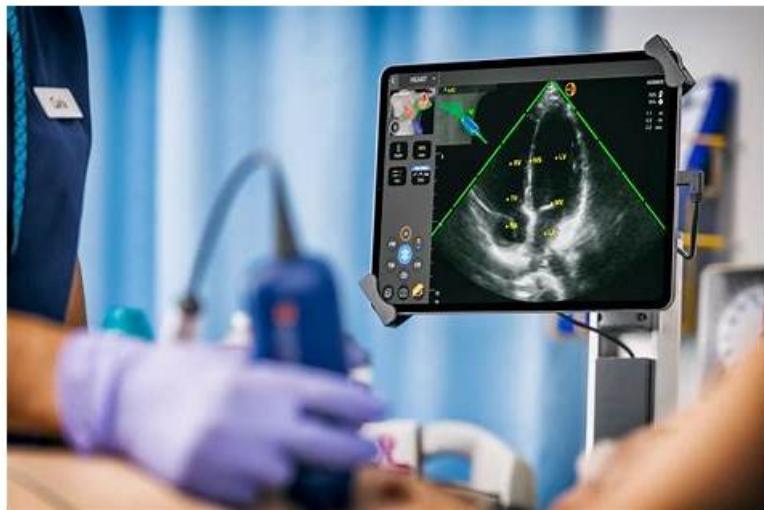


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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.
Topic 2	<ul style="list-style-type: none">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 3	<ul style="list-style-type: none">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 4	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q57-Q62):

NEW QUESTION # 57

Which view is best for assessing atrial situs in the presence of congenital heart disease?

- A. Long axis
- **B. Subcostal**
- C. Short axis
- D. Suprasternal notch

Answer: B

Explanation:

The subcostal view is the preferred transthoracic echocardiographic window to assess atrial situs, especially in congenital heart disease. This view provides a cross-sectional look at the abdominal organs and atrial chambers, helping determine the relative position of the inferior vena cava and aorta, which aids in defining atrial situs (solitus, inversus, or ambiguous).

Short axis and long axis views provide excellent cardiac anatomy but are less informative for visceral situs.

The suprasternal notch window is mainly used to visualize the great vessels but does not provide adequate assessment of atrial situs. The subcostal view's ability to demonstrate abdominal situs and systemic venous return makes it essential in congenital cardiac evaluations and is recommended in echocardiography protocols for congenital heart disease assessment.

NEW QUESTION # 58

Which finding is most commonly associated with Ebstein anomaly?

- A. Tricuspid stenosis
- B. Pulmonary stenosis

- C. Ventricular septal defect
- D. Atrial septal defect

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Ebstein anomaly is a congenital malformation characterized by apical displacement of the tricuspid valve leaflets, leading to atrialization of the right ventricle and severe tricuspid regurgitation. The most common associated defect is an atrial septal defect (ASD), particularly a secundum type or patent foramen ovale, resulting in right-to-left shunting and cyanosis.

Ventricular septal defect and pulmonary stenosis are less commonly associated. Tricuspid stenosis is not typical; the tricuspid valve is usually regurgitant rather than stenotic.

This association is well described in congenital heart disease and echocardiography textbooks and ASE guidelines#16:Textbook of Clinical Echocardiography, 6ep.570-575##12:ASE Adult Congenital Guidelinesp.400-405#.

NEW QUESTION # 59

Which two-dimensional method is recommended for assessing left ventricular ejection fraction when regional wall motion abnormalities are present?

- A. Simpson biplane
- B. Visual
- C. Tetholz
- D. Quinones

Answer: A

Explanation:

The Simpson biplane method (method of disks) is the recommended two-dimensional echocardiographic technique to quantify left ventricular ejection fraction (LVEF), especially when regional wall motion abnormalities are present. It involves tracing endocardial borders in apical two- and four-chamber views to calculate LV volumes and EF, accounting for segmental dysfunction.

Visual estimation is subjective and less accurate. The Quinones method (single plane area-length) and Teichholz method rely on geometric assumptions and are less accurate in abnormal ventricles.

ASE chamber quantification guidelines strongly endorse Simpson biplane for LVEF assessment in regional wall motion abnormalities#12:ASE Chamber Quantification Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.60-65#.

NEW QUESTION # 60

The parasternal long axis view can be used to visualize which anatomical structure?

- A. Coronary sinus
- B. Eustachian valve
- C. Left atrial appendage
- D. Pulmonic valve

Answer: A

Explanation:

The parasternal long axis (PLAX) view provides visualization of the left ventricle, left atrium, mitral and aortic valves, and importantly, the coronary sinus located posteriorly between the left atrium and left ventricle.

The pulmonic valve is best visualized in the parasternal short axis or suprasternal views. The eustachian valve is in the right atrium and visualized best in subcostal or apical views. The left atrial appendage is usually seen in transesophageal echocardiography.

This anatomical visualization is discussed in standard echocardiography textbooks and ASE imaging protocols #12:ASE Imaging Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.100-105#.

NEW QUESTION # 61

Which of the following does the pulmonary capillary wedge pressure estimate?

- A. Right ventricular pressure
- B. Right atrial pressure

- C. Left atrial pressure
- D. Left ventricular pressure

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pulmonary capillary wedge pressure (PCWP) is obtained by advancing a balloon-tipped catheter into a small branch of the pulmonary artery and inflating the balloon to "wedge" the catheter, thereby occluding forward blood flow and measuring the pressure distal to the occlusion. The measured pressure reflects the pressure in the pulmonary venous system, which closely approximates left atrial pressure (LAP) under normal conditions.

Since the left atrium receives pulmonary venous return before the blood enters the left ventricle, PCWP is a surrogate for LAP, which in turn reflects left ventricular end-diastolic pressure (LVEDP) in the absence of mitral valve disease or pulmonary venous obstruction. PCWP is widely used in clinical and echocardiographic contexts to estimate left heart filling pressures.

It does not estimate right atrial, right ventricular, or left ventricular pressures directly. Right atrial pressure is measured via central venous pressure, right ventricular pressure by catheterization, and left ventricular pressure by direct catheterization.

This concept is extensively discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hemodynamics and Doppler Assessment, with specific emphasis on the use of PCWP to estimate left atrial pressure#20:200-210Textbook of Clinical Echocardiography#.

NEW QUESTION # 62

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