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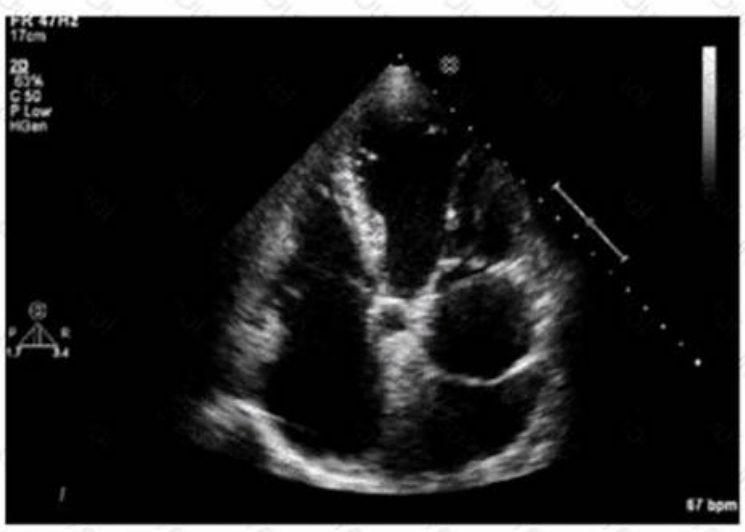

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• Clinical Care and Safety: This section of the exam measures skills of adult echocardiography technicians in applying clinical care principles and safety protocols. It includes evaluating patient history and external data, preparing patients including fasting state and intravenous line management, proper patient positioning, EKG lead placement, blood pressure measurement, and ergonomic techniques. Candidates are expected to identify critical echocardiographic findings, know contraindications for procedures, and be able to respond and manage medical emergencies that may arise during echocardiographic exams.
Topic 2	• Measurement Techniques, Maneuvers, and Sonographic Views: This section of the exam measures skills of adult echocardiography technicians in performing accurate cardiac measurements, conducting provocative maneuvers, and obtaining optimized sonographic imaging views. It involves applying 2D, 3D, M-mode, and Doppler techniques to measure heart valves, chambers, and vessels, including the aortic valve, mitral valve, left and right ventricles, atria, pulmonary artery, and shunt ratios. Candidates must instruct patients in maneuvers such as Valsalva, cough, sniff, and squat. They should also be proficient in acquiring standard echocardiographic views including apical, parasternal, subcostal, and suprasternal notch views.
Topic 3	• Anatomy and Physiology: This section of the exam measures skills of adult echocardiography technicians and covers knowledge and abilities related to normal cardiac anatomy and physiology. It includes assessing great vessels like the aorta and pulmonary arteries, recognizing anatomic variants of the heart, and evaluating cardiac chambers, pericardium, valve structures, and vessels of arterial and venous return. Candidates must document normal systolic and diastolic function, normal valve function and measurements, the phases of the cardiac cycle, normal Doppler changes with respiration, and appearance of arterial and venous waveforms. This also involves assessing the normal hemodynamic response to stress testing and maneuvers such as Valsalva, respiratory, handgrip, and postural changes.

Topic 4	• Instrumentation, Optimization, and Contrast: This section of the exam measures skills of adult echocardiography technicians related to use and optimization of ultrasound instrumentation and the application of contrast agents. Candidates should recognize imaging artifacts, utilize non-imaging transducers, and adjust ultrasound console settings for optimal imaging and Doppler recordings. Knowledge of harmonic imaging, principles of contrast agents, and the safe and effective use of saline and echo-enhancing contrast agents is essential. Candidates must also be able to optimize images when using contrast agents to ensure diagnostic quality.
Topic 5	• Pathology: This section of the exam measures skills of adult echocardiography technicians and focuses on identifying and evaluating abnormal physiology and perfusion and postoperative conditions. It includes assessment of ventricular aneurysms, aortic and valve abnormalities, arrhythmias, cardiac masses, diastolic dysfunction, endocarditis, ischemic diseases, cardiomyopathies, congenital anomalies, and postoperative valve repair or replacement and intracardiac devices. Candidates must demonstrate ability to recognize abnormal Doppler signals, EKG changes, wall motion abnormalities, and a wide range of cardiac pathologies including pulmonary hypertension and septal defects.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q101-Q106):

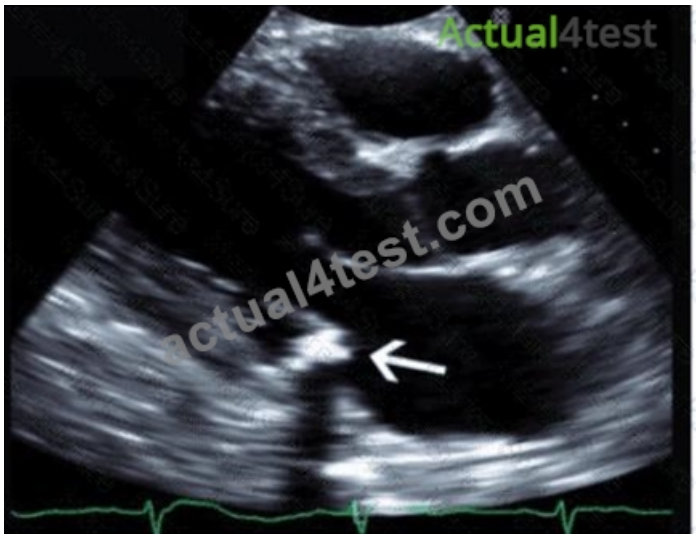
NEW QUESTION # 101
A patient presents with tender, red lesions on their fingers and toes (Osier nodes). Which finding is most likely?

