This Sample Cases document contains three examples of cases you will see on the Electrocardiogram (ECG) and Imaging Studies component of the Cardiovascular Disease Certification Examination. The first is an ECG case, the second is an echocardiogram case, and the third is a coronary angiogram case. Correct answers for these sample cases are discussed on page 30.

An answer option list is provided for each case, representing a comprehensive list of findings that may be obtained on an ECG, an echocardiogram, or an angiogram. Each case has a patient description at the top of the answer option list and a “Click here for Illustration” button to access the image(s).

You should interpret the cases as you would in everyday practice. It is suggested that you first read the patient description and interpret the image(s), identifying any abnormalities. You should then find and select the appropriate answer option(s) that correspond to your findings. You will be able to view all answer options you select in the column on the right side of the screen.

As in real life, a clinical diagnosis frequently is not possible without additional clinical data. You should identify only those findings that are definite and that you consider important. The examination is not an exercise in identifying minutiae or clinically unimportant details; rather, it is an exercise in identifying those findings that are clearly apparent and significant to patient management.

Your score for each case depends on selection of the option(s) that correctly describe(s) the findings. A correct selection may be invalidated by 1) selecting inapplicable options that could lead to incorrect or dangerous management of the patient, 2) selecting mutually exclusive options that could not coexist with the correct findings, or 3) selecting significantly more options than judged appropriate by the Subspecialty Board on Cardiovascular Disease.

Note: This document contains only still-frame images; although the tabbed headings are selectable, the answer options are not. The actual Imaging Studies component of the exam and the Exam Tutorial both contain moving images. The tutorial available on the ABIM website has the same functionality as the exam. [http://www.abim.org/exam/prepare.aspx](http://www.abim.org/exam/prepare.aspx)

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The Electrocardiogram (ECG) portion of the examination is designed to test your ability to interpret ECGs.

Pages 3 - 12 show a sample ECG and the comprehensive list of answer options you will see with each ECG case; a patient description appears at the top of the answer option list. The answer options are grouped in the following sections under tabbed headings: General Features and P Wave Abnormalities; Rhythms; AV Conduction; Voltage or Axis/Hypertrophy; Intraventricular Conduction; Q Wave Myocardial Infarction; ST, T, U Wave Abnormalities; Clinical Disorders; and Pacemaker Function.

Correct answers for some cases will include options from several sections; within a section, it may be appropriate to select more than one option. However, a selection of options from all sections is not required for each case. You will be able to view all of the answer options you select in the column on the right side of the screen.

All ECGs are conventional 12-lead tracings recorded with three simultaneous leads. When rhythm strips are shown, they are recorded simultaneously.

In the section labeled Q Wave Myocardial Infarction, you must indicate both age and location of the infarction. It is possible that one electrocardiogram may contain more than one infarction; all of them should be identified.

In the section labeled Clinical Disorders, select answer options as you would for an actual patient report. For example, select “Digitalis toxicity” if you would include “the pattern suggests digitalis toxicity” in your report.
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy.

GENERAL FEATURES
- Normal ECG
- Normal variant
- Incorrect electrode placement
- Artifact

P WAVE ABNORMALITIES
- Right atrial abnormality/enlargement
- Left atrial abnormality/enlargement
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy

ATRIAL RHYTHMS
- Sinus rhythm
- Sinus arrhythmia
- Sinus bradycardia (<60)
- Sinus tachycardia (>100)
- Sinus pause or arrest
- Sinoatrial exit block
- Atrial premature complexes
- Atrial tachycardia
- Atrial tachycardia, multifocal
- Supraventricular tachycardia
- Atrial flutter
- Atrial fibrillation

AV JUNCTIONAL RHYTHMS
- AV junctional premature complexes
- AV junctional escape complexes
- AV junctional rhythm/tachycardia

VENTRICULAR RHYTHMS
- Ventricular premature complex(es)
- Ventricular parasystole
- Ventricular tachycardia (3 or more consecutive complexes)
- Accelerated idioventricular rhythm
- Ventricular escape complexes or rhythm
- Ventricular fibrillation
AV CONDUCTION

