

Echocardiography Program Knowledge Goals

(with written exam category weight)

This document is very comprehensive, and appears overwhelming, but there is extensive overlap between categories.

1. Physics / Instrumentation 11%

- 1.1. Transducers – types and uses
- 1.2. Cycles wavelengths and frequency
- 1.3. Resolution and frequency
- 1.4. Artifacts appearance and causes
- 1.5. Speed of sound and image generation
- 1.6. Acoustic impedance
- 1.7. Attenuation and frequency
- 1.8. Types of Doppler and uses (color, spectral, tdi)
- 1.9. Aliasing
- 1.10. Nyquist limit
- 1.11. Bernoulli equation
- 1.12. Doppler equation and accuracy
- 1.13. Doppler shift
- 1.14. Advantages and disadvantages of CW and PW
- 1.15. Info from a spectral display (velocity direction timing density)
- 1.16. PRF
- 1.17. Frame rate
- 1.18. Laminar vs turbulent blood flow
- 1.19. 2D and M-Mode
 - 1.19.1. Gain
 - 1.19.2. TGC
 - 1.19.3. Sector width
 - 1.19.4. Focus
 - 1.19.5. Depth
 - 1.19.6. Grey map
 - 1.19.7. Dynamic range
 - 1.19.8. Smoothing
 - 1.19.9. Frame rate
 - 1.19.10. Frame averaging
 - 1.19.11. Harmonics
 - 1.19.12. Zoom
 - 1.19.13. Sweep speed
- 1.20. Doppler
 - 1.20.1. Scale (Nyquist limit)
 - 1.20.2. Frequency
 - 1.20.3. Baseline
 - 1.20.4. Threshold/priority
 - 1.20.5. Wall filter

- 1.20.6. B-Pause/Update
- 1.20.7. Sample volume
- 1.20.8. Sweep speed
- 1.20.9. Layout

2. Cardiac Structure and Function 19%

2.1. Cardiac Anatomy –

- 2.1.1. coronary arteries, include pulmonary and systemic veins, coronary sinus, great cardiac vein
- 2.1.2. cardiac chambers
- 2.1.3. valves and valve structure
- 2.1.4. pericardium (visceral and parietal)

2.2. Cardiac physiology

- 2.2.1. Phases of the cardiac cycle
- 2.2.2. Pressure changes and valvular function (including Wigger's diagram)
- 2.2.3. Hemodynamic factors

2.3. Cardiac Remodeling

- 2.3.1. Concentric hypertrophy and causes of
- 2.3.2. Eccentric hypertrophy and causes of
- 2.3.3. Maladaptive remodeling and causes of

3. Disease Sequelae 17%

3.1. Natural history of common acquired and congenital diseases

- 3.1.1. Myxomatous valve disease
- 3.1.2. DCM
- 3.1.3. HCM/HOCM
- 3.1.4. Non-specific CM
- 3.1.5. Restrictive CM
- 3.1.6. ARVC – dogs and cats
- 3.1.7. Pulmonary hypertension
- 3.1.8. Systemic hypertension
- 3.1.9. Masses and effusions
- 3.1.10. Endocarditis
- 3.1.11. VSD
- 3.1.12. ASD
- 3.1.13. AVSD
- 3.1.14. PDA
- 3.1.15. SAS
- 3.1.16. PS
- 3.1.17. Valvular dysplasia
- 3.1.18. Double chamber RV
- 3.1.19. Tetralogy of Fallot
- 3.1.20. Cor triatriatum dexter and sinister
- 3.1.21. Persistent left cranial vena cava

4. Basic Arrhythmia detection (ECG) 9%

4.1. Ventricular

- 4.1.1. VPCs

- 4.1.1.1. Ventricular tachycardia
- 4.1.1.2. Bigeminy
- 4.1.1.3. Trigeminy
- 4.1.1.4. Couplets and triplets
- 4.1.2. Idioventricular rhythm
- 4.2. Atrial
 - 4.2.1. Atrial fibrillation
 - 4.2.2. Atrial flutter
 - 4.2.3. Atrial tachycardia
 - 4.2.4. APCs
- 4.3. Blocks
 - 4.3.1. 2nd and 3rd degree AV blocks

5. Basic embryology 3%

- 5.1. Fetal circulation
- 5.2. Development of the aortic arch
- 5.3. Development of the interatrial and ventricular septa
- 5.4. Development of the endocardial cushion

