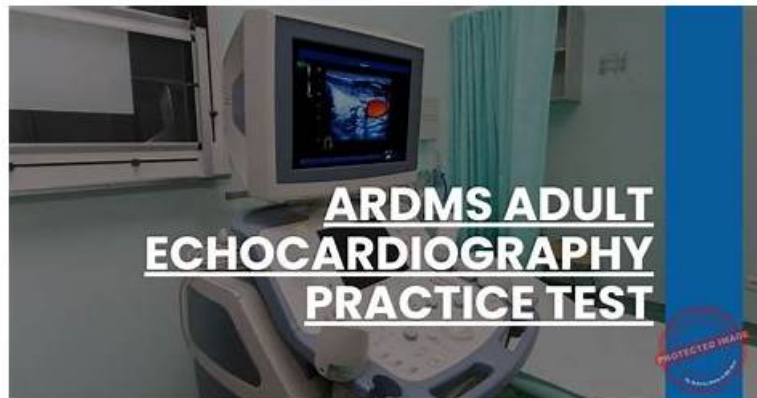


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As a market leader, our company is able to attract quality staffs, it actively seeks out those who are energetic, persistent, and professional to various AE-Adult-Echocardiography certificate and good communicator. And we strongly believe that the key of our company's success is its people, skills, knowledge and experience. Over 50% of the account executives and directors have been with the Group for more than ten years. The successful selection, development and AE-Adult-Echocardiography training of personnel are critical to our company's ability to provide a high pass rate of AE-Adult-Echocardiography exam questions for you to pass the AE-Adult-Echocardiography exam.

ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

| Topic | Details |
|---------|---|
| Topic 1 | <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 2 | <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 3 | <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. |

| | |
|---------|--|
| Topic 4 | <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 5 | <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. |

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q24-Q29):

NEW QUESTION # 24

What is the significance of a mitral B-bump seen on M-mode?

- A. Elevated left atrial systolic pressure
- B. Hypertrophic obstructive cardiomyopathy
- C. Elevated left ventricular end-diastolic pressure
- D. Mitral stenosis

Answer: A

Explanation:

The mitral B-bump on M-mode echocardiography represents a distinct anterior motion or thickening of the anterior mitral leaflet during atrial systole. It is associated with elevated left atrial systolic pressure.

The B-bump is a marker of increased left atrial pressure transmitted to the mitral valve, often seen in diastolic dysfunction and conditions causing elevated left atrial pressure.

It is not a direct indicator of left ventricular end-diastolic pressure, hypertrophic obstructive cardiomyopathy, or mitral stenosis.

This phenomenon is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function and Mitral Valve Motion#20:215-220Textbook of Clinical Echocardiography#.

NEW QUESTION # 25

Which of the following measurements is required for calculating the Qp/Qs ratio?

- A. Right ventricular outflow tract (RVOT) VTI
- B. Mitral valve velocity time integral (VTI)
- C. Tricuspid valve VTI
- D. Aortic valve VTI

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Qp/Qs ratio represents the ratio of pulmonary blood flow (Qp) to systemic blood flow (Qs). It is commonly calculated to quantify the magnitude of a left-to-right shunt in congenital heart disease.

To calculate Qp/Qs using echocardiography, stroke volumes across both the pulmonary and systemic outflow tracts are measured by combining the cross-sectional area of the outflow tract and the velocity time integral (VTI) of flow through it.

Pulmonary blood flow (Qp) is calculated using the right ventricular outflow tract (RVOT) diameter and RVOT VTI. Systemic blood flow (Qs) is calculated using the left ventricular outflow tract (LVOT) diameter and aortic valve VTI.

Thus, RVOT VTI is essential for Qp calculation, making option D correct.

This method is explained in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Shunts and Quantification of Flow#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 26

The variables necessary to calculate mitral regurgitant (MR) effective orifice area by the proximal isovelocity surface area (PISA) equation include MR aliasing hemispheric radius, the aliasing velocity, and which other parameter?

