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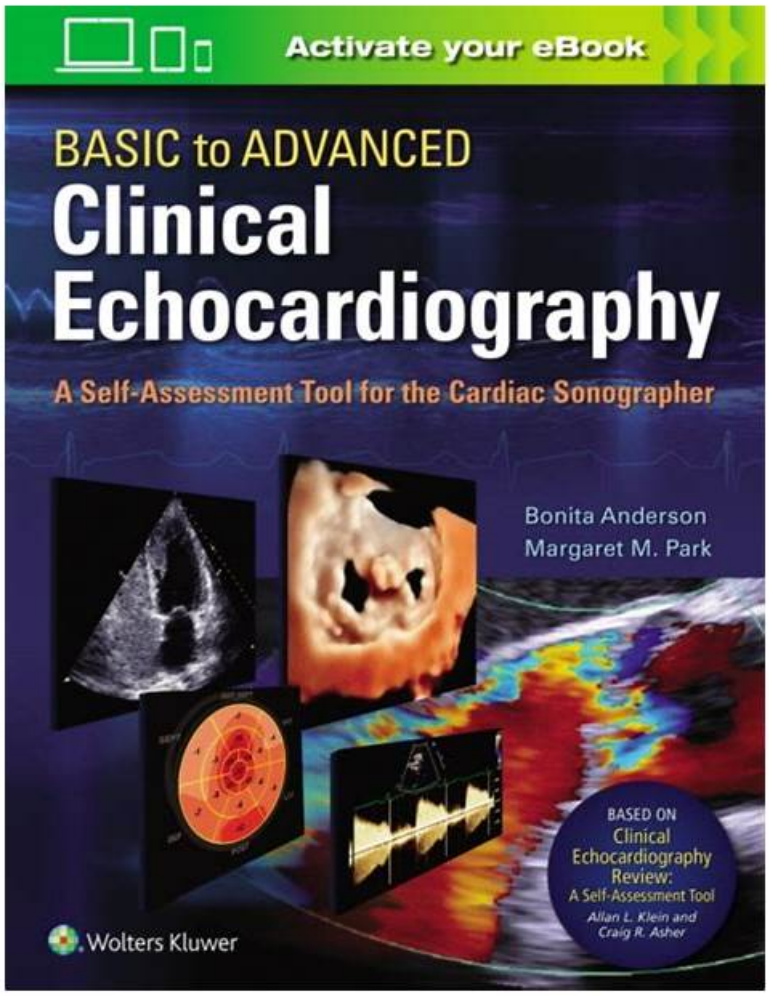

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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	• 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 4	• 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 5	• 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.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q115-Q120):

NEW QUESTION # 115
The respirometer should be turned on when assessing which possible disease process(es)?

- A. Pericardial effusion and tamponade
- B. Ischemic cardiomyopathy
- C. Mitral regurgitation and stenosis
- D. Congestive heart failure

Answer: A

Explanation:
A respirometer monitors the respiratory cycle and is essential when evaluating diseases in which respiratory variation affects echocardiographic measurements, such as pericardial effusion and cardiac tamponade. In tamponade, respiratory changes in mitral and tricuspid inflows, as well as variations in inferior vena cava size, are key diagnostic features.
Congestive heart failure, ischemic cardiomyopathy, and mitral valve diseases do not require synchronization with respiration for diagnosis or quantification and are not reliant on respirometer use.
This recommendation is outlined in ASE pericardial disease guidelines and echocardiography procedural