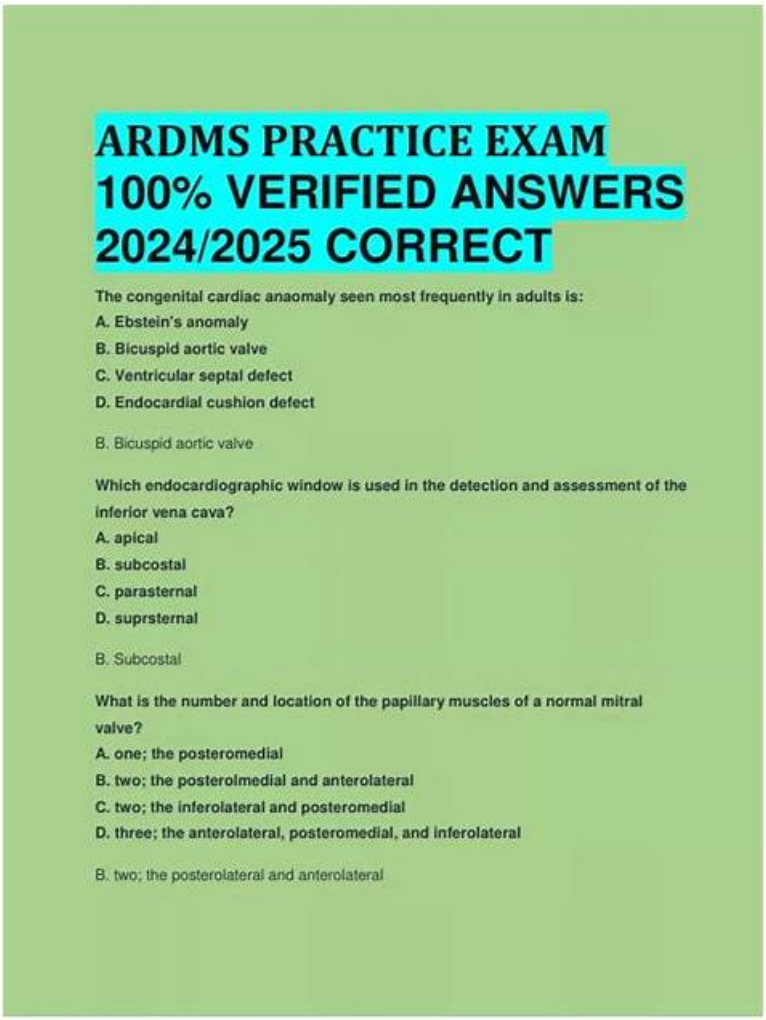
100% Pass Quiz 2025 ARDMS AE-Adult-Echocardiography: Valid New AE Adult Echocardiography Examination Study Plan



To go with the changing neighborhood, we need to improve our efficiency of solving problems as well as the new contents of our AE-Adult-Echocardiography exam questions accordingly, so all points are highly fresh about in compliance with the syllabus of the exam. Our AE-Adult-Echocardiography Exam Materials can help you realize it. To those time-sensitive exam candidates, our high-efficient AE-Adult-Echocardiography study questions comprised of important news will be best help.

Our ARDMS AE-Adult-Echocardiography desktop and web-based practice software are embedded with mock exams, just like the actual ARDMS Data Center certification exam. The BraindumpQuiz designs its mock papers so smartly that you can easily prepare for the AE Adult Echocardiography Examination exam. All the essential questions are included, which have a huge chance of appearing in the real AE Adult Echocardiography Examination exam. Our mock exams may be customized so that you can change the topics and timings for each exam according to your preparation.

>> New AE-Adult-Echocardiography Study Plan <<

Quiz ARDMS - AE-Adult-Echocardiography –Valid New Study Plan

If you choose our AE-Adult-Echocardiography exam question for related learning and training, the system will automatically record your actions and analyze your learning effects. simulation tests of our AE-Adult-Echocardiography learning materials have the

functions of timing and mocking exams, which will allow you to adapt to the exam environment in advance and it will be of great benefit for subsequent exams. After you complete the learning task, the system of our AE-Adult-Echocardiography Test Prep will generate statistical reports based on your performance so that you can identify your weaknesses and conduct targeted training and develop your own learning plan. For the complex part of our AE-Adult-Echocardiography exam question, you may be too cumbersome, but our system has explained and analyzed this according to the actual situation to eliminate your doubts and make you learn better.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q113-Q118):

NEW QUESTION # 113
What is the regional wall motion assessment of the two-chamber view displayed in this video?