- A. Mitral annular diameter
- B. Left ventricular outflow tract diameter
- C. Maximum mitral regurgitant velocity
- D. Time velocity integral of pulsed wave at mitral annulus

Answer: C

Explanation:

The proximal isovelocity surface area (PISA) method estimates the effective regurgitant orifice area (EROA) in mitral regurgitation by measuring the radius of the hemispheric flow convergence region (aliasing radius) and incorporating the aliasing velocity and the peak velocity of the MR jet.

The equation for EROA is:

$$\text{EROA} = (2 \times r^2 \times V_a) / V_{\text{max}}$$

Where:

r = radius of the PISA hemisphere (aliasing radius)

V_a = aliasing velocity (the velocity at which color aliasing occurs)

V_{max} = peak MR velocity obtained by continuous wave Doppler

This calculation does not involve the mitral annular diameter, time velocity integral of mitral annulus, or left ventricular outflow tract diameter.

Thus, the third necessary parameter after aliasing radius and velocity is the maximum MR velocity measured by continuous wave Doppler, which allows determination of flow rate through the regurgitant orifice.

This formula and its clinical application are well established in adult echocardiography literature and ASE valvular regurgitation guidelines#12:ASE Valvular Regurgitation Guidelinesp.210-220##16:Textbook of Clinical Echocardiography, 6eChapter on Mitral Regurgitation Assessment#.

NEW QUESTION # 27

Which statement is most accurate regarding cardiac contusion?

- A. It is focal ventricular hypertrophy.
- B. It leads to hypercontractility of the left ventricle
- C. It affects the right ventricle more commonly than the left.
- D. It can result from a myocardial infarction.

Answer: C

Explanation:

Cardiac contusion is a myocardial injury resulting from blunt chest trauma, typically affecting the right ventricle more commonly than the left ventricle because of its anterior location and proximity to the chest wall. The injury can range from mild bruising to severe myocardial damage and dysfunction.

It does not result from myocardial infarction (which is ischemic injury), nor does it cause hypertrophy or hypercontractility. Instead, it may cause wall motion abnormalities, arrhythmias, or even rupture.

These features are detailed in echocardiography and trauma cardiology literature, including the "Textbook of Clinical

Echocardiography" and clinical guidelines on blunt cardiac injury#16:Textbook of Clinical Echocardiography, 6ep.600-605##12:ASE Trauma Cardiology Guidelinesp.500-505#.

NEW QUESTION # 28

Which finding is associated with partial anomalous venous return?

- A. Sinus venosus atrial septal defect
- B. Perimembranous ventricular septal defect
- C. Cleft mitral valve
- D. Persistent left superior vena cava

Answer: A

Explanation:

Partial anomalous pulmonary venous return (PAPVR) is a congenital defect where some pulmonary veins drain into the right atrium or systemic venous circulation rather than the left atrium. It is frequently associated with sinus venosus atrial septal defect (ASD), a defect near the junction of the superior vena cava and right atrium.

Cleft mitral valve is commonly associated with atrioventricular septal defects. Persistent left superior vena cava is a separate venous anomaly not typically linked with PAPVR. Perimembranous ventricular septal defects are different congenital defects not related to pulmonary venous anomalies.

The association between PAPVR and sinus venosus ASD is well described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Disease and Shunt Lesions#20:120-130Textbook of Clinical Echocardiography#

NEW QUESTION # 29

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There is a succession of anecdotes, and there are specialized courses. Experts call them experts, and they must have their advantages. They are professionals in every particular field. The AE-Adult-Echocardiography test material, in order to enhance the scientific nature of the learning platform, specifically hired a large number of qualification exam experts, composed of product high IQ team, these experts by combining his many years teaching experience of AE-Adult-Echocardiography quiz guide and research achievements in the field of the test, to exam the popularization was very complicated content of AE Adult Echocardiography Examination exam dumps, better meet the needs of users of various kinds of cultural level. Expert team not only provides the high quality for the AE-Adult-Echocardiography Quiz guide consulting, also help users solve problems at the same time, leak fill a vacancy, and finally to deepen the user's impression, to solve the problem of ARDMS test material and no longer make the same mistake.

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