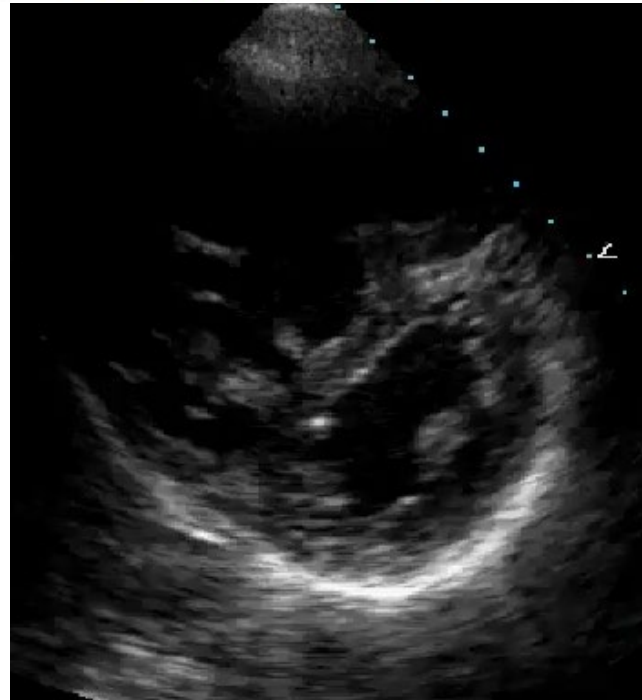
- O a) atrial septal defect
- O b) volume overload
- O c) pulmonic stenosis
- O d) pressure overload



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

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



|                 |                      |         |        |         |
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8. This problem might be a result of:

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



|                 |                      |         |        |         |
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8. This problem might be a result of:

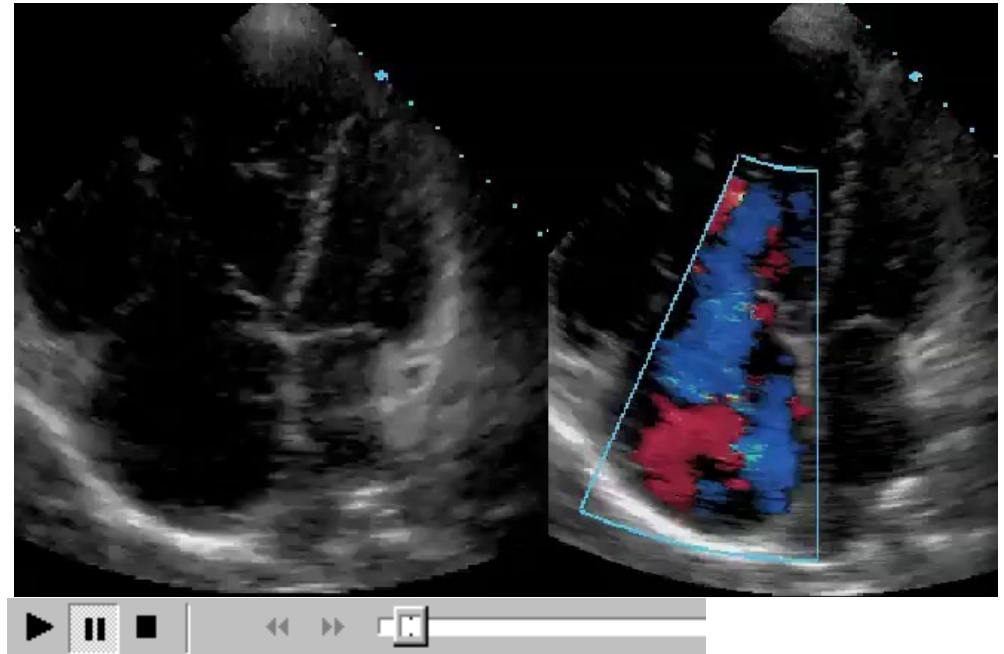
- ☐ a) pulmonic regurgitation
- ☐ b) pulmonary atresia
- ☒ c) pulmonary hypertension
- ☐ d) pulmonary emboli



|                 |                      |         |        |         |
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9. The tricuspid regurgitation by color Doppler:

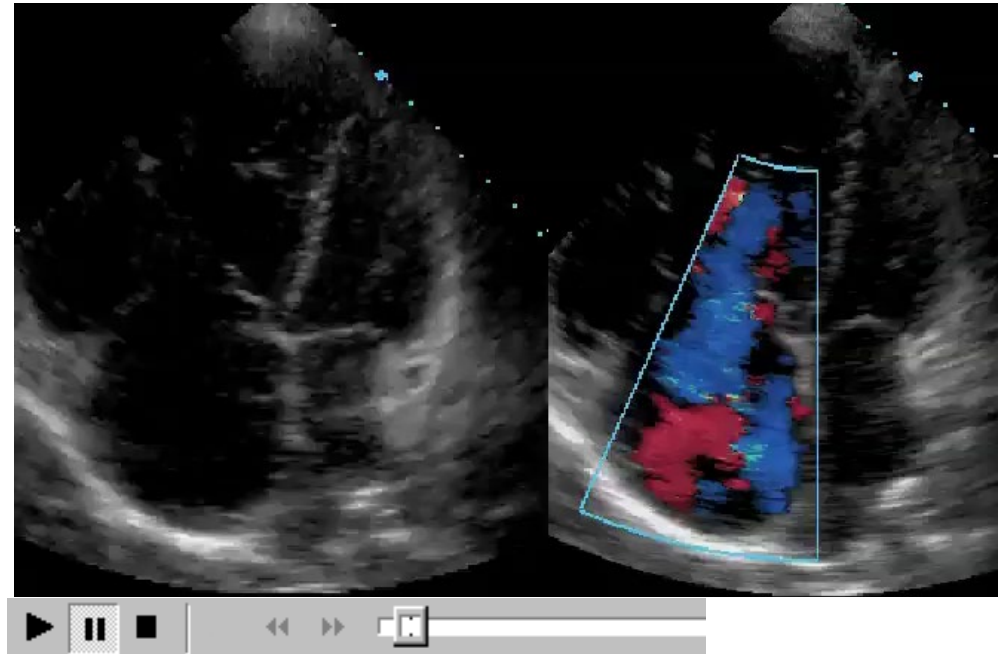
- O a) is severe
- O b) shows pulmonary hypertension
- O c) is typical for a patient with an ASD
- O d) is underestimated in this view



|                 |                      |         |        |         |
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9. The tricuspid regurgitation by color Doppler:

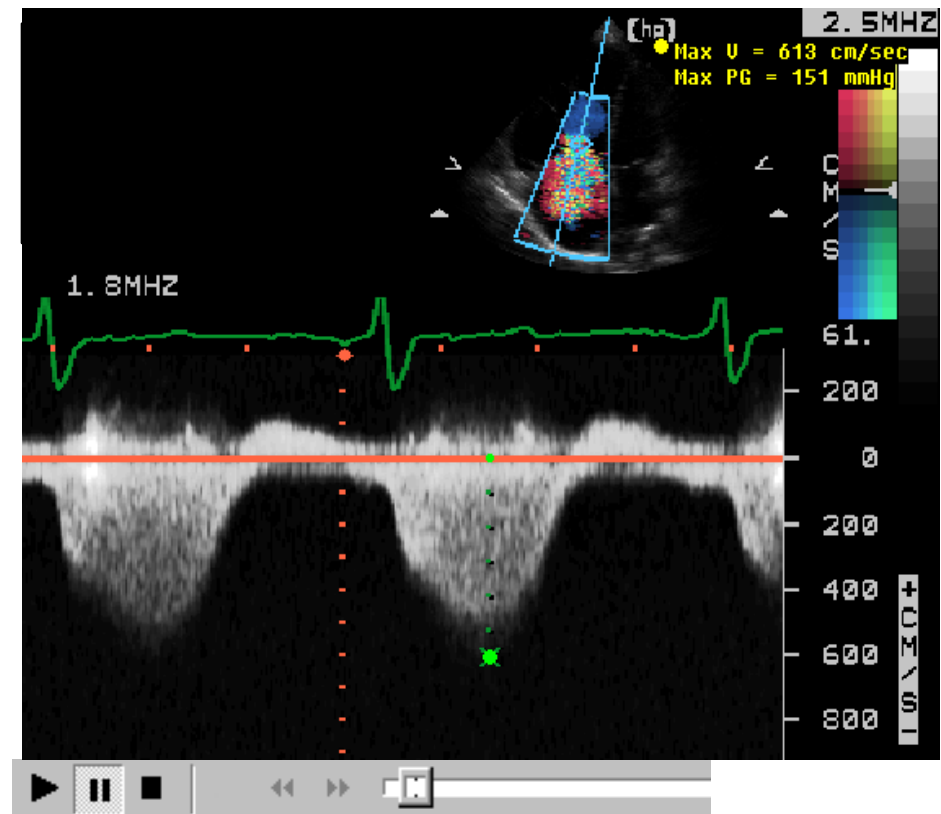
- a) is severe
- O b) shows pulmonary hypertension
- O c) is typical for a patient with an ASD
- O d) is underestimated in this view



|                 |                      |         |        |         |
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10. The right ventricular systolic pressure is:

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



|                 |                      |         |        |         |
|-----------------|----------------------|---------|--------|---------|
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- ☐ b) moderately elevated
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