

Remember if you are oriented the wrong way it may make ID of structures difficult and mistakes can happen. The probe index marker is supposed to point towards the left shoulder or 3 o'clock position, and the machine should be set on the 'cardiac' setting so that the marker on the screen is on the right upper corner of the ultrasound screen

The best one to look at is the apically located tricuspid valve on the interventricular septum when compared to the mitral valve. This will allow you to determine which is RV and which is LV

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Improper probe placement can cause ventricles to appear the same size

Reviewer		

This is the 'bubble' study. It essentially is just taking agitated saline and looking at the heart (usually the apical view) so you can see if the air bubbles cross over

Commonly folks think it is the aortic valve apparatus that you are looking at, but it is the LV outflow tract. Also this is a good view since blood flow is parallel to the probe position, it is the most accurate for doppler studies

1. Which of the following is/are true in image acquisition of apical view of the heart?

- A. The scan plane has the transducer toward the right shoulder
- B. It is a longitudinal view, just like the parasternal long axis view
- C. The index mark should be aimed toward the left axilla or 3 o'clock position
- D. A, B, and C

2. In order to differentiate between left and right ventricle on the apical four chamber view, one can use:

- A. The Moderator Band
- B. Apically located atrioventricular valve
- C. Significant apical trabeculations
- D. A, B, and C

3. When evaluating size of RV, which is not true?

- A. Moderate RV enlargement is RV:LV ratio 0.6-1
- B. In severe RV, the RV occupies the majority of the apex in the apical four chamber view
- C. RV may appear enlarged due to improper probe placement
- D. Both ventricles appearing of similar size must always be considered pathological

4. Refractory hypoxemia or embolic stroke should prompt this addition to echo study:

- A. Pulse wave doppler of LV outflow tract
- B. Addition of echo-detectable contrast
- C. Use of a linear probe for higher resolution

5. The fifth chamber in the 5-chamber view is

- A. The proximal ascending aorta
- B. The coronary sinus
- C. The aortic valve apparatus
- D. The left ventricular outflow tract