

<http://com...ound>

Large left pleural effusions, pericardial effusions can be missed if you are only viewing part of the heart

Self Learning Test - General TTE Principles

Name:

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3		
4		
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M-mode, or motion mode records a specific segment over time and can be used in place of a video clip to show time on a stillshot image. Also it makes it easier to measure dimension of whichever cavity or movement you want to monitor

The highly reflective pericardium can contribute to mirroring artifact. This can sometimes confuse operators due to seeing valvular or structures that are not expected

Paraspinal is not a typical view performed in transthoracic and is not done due to lung in way

This is important because identification of structures can be difficult if not familiar in location. In echocardiogram, the marker is on the top right of screen, for abdominal, lung or any other form of ultrasound it is typically on the top left of the screen

- In regards to depth, when doing cardiac ultrasound you want to:
 - Start low depth to see the intended structure clearly
 - Start high depth so you don't miss extra-cardiac pathology
 - Start low depth and then move to high depth
- Advantages of M-mode (motion mode) includes:
 - Analysis and recording of motion of a specific segment over time
 - It uses 2D imaging only
 - Allows assessment of structure and cavity dimensions
 - A and C
- Mirror image artifact can be seen in the parasternal long view due to what structure?
 - Mitral valve in setting of severe MR
 - Pericardium
 - Descending aorta
 - Aortic valve calcifications
- Which of the following is not a typical cardiac view performed in transthoracic
 - Parasternal long
 - Apical
 - Subcostal
 - Paraspinal
- What is the correct location of the index marker on the ultrasound screen when doing echocardiogram?
 - Top left
 - Top right
 - Bottom left
 - Bottom right