6. Echocardiographic Images 2%

- 6.1. Structure identification
 - 6.1.1. All standard right and left-sided imaging planes
 - 6.1.2. Non-standard or modified views
 - 6.1.2.1. Vena cava
 - 6.1.2.2. Great cardiac vein and coronary sinus
 - 6.1.2.3. Coronary arteries
 - 6.1.2.4. Pulmonary veins
- 6.2. Assessment for normal and abnormal
 - 6.2.1. Subjective assessment of all 2D imaging planes
 - 6.2.2. Normal and abnormal color flow
 - 6.2.3. Normal and abnormal spectral Doppler velocities and PG
- 6.3. Usefulness of imaging planes
 - 6.3.1. Color flow
 - 6.3.2. Valve evaluation
 - 6.3.3. Spectral Doppler alignment
 - 6.3.4. Masses

7. Standard Measurements 4%

- 7.1. 2D
 - 7.1.1. LV
 - 7.1.2. LA (LA:Ao)
 - 7.1.3. LA 4chamber/ AO annulus
 - 7.1.4. LA FS
 - 7.1.5. PA/Ao ratio
 - 7.1.6. RMPA distensibility
 - 7.1.7. Ejection fraction
 - 7.1.8. LV area fractional change

- 7.2. MM
 - 7.2.1. LV
 - 7.2.2. MV
 - 7.2.3. LA FS
 - 7.2.4. TAPSE
 - 7.2.5. RMPA distensibility
- 7.3. Doppler
 - 7.3.1. AO valve and LVOT
 - 7.3.2. PA valve and RVOT
 - 7.3.2.1. Ejection time
 - 7.3.2.2. Acceleration time
 - 7.3.3. MV inflow
 - 7.3.3.1. E
 - 7.3.3.2. A
 - 7.3.3.3. E deceleration time
 - 7.3.4. TDI (RV and LV)
 - 7.3.5. E/E'
 - 7.3.6. IVRT
 - 7.3.7. E/IVRT
 - 7.3.8. MR velocity and PG if present
 - 7.3.9. TR velocity and PG if present
 - 7.3.10. PI if present
 - 7.3.10.1. Mean and diastolic pressures
 - 7.3.11. AI if present
 - 7.3.11.1. PHT

Diagnostics and evaluation – Acquired Heart Diseases 21%

8. 2D MM and Doppler evaluation of

- 8.1. Degenerative valve disease
 - 8.1.1. Anatomic pathology and hemodynamic consequences
 - 8.1.1.1. Chamber enlargement
 - 8.1.1.2. LV and LA Function
 - 8.1.1.3. RV and RA involvement
 - 8.1.1.4. Valve appearance and movement
 - 8.1.2. Doppler Evaluation
 - 8.1.2.1. Abnormal flow dynamics
 - 8.1.2.1.1. Color flow area
 - 8.1.2.1.2. MV inflow
 - 8.1.2.1.3. Presence of valvular regurgitation
 - 8.1.2.1.4. MR and or TR regurgitant velocities
 - 8.1.2.2. Presence or absence of pulmonary hypertension
 - 8.1.3. Staging (A, B1-2, C, D)
 - 8.1.4. Filling pressures
 - 8.1.4.1. E/IVRT
- 8.2. Endocarditis (appearance, Doppler assessment)

- 8.2.1. Anatomic pathology and hemodynamic significance
 - 8.2.1.1. affected valve(s) appearance
 - 8.2.1.1.1. potential underlying pathology
 - 8.2.1.2. affected chamber remodeling
 - 8.2.1.3. LV and LA Function
- 8.2.2. Doppler and Hemodynamic significance
 - 8.2.2.1. Color flow assessment of severity of insufficiencies if any
 - 8.2.2.2. PHT if AI
 - 8.2.2.3. E/IVRT if MR
 - 8.2.2.4. E wave velocity of MV inflow
 - 8.2.2.5. AO valve velocity if AO valve affected
- 8.3. Dilated cardiomyopathy
 - 8.3.1. Overt
 - 8.3.1.1. Echocardiographic features
 - 8.3.1.1.1. Chamber sizes
 - 8.3.1.1.2. LV and RV Function
 - 8.3.1.1.3. EPSS
 - 8.3.1.1.4. EF
 - 8.3.1.1.5. E/IVRT
 - 8.3.1.1.6. Color Doppler findings
 - 8.3.1.2. Electrocardiographic findings
 - 8.3.2. Subclinical
 - 8.3.2.1. Echocardiographic features
 - 8.3.2.1.1. Chamber sizes
 - 8.3.2.1.2. LV Function
 - 8.3.2.1.3. EPSS
 - 8.3.2.1.4. Sphericity
 - 8.3.2.1.5. EF
 - 8.3.2.1.6. E/IVRT
 - 8.3.2.1.7. Ejection time and PEP
 - 8.3.2.2. Electrocardiographic findings
 - 8.3.2.3. Doberman DCM
 - 8.3.2.3.1. Breed specific findings
 - 8.3.2.4. Other causes of phenotypic changes
 - 8.3.2.4.1. Thyroid disease
 - 8.3.2.4.2. Volume contraction
 - 8.3.2.4.3. Tachy-arrhythmia
 - 8.3.2.4.4. Diet
 - 8.3.2.4.5. Infectious
 - 8.3.2.4.6. Drug toxicity
- 8.4. Hypertrophic cardiomyopathy
 - 8.4.1. Obstructive and non-obstructive
 - 8.4.1.1. 2D Echocardiographic features
 - 8.4.1.1.1. Locations and patterns of hypertrophy