- A. Infective endocarditis
- B. Lambl excrescences
- C. Carcinoid heart disease
- D. Papillary fibroelastoma

Answer: A

Explanation:
Osler nodes are tender, erythematous nodules typically located on the fingers and toes, and are a classic sign of infective endocarditis (IE). They represent immune complex deposition and microemboli causing localized vasculitis.
Carcinoid heart disease presents with right-sided valve fibrosis and not with Osler nodes. Lambl excrescences are small filiform valvular strands without clinical manifestations such as Osler nodes. Papillary fibroelastomas are benign cardiac tumors that may cause emboli but not immune-mediated skin lesions.
This classic clinical sign and its echocardiographic correlation in IE are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Infective Endocarditis#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 102
Which echogenic structure is indicated by the arrow on this image?



- A. Annular calcification
- B. Vegetation
- C. Thrombus
- D. Tumor

Answer: A

Explanation:
The image is a parasternal long-axis echocardiographic view focusing on the mitral valve annulus with a highly echogenic, dense, and well-defined structure located at the base of the posterior mitral leaflet. This appearance is characteristic of mitral annular calcification (MAC), a degenerative process resulting in calcium deposition along the mitral valve annulus.
Vegetations appear as irregular, mobile masses attached to valve leaflets and are less dense. Tumors and thrombi have different echogenicity and locations (tumors often in atria, thrombi in atrial appendages). MAC is usually more echogenic and localized to the annulus.
This description and differentiation are found in adult echocardiography textbooks and ASE guidelines on cardiac masses and valvular calcifications#16:Textbook of Clinical Echocardiography, 6ep.460-465##12:
ASE Guidelines on Cardiac Massesp.150-160#.

NEW QUESTION # 103
During which phase of the cardiac cycle does the left ventricular filling pressure equalize with left atrial pressure?

- A. Atrial contraction
- B. Diastasis
- C. Early rapid filling
- D. Ventricular contraction

Answer: C

Explanation:
During early rapid filling, when the mitral valve opens at the onset of diastole, the pressure gradient between the left atrium (LA) and left ventricle (LV) is at its peak, allowing blood to flow into the ventricle. As filling progresses during this phase, the left ventricular diastolic pressure rises rapidly and quickly approaches and equalizes with left atrial pressure.
The equalization of pressures is critical to facilitate ventricular filling and is reflected in the mitral inflow Doppler pattern, where the E-wave corresponds to early rapid filling. Diastasis is the mid-diastolic slow filling phase where pressures are nearly equal and little flow occurs. Atrial contraction is the late filling phase, adding a small volume to the ventricle.
This physiological timing is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function and Hemodynamics, with emphasis on pressure changes during the cardiac cycle#20:210-
215Textbook of Clinical Echocardiography#.

NEW QUESTION # 104
Based on this video, what is the estimated right atrial pressure in millimeters of mercury (mmHg)?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The video shows a subcostal IVC view with measurement of IVC diameter and respiratory collapsibility. The IVC appears dilated (>2.1 cm) with less than 50% collapse on inspiration, suggesting elevated right atrial pressure (RAP).
According to ASE guidelines for noninvasive RAP estimation, an IVC diameter >2.1 cm with <50% collapsibility corresponds to an RAP of approximately 10 mmHg.
Lower RAP values correspond to smaller IVC and greater collapsibility. This is a standard measurement in adult echocardiography practice and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6ep.115-120#.

NEW QUESTION # 105
Where would a Swan-Ganz catheter be best visualized?

- A. Pulmonary veins
- B. Descending aorta
- C. Right ventricular outflow tract
- D. Left ventricular outflow tract

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
A Swan-Ganz catheter (pulmonary artery catheter) is inserted via the venous system into the right atrium, right ventricle, and then

into the pulmonary artery. The catheter passes through the right ventricular outflow tract (RVOT) before entering the pulmonary artery.
Therefore, echocardiographic visualization of the Swan-Ganz catheter is best achieved in the right ventricular outflow tract or main pulmonary artery, often seen as an echogenic linear structure.
It would not be found in the left ventricular outflow tract (aortic valve region), pulmonary veins, or descending aorta as these are on the left heart or arterial side and not part of the catheter's path.
This is a well-known anatomical fact described in echocardiography procedural references and clinical guidelines on invasive hemodynamic monitoring#16:Textbook of Clinical Echocardiography, 6ep.310-315#
#12:ASE Invasive Monitoring Guidelinesp.450-455#.

NEW QUESTION # 106
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