- AV block, 1°
- AV block, 2° - Mobitz type I (Wenckebach)
- AV block, 2° - Mobitz type II
- AV block, 2:1
- AV block, 3°
- Wolff-Parkinson-White pattern
- AV dissociation
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy

ABNORMALITIES OF QRS VOLTAGE OR AXIS
- Low voltage, limb leads
- Low voltage, precordial leads
- Left axis deviation (> -30°)
- Right axis deviation (> +100°)
- Electrical alternans

VENTRICULAR HYPERTROPHY
- Left ventricular hypertrophy
- Right ventricular hypertrophy
- Combined ventricular hypertrophy
INTRAVENTRICULAR CONDUCTION

- RBBB, complete
- RBBB, incomplete
- Left anterior fascicular block
- Left posterior fascicular block
- LBBB, complete
- LBBB, incomplete
- Aberrant conduction (including rate-related)
- Intraventricular conduction disturbance, nonspecific type

Click here for Illustration
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy

### Q WAVE MYOCARDIAL INFARCTION

<table>
<thead>
<tr>
<th></th>
<th>Age recent, or probably acute</th>
<th>Age indeterminate or probably old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterolateral</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anterior or anteroseptal</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lateral</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inferior</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Posterior</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy

ST, T, U WAVE ABNORMALITIES

- Normal variant, early repolarization
- Normal variant, juvenile T waves
- Nonspecific ST and/or T wave abnormalities
- ST and/or T wave abnormalities suggesting myocardial ischemia
- ST and/or T wave abnormalities suggesting myocardial injury
- ST and/or T wave abnormalities suggesting electrolyte disturbances
- ST and/or T wave abnormalities secondary to hypertrophy
- Prolonged Q-T interval
- Prominent U waves
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy.

**CLINICAL DISORDERS**
- Brugada syndrome
- Digitalis toxicity
- Torsades de pointes
- Hyperkalemia
- Hypokalemia
- Hypercalcemia
- Hypocalcemia
- Dextrocardia, mirror image
- Acute cor pulmonale including pulmonary embolus
- Pericardial effusion
- Acute pericarditis
- Hypertrophic cardiomyopathy
- Central nervous system disorder
- Hypothermia
ECG Sample Case: A 60-year-old woman undergoing evaluation prior to cholecystectomy.

**PACEMAKER FUNCTION**
- Atrial or coronary sinus pacing
- Ventricular demand pacemaker (VVI), normally functioning
- Dual-chamber pacemaker (DDD), normally functioning
- Pacemaker malfunction, not constantly capturing (atrium or ventricle)
- Pacemaker malfunction, not constantly sensing (atrium or ventricle)
- Paced morphology consistent with biventricular pacing or cardiac resynchronization therapy
The Echocardiogram portion of the Imaging Studies component of the examination is designed to test your ability to interpret echocardiograms.

Pages 14 - 24 show three sample images, a sample patient description, and the comprehensive list of answer options you will see with each echocardiogram case. The answer options are grouped in the following sections: Left Ventricle; Right Ventricle; Atria; Valvular Heart Disease; Cardiomyopathy and Systemic Disease; Pulmonary/Aorta; Pericardial/Pleural Diseases; and Congenital Heart Disease.

Correct answers for some cases will include choices from several sections; within a section, it may be appropriate to select more than one option. However, a selection of answer options from all sections is not required for each case. You will be able to view all answer options you select in the column on the right side of the screen.

The goal is not to identify every normal finding, nor is this an exercise in identifying minutiae or clinically unimportant details. If you believe there is insufficient data or evidence for a feature or an abnormality, make no selection(s) in that section.