- 8.4.1.1.2. Presence or absence of SAM
 - 8.4.1.1.3. LA size
 - 8.4.1.2. Color flow and Spectral Doppler
 - 8.4.1.2.1. LVOT obstruction
 - 8.4.1.2.2. Mid ventricular
 - 8.4.2. Staging (A, B1-2, C, D)
 - 8.4.3. Filling pressure
 - 8.4.3.1. E/E'
 - 8.4.3.2. LA function
 - 8.4.4. Diastolic Function measurements
 - 8.4.4.1. Pulmonary venous flow
 - 8.4.4.2. Trans MV flow
 - 8.4.4.3. IVRT
 - 8.4.4.4. TDI E'
 - 8.4.4.5. Stages of diastolic dysfunction
 - 8.4.5. Electrocardiographic findings
- 8.5. Dynamic Right Ventricular Outflow Tract Obstruction (DRVOTO)
 - 8.5.1. Echocardiographic Features
 - 8.5.1.1. 2D and Doppler
 - 8.5.2. Hemodynamic Significance
- 8.6. Non-specific cardiomyopathy
 - 8.6.1. Color flow Doppler
 - 8.6.2. Staging (A, B1-2, C, 2D Echocardiographic features)
 - 8.6.2.1. Ventricular appearance
 - 8.6.2.2. LA size
 - 8.6.2.3. Stage D
 - 8.6.3. Filling pressure
 - 8.6.3.1. E/E'
 - 8.6.3.2. LA function
 - 8.6.4. Diastolic Function measurements
 - 8.6.4.1. Pulmonary venous flow
 - 8.6.4.2. Trans MV flow
 - 8.6.4.3. IVRT
 - 8.6.4.4. TDI E'
 - 8.6.4.5. Stages of diastolic dysfunction
 - 8.6.5. Electrocardiographic findings
- 8.7. Restrictive cardiomyopathy/physiology
 - 8.7.1. Forms
 - 8.7.2. 2D Echocardiographic features
 - 8.7.2.1. Ventricular appearance
 - 8.7.2.2. LA size
 - 8.7.3. Staging (A, B1-2, C, D)
 - 8.7.4. Filling pressure
 - 8.7.4.1. E/E'

- 8.7.4.2. LA function
- 8.7.5. Diastolic Function measurements
 - 8.7.5.1. Pulmonary venous flow
 - 8.7.5.2. Trans MV flow
 - 8.7.5.3. IVRT
 - 8.7.5.4. TDI E'
 - 8.7.5.5. Stages of diastolic dysfunction
- 8.7.6. Electrocardiographic findings
- 8.8. ARVC
 - 8.8.1. Canine
 - 8.8.1.1. Echocardiographic features (2D, Doppler)
 - 8.8.1.2. Electrocardiographic findings
 - 8.8.2. Feline
 - 8.8.2.1. Echocardiographic features (2D, Doppler)
 - 8.8.2.2. Electrocardiographic findings
- 8.9. Neoplasia
 - 8.9.1. Echocardiographic features and possible rule outs
 - 8.9.1.1. Location and appearance of mass and surrounding structures
 - 8.9.1.2. Flow abnormalities and hemodynamic consequences of the mass
 - 8.9.1.3. Presence of pericardial effusion and tamponade?
 - 8.9.1.4. Types
 - 8.9.1.4.1. Chemodectoma
 - 8.9.1.4.2. Hemangiosarcoma
 - 8.9.1.4.3. Lymphoma
 - 8.9.1.4.4. Mesothelioma
 - 8.9.1.4.5. Other
- 8.10. Pulmonary hypertension
 - 8.10.1. Echocardiographic Features of Primary and Secondary Etiologies
 - 8.10.1.1. 2D
 - 8.10.1.2. Spectral Doppler
 - 8.10.1.3. M-mode
 - 8.10.2. Additional echocardiographic findings when PG not available
 - 8.10.2.1. AT/ET
 - 8.10.2.2. PA flow appearance
 - 8.10.2.3. Tissue Doppler
 - 8.10.2.4. Tei index
 - 8.10.2.5. RMPA distensibility index
- 8.11. Systemic Hypertension
 - 8.11.1. Echocardiographic features
 - 8.11.1.1. 2D and M-Mode
 - 8.11.1.2. Spectral Doppler
 - 8.11.1.2.1. AI if present
 - 8.11.1.2.2. MR if present
- 8.12. Pericardial Effusion

- 8.12.1. Pleural vs Pericardial fluid
- 8.12.2. Etiology
- 8.12.3. Echocardiographic Features
 - 8.12.3.1. 2D and Doppler if other than neoplasia or idiopathic
- 8.12.4. Presence of Tamponade
- 8.13. LV Systolic function
 - 8.13.1. Methods of evaluation
 - 8.13.1.1. Ejection fraction (Simpson's)
 - 8.13.1.2. Fractional shortening
 - 8.13.1.3. Fractional area change
 - 8.13.1.4. Systolic Chamber Size
 - 8.13.1.5. Factors that affect function evaluation
 - 8.13.1.5.1. Preload
 - 8.13.1.5.2. Afterload
 - 8.13.1.5.3. Contractility
- 8.14. RV systolic function
 - 8.14.1. Methods of evaluation
 - 8.14.1.1. Area fractional change
 - 8.14.1.2. TDI
 - 8.14.1.3. TAPSE
 - 8.14.2. Evidence of Right Heart Failure
 - 8.14.2.1. Ascites
 - 8.14.2.2. Hepatic Veins Appearance
 - 8.14.2.3. Vena Cava Distensibility
- 8.15. LA function
 - 8.15.1. Methods of evaluation
 - 8.15.1.1. Ejection fraction
 - 8.15.1.2. Area fractional change
 - 8.15.1.3. LA FS
 - 8.15.1.4. LAA flow velocities

Diagnostics and evaluation –Congenital Heart Diseases 13%

9. 2D MM and Doppler evaluation of

- 9.1. Pulmonary stenosis and Double Chamber RV
 - 9.1.1. Breed predilections
 - 9.1.2. Phenotypes including branch PA stenosis
 - 9.1.3. Double Chamber RV (and infundibular stenosis)
 - 9.1.4. Echocardiographic features
 - 9.1.4.1. 2D, Doppler
 - 9.1.5. Coronary artery anatomy
 - 9.1.5.1. Normal vs abnormal
 - 9.1.6. Hemodynamic significance
- 9.2. Subaortic and aortic stenosis (including bicuspid Aortic Valve)
 - 9.2.1. Breed predilections
 - 9.2.2. Phenotypes

- 9.2.3. Echocardiographic features
 - 9.2.3.1. 2D, Doppler
- 9.2.4. Hemodynamic significance
- 9.3. Patent Ductus Arteriosus
 - 9.3.1. Breed predilections
 - 9.3.2. Phenotypes
 - 9.3.3. Echocardiographic features
 - 9.3.3.1. 2D, Doppler
 - 9.3.4. Hemodynamic significance
- 9.4. Ventricular Septal Defect
 - 9.4.1. Phenotypes
 - 9.4.2. Echocardiographic features
 - 9.4.2.1. 2D, Doppler
 - 9.4.3. Hemodynamic significance
- 9.5. Atrial Septal Defect
 - 9.5.1. Phenotypes including AVSD (complete and incomplete)
 - 9.5.2. Echocardiographic features
 - 9.5.2.1. 2D, Doppler
 - 9.5.3. Common associated congenital diseases
 - 9.5.4. Hemodynamic significance
- 9.6. Tricuspid Valve Dysplasia/Stenosis
 - 9.6.1. Breed predilections
 - 9.6.2. Phenotypes
 - 9.6.3. Echocardiographic features
 - 9.6.3.1. 2D, Doppler
 - 9.6.3.2. Pressure Half Time
 - 9.6.4. Common associated congenital diseases
- 9.7. Mitral Valve Dysplasia/Stenosis
 - 9.7.1. Breed predilections
 - 9.7.2. Phenotypes
 - 9.7.3. Echocardiographic features
 - 9.7.3.1. 2D, Doppler
 - 9.7.3.2. Pressure Half Time
- 9.8. Tetralogy of Fallot
 - 9.8.1. Echocardiographic features
 - 9.8.1.1. 2D, Doppler
 - 9.8.2. Acyanotic vs cyanotic
- 9.9. Cor triatriatum
 - 9.9.1. Species - canine vs feline
 - 9.9.2. Echocardiographic features
 - 9.9.2.1. 2D, Doppler
 - 9.9.2.2. Differentiate from mitral stenosis

Topic and number on knowledge list	importance	% of questions # of questions TBD
8. Echo in Acquired Heart Disease	1	21
2. Cardiac Structure and Function	2	19
3. Disease Sequellae	3	17
9. Echo in Congenital Heart Disease	4	13
1. Physics / Instrumentation	5	11
4. Arrhythmia Recognition	6	9
5. Basic Embryology	7	3
7. Standard Measurements	8	4
6. Echocardiographic Images	9	2