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Mirroring can be seen due to the hyperechoic pericardium. B lines can also be seen shooting out from the pericardium with motion and are actually called sub-B lines.

Name:

Question	Your Answer	Correct Answer

Remember, when first identifying the heart in parasternal long view, you must increase the depth to see the descending aorta. This will help you clarify if fluid is anterior or posterior to it and whether its pericardial fluid or left pleural effusion

Reviewer Comments

Anterior epicardial fat pad is commonly mistaken as a pericardial fluid collection. Remember, usually pericardial fluid layers posteriorly, is more anechoic, and does not move with the heart

If pericardial fluid is seen surrounding the heart in this view, it can be assumed the fluid is at least moderate, maybe more. Once you get to aortic level there should be a large amount of fluid seen on other views

1. Which artifact can sometimes be seen due to the hyperechoic pericardium?

- A. Shadowing
- B. B lines
- C. Mirroring
- D. Both B and C

2. What abnormality can sometimes be seen posterior to the pericardium and posterior to the descending aorta?

- A. Right pleural effusion
- B. Left pleural effusion
- C. Nothing can be seen posterior due to echogenicity of the pericardium
- D. IVC diameter

3. What structure is most important to identify on parasternal long axis view of the heart when evaluating pericardial fluid?

- A. Mitral valve
- B. Aortic valve
- C. Descending aorta
- D. Pleural line

4. What can pericardial effusions be mistaken for in the anterior portions of the heart?

- A. Chest wall tissue
- B. Anterior fat pad
- C. Rib shadows
- D. Pleural line

5. If a pericardial effusion is seen surrounding the heart in the parasternal short axis at the mitral valve level, what is the estimated size of the effusion?

- A. Small
- B. Moderate
- C. Large