All modalities of transthoracic and transesophageal echocardiograms may be presented, and all views will be appropriately labeled. On occasion, off-axis or unusual views may be used to highlight a relevant pathology or finding. Vertical markings on M-mode frames represent 1-cm increments; however, precise measurements are not required.
Mid-esophageal two chamber view

FR 11Hz
17cm

2D
82%
C 42
P Off
Gen

CF
59%
3.3MHz
WF High
Low

MPEG

PAT T: 37.0°C
TEE T: 39.7°C

124 bpm
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

<table>
<thead>
<tr>
<th>LEFT VENTRICULAR SIZE, FUNCTION, AND STRUCTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LV Size</strong></td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Enlarged</td>
</tr>
<tr>
<td>Small</td>
</tr>
<tr>
<td><strong>LV Diastolic Function</strong></td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Grade 1 (abnormal relaxation)</td>
</tr>
<tr>
<td>Grade 2 (pseudonormal)</td>
</tr>
<tr>
<td>Grade 3 (restrictive)</td>
</tr>
<tr>
<td><strong>Regional Wall Motion Abnormalities</strong></td>
</tr>
<tr>
<td>Abnormal wall motion</td>
</tr>
<tr>
<td>Global hypokinesis</td>
</tr>
<tr>
<td><strong>LV Infarct Complications</strong></td>
</tr>
<tr>
<td>Ventricular septal rupture</td>
</tr>
<tr>
<td>Free wall rupture</td>
</tr>
<tr>
<td>Ruptured papillary muscle</td>
</tr>
</tbody>
</table>

| LV Ejection Fraction                         |
| Normal to hyperdynamic (>=50%)               |
| Mild to moderately reduced (35-49%)          |
| Severely reduced (<35%)                      |

| LV Wall Thickness                            |
| Normal                                        |
| Concentric increase                          |
| Asymmetric septal hypertrophy                |

| LV Masses                                     |
| LV mass or thrombus                           |
| Metastatic tumor                              |

| LV Segments                                  |
| Anterior                                     |
| Septal                                       |
| Lateral                                      |
| Inferior/Posterior                           |
| Apical                                       |

- Hypokinesis
- Akinesis
- Thinning and/or scar
- Aneurysm
- Pseudoaneurysm
- Ischemia (with stress testing)
- Viability (with stress testing)
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

- Enlarged RV
- RV infarct
- Global hypokinesis
- RV volume overload
- RV pressure overload
- Catheter or pacemaker wire
- RV mass or thrombus
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

ATRIA
- Enlarged left atrium
- Enlarged right atrium
- Atrial myxoma
- Atrial thrombus
- Metastatic tumor
- Atrial septal lipomatous hypertrophy
### Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

**Valvular Heart Disease**

<table>
<thead>
<tr>
<th>Structure</th>
<th>Aortic Valve</th>
<th>Mitral Valve</th>
<th>Tricuspid Valve</th>
<th>Pulmonic Valve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calculated</td>
<td>Calculated</td>
<td>Fails to coapt</td>
<td>Congenitally abnormal</td>
</tr>
<tr>
<td></td>
<td>Rheumatic</td>
<td>Rheumatic</td>
<td>Carcinoid</td>
<td>Carcinoid</td>
</tr>
<tr>
<td></td>
<td>Bicuspid</td>
<td>Cleft</td>
<td>Vegetation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetation</td>
<td>Vegetation</td>
<td>Prolapse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flail</td>
<td>Prolapse</td>
<td>Flail</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fibroelastoma</td>
<td>Flail</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abscess</td>
<td>Fibroelastoma</td>
<td>Systolic anterior motion (SAM)</td>
<td></td>
</tr>
</tbody>
</table>

**Prosthetic Valve Present**

- Normal function (includes normal gradients and closing jets)
- Pathologic regurgitation
- Perivalvular regurgitation
- Elevated gradients
- Obstruction due to thrombus or pannus
- Dehiscence
- Prosthetic valve endocarditis

**Function**

<table>
<thead>
<tr>
<th>Mild/Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic Valve</td>
<td></td>
</tr>
<tr>
<td>Mitral Valve</td>
<td></td>
</tr>
<tr>
<td>Tricuspid Valve</td>
<td></td>
</tr>
<tr>
<td>Pulmonic Valve</td>
<td></td>
</tr>
</tbody>
</table>