- A. Hypokinetic basal inferolateral wall
- B. Aneurysmal basal inferior wall
- C. Hypokinetic basal inferior wall
- D. Aneurysmal basal inferolateral wall

Answer: A

Explanation:
The two-chamber apical echocardiographic view allows visualization of the basal inferolateral and anterior walls. The video demonstrates reduced wall thickening and motion in the basal inferolateral segment consistent with hypokinesis.
An aneurysm would appear as a dyskinetic or paradoxical bulging of the wall, which is not seen here. The basal inferior wall is visualized better in other views (such as the apical four-chamber).
Hypokinesis of the basal inferolateral wall suggests regional ischemia or infarction in the territory supplied by the left circumflex artery.
These assessments are standard in segmental wall motion analysis described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:
Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 114
Which congenital heart anomaly is found in approximately 30% of normal adults?

- A. Cleft mitral valve
- B. Hypertrophic cardiomyopathy
- C. Patent foramen ovale
- D. Bicuspid aortic valve

Answer: C

Explanation:
Patent foramen ovale (PFO) is a common congenital cardiac anomaly found in approximately 25-30% of the adult population. It represents incomplete closure of the foramen ovale after birth and is usually asymptomatic.
Cleft mitral valve and bicuspid aortic valve are less common congenital anomalies, and hypertrophic cardiomyopathy is a genetic

myocardial disease, not an anomaly.
This prevalence and clinical significance are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Common Anomalies#20:110-115Textbook of Clinical Echocardiography#.

NEW QUESTION # 115
Which method is appropriate for measuring the left atrial diameter in parasternal long axis?

- A. Inner edge to inner edge, perpendicular to the aortic root, at end-diastole
- B. Outer edge to outer edge, perpendicular to the aortic root, at end-systole
- C. Inner edge to inner edge, parallel to the aortic root, at end-diastole
- D. Inner edge to inner edge, perpendicular to the aortic root, at end-systole

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The recommended method to measure left atrial diameter in the parasternal long axis view is the inner edge to inner edge technique, perpendicular to the aortic root, measured at end-diastole. This approach provides the most reproducible and standardized measurement.
Measurement parallel to the aortic root or at end-systole is less accurate. Outer edge measurements overestimate size.
ASE chamber quantification guidelines specify this method for standardization and reproducibility in adult echocardiography practice#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

NEW QUESTION # 116
Which congenital abnormality is most consistent with the findings in this video?

- A. Eisenmenger syndrome
- B. Ventricular septal defect
- C. Ebstein anomaly
- D. Patent foramen ovale

Answer: C

Explanation:
The video shows an apical four-chamber or subcostal echocardiographic view demonstrating a markedly enlarged right atrium with atrialization of part of the right ventricle, displacement of the tricuspid valve septal leaflet downward into the RV cavity, and severe tricuspid regurgitation. These findings are hallmark features of Ebstein anomaly, a congenital malformation of the tricuspid valve causing apical displacement of the septal and posterior leaflets.
Patent foramen ovale and ventricular septal defects have different echocardiographic features without tricuspid leaflet displacement.
Eisenmenger syndrome refers to advanced pulmonary hypertension due to shunts but is not a specific congenital structural abnormality.
These diagnostic criteria and echocardiographic hallmarks are described in adult congenital heart disease literature and echocardiography textbooks#16:Textbook of Clinical Echocardiography, 6ep.570-575##12:
ASE Adult Congenital Guidelinesp.400-405#.

NEW QUESTION # 117
Which of the following can be calculated from the peak tricuspid regurgitant velocity?

- A. Right ventricular systolic pressure
- B. Mean pulmonary artery pressure
- C. Pulmonary artery diastolic pressure
- D. Right atrial pressure

Answer: A

Explanation:
Peak tricuspid regurgitant velocity (TRV) allows estimation of right ventricular systolic pressure (RVSP) using the simplified Bernoulli equation: RVSP = 4 × (TRV)