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In appropriate positioning this is true. Remember the probe index marker on the probe should be pointing towards the left shoulder and the marker on the ultrasound screen should be on the top right

Self-Test and Pulmonary

Best measured in the parasternal short axis papillary muscle level. Wall motion abnormalities and function are not well visualized because the LV is not well visualized in this view

Question	Your Answer	Correct Answer
1		
2		

Tamponade physiology can be thought of when you see right atrial/ventricle diastolic collapse and a pericardial effusion

Reviewer Comments

Once parasternal short axis is obtained at the mitral level, the order of views obtained are: Pulmonary valve level, aortic valve level, mitral valve level, papillary muscle level, and apical level. If you are at the mitral valve, you need to tilt upwards to obtain aortic and pulmonary, tilt downwards to obtain papillary muscle and apical

You can sometimes visualize the left and right pulmonary veins and can visualize thrombus

1. In the parasternal short axis view, the right side of the ultrasound image corresponds to:

- A. Left side of the body
- B. Right side of the body
- C. Cranial (head) aspect of the body
- D. Caudal (feet) aspect of the body

2. T or F: Overall LV function and wall motion abnormalities are well visualized in the parasternal short aortic level

- A. True
- B. False

3. When suspicious of tamponade physiology, what can you assess in the parasternal short aortic level ultrasound echo:

- A. Presence of right atrial and/or right ventricular diastolic collapse
- B. Presence of enlarged right and left atrium
- C. Presence of right atrial and/or right ventricular systolic collapse
- D. There are no signs of tamponade physiology that can be assessed in this view

4. Which movement must be made in order to obtain parasternal short pulmonary artery level once parasternal short aortic level is obtained?

- A. Rotate clockwise 45 degrees
- B. Rotate counterclockwise 45 degrees
- C. Tilt the probe upward
- D. Tilt the probe downward

5. What finding can you look for specifically in the pulmonary artery level for a hypotensive or hypoxic patient?

- A. Aortic dissection
- B. Myocardial infarction
- C. Severe volume loss
- D. Pulmonary embolism