http://ccm.anest.ufl.edu/education/ultrasound

University of Flori[illegible]dicine
Ultrasound [illegible]

Self Le[illegible]
Papilla[illegible]

Name:

Even though wall motion abnormalities are difficult to ascertain, one can use the interventricular septum as a starting point for identifying the segments in question

Question	Your Answer	Correct Answer
[illegible]		
[illegible]		
3		
4		
5		

LV apex is best assessed at the parasternal short apical level. All the other listed can be studied at the parasternal short - mitral valve level

This is the so called D sign that will be produced indicating RV pressure or volume overload

At apical level it is generally overestimated and at the mitral, aortic and pulmonary valve level is underestimated. The best spot to check is the papillary muscle level

1. In order to help you with orientation so that you correctly identify the myocardial segments, what must you first identify in the parasternal short axis mitral valve level view?

A. Mitral valve
B. Papillary muscle
C. Interventricular septum
D. Right ventricle

2. Clinical utilities of the parasternal short mitral valve level views are all except:

A. Assessment of global LV size and function
B. Detailed assessment of the LV apex
C. Assessment of the pericardium
D. Assessment of mitral valve leaflets

3. In the presence of right ventricular pressure and/or volume overload, in diastole, the interventricular septum will be:

A. Midline
B. Pushed towards the right ventricle
C. Pushed towards the left ventricle
D. Will fluctuate

4. The papillary muscle level is useful to ICU to check for:

A. Global LV and RV function
B. Kinetics of the interventricular septum
C. The pericardial space
D. All of the above

5. At the parasternal short apical level, LV function is generally:

A. Underestimated
B. Overestimated
C. Can not be determined
D. Very accurate