**Click here for Illustration**
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

CARDIOMYOPATHY AND SYSTEMIC DISEASE

Types of cardiomyopathy
- Hypertrophic
- Apical hypertrophic
- Restrictive
- ARVD
- Dilated
- Noncompaction
- Takotsubo (stress induced)

Systemic disease
- Amyloid
- Hypereosinophilia

Click here for Illustration
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

**PULMONARY DISEASE**
- Findings consistent with acute pulmonary embolism
- Findings consistent with pulmonary hypertension

**DISEASES OF THE AORTA**
- Marfan syndrome
- Type A dissection
- Type B dissection
- Intramural hematoma
- Aortic ulcer
- Aortic enlargement or aneurysm
- Aortic rupture
- Sinus of Valsalva aneurysm
- Sinus of Valsalva rupture
- Coarctation

Click here for Illustration
**Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain**

**PERICARDIAL AND PLEURAL DISEASES**

- Pericardial effusion without tamponade
- Tamponade
- Pericardial mass or hemopericardium
- Pericardial constriction
- Pericardial cyst
- Pleural effusion
Echocardiogram Sample Case: A 63-year-old man with pulmonary edema and chest pain

CONGENITAL HEART DISEASE

- Patent foramen ovale
- Primum ASD
- Secundum ASD
- Sinus venosus ASD
- Muscular VSD
- Membranous VSD
- Supracristal VSD
- Patent ductus arteriosus
- Subaortic stenosis
- Anomalous coronary artery
- Coronary fistula
- Tetralogy of Fallot
- Ebstein’s anomaly
- Complete transposition (D-TGA)
- Corrected transposition (L-TGA)

Click here for Illustration
The Angiogram portion of the Imaging Studies component of the examination is designed to test your ability to interpret coronary angiograms.

Pages 26 – 29 show three sample images and the comprehensive list of answer options you will see with each angiogram case; a patient description appears at the top of the answer option list. The option list is divided into five (5) columns corresponding to the coronary arteries and to bypass grafts: Left main, Left anterior descending, Left circumflex, Right, and Bypass graft. The option list also includes selections for stents (both patent and occluded).

Correct answers for some cases will include options from several columns; however, a selection of answer options from all columns is not required for each case. You will be able to view all of the answer options you select in the column on the right side of the screen.

All contrast studies will be appropriately labeled; contrast injection should be assumed adequate in all cases.

**NOTE:** If you select the answer option labeled “Normal” for a case, select no other options. For each diseased vessel shown, you must indicate the degree of the most severe stenosis. If an intracoronary thrombus is present, include the thrombus in your assessment of the degree of stenosis.
Angiogram Sample Case: A 50-year-old man who has chest pain with minimal exertion

**ARTERY/GRAFT (includes all branches)**

<table>
<thead>
<tr>
<th></th>
<th>Left Main</th>
<th>Left anterior descending</th>
<th>Left circumflex</th>
<th>Right</th>
<th>Bypass graft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed stenosis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insignificant stenosis (&lt;50% diameter reduction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate stenosis (50 to 75% diameter reduction)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Severe stenosis (&gt;75% diameter reduction)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Complete occlusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filled by collaterals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombus present</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial bridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anomalous origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary fistula</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aneurysm/Severe ectasia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bypass graft to (indicate observed anatomical connection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stent: patent</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stent: occluded</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**NOTE:** You must select a description for the degree of the most severe stenosis in each diseased vessel shown.
SCORING OF SAMPLE CASES

**Electrocardiogram:** The correct answer for this case is Sinus rhythm (found in the Rhythms section) **AND** Wolff-Parkinson-White pattern (found in the AV Conduction section). You must select both answer choices in order to receive a correct score for this case. Selecting Lateral Q wave myocardial infarction, recent or acute, **OR** Lateral Q wave myocardial infarction, indeterminate or old, would invalidate your answer.

**Echocardiogram:** The correct answer for this case is ruptured papillary muscle [found in the Left Ventricle section]. Selecting mitral valve vegetation [found in the Valvular Heart Disease section] would invalidate your answer. You would receive a second point for selecting inferior/posterior hypokinesis **OR** inferior/posterior akinesis [found in the Left Ventricle section]. You would receive a third point for selecting enlarged left atrium [found in the Atria section] **AND** severe mitral valve regurgitation [found in the Valvular Heart Disease section]. Page 32 shows the appearance of the option list with the correct answers selected.

**Angiogram:** The correct answers for this case are insignificant stenosis of the left circumflex coronary artery **AND** insignificant stenosis of the right coronary artery **AND** severe stenosis of the left anterior descending coronary artery. You must select all three answer choices in order to receive a correct score for this case. Page 33 shows the appearance of the answer option list with the correct answers selected.
ECG Case 1: A 60-year-old woman undergoing evaluation prior to cholecystectomy

Click here for illustration

**AV CONDUCTION**
- AV block, 1°
- AV block, 2° - Mobitz type I (Wenckebach)
- AV block, 2° - Mobitz type II
- AV block, 2:1
- AV block, 3°
- Wolff-Parkinson-White pattern
- AV dissociation

Answer Options Selected

**RHYTHMS**
- Sinus rhythm

**AV CONDUCTION**
- Wolff-Parkinson-White pattern
### Echocardiogram Case 1: A 63-year-old man with pulmonary edema and chest pain.

**Click here for Illustration(s)**

#### LEFT VENTRICULAR SIZE, FUNCTION, AND STRUCTURE

<table>
<thead>
<tr>
<th>LV Size</th>
<th>LV Diastolic Function</th>
<th>Regional Wall Motion Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Abnormal wall motion</td>
</tr>
<tr>
<td>Enlarged</td>
<td>Grade 1 (abnormal relaxation)</td>
<td>Global hypokinesis</td>
</tr>
<tr>
<td>Small</td>
<td>Grade 2 (pseudonormal)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade 3 (restrictive)</td>
<td></td>
</tr>
</tbody>
</table>

**LV Infarct Complications**

- Ventricular septal rupture
- Free wall rupture
- Ruptured papillary muscle

**LV Ejection Fraction**

- Normal to hyperdynamic (≥50%)
- Mild to moderately reduced (35-49%)
- Severely reduced (<35%)

**LV Wall Thickness**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Concentric increase</th>
<th>Asymmetric septal hypertrophy</th>
</tr>
</thead>
</table>

**LV Masses**

- LV mass or thrombus
- Metastatic tumor

#### ATRIA

- Enlarged left atrium

#### VALVULAR HEART DISEASE

- Mitral Valve Regurgitation
  - Severe

#### Hypokinesis

- Akinesis
- Thinning and/or scar
- Aneurysm
- Pseudoaneurysm
- Ischemia (with stress testing)
- Viability (with stress testing)
Angiogram Case 1: A 50-year-old man who has chest pain with minimal exertion

### ARTERY/GRAFT (includes all branches)

<table>
<thead>
<tr>
<th>Normal</th>
<th>Left Main</th>
<th>Left anterior descending</th>
<th>Left circumflex</th>
<th>Right</th>
<th>Bypass graft</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Fixed stenosis:**
  - Insignificant stenosis (<50% diameter reduction)
  - Moderate stenosis (50 to 75% diameter reduction)
  - Severe stenosis (>75% diameter reduction)
  - Complete occlusion
- **Filled by collaterals**
- **Spasm**
- **Thrombus present**
- **Myocardial bridge**
- **Anomalous origin**
- **Coronary fistula**
- **Aneurysm/Severe ectasia**
- **Bypass graft to (indicate observed anatomical connection)**
- **Dissection**
- **Stent: patent**
- **Stent: occluded**

**NOTE:** You must select a description for the degree of the most severe stenosis in each diseased vessel shown.

**Answer Option(s) Selected**

- **Left anterior descending**
  - Severe stenosis (>75% diameter reduction)
- **Left circumflex**
  - Insignificant stenosis (<50% diameter reduction)
- **Right**
  - Insignificant stenosis (<50% diameter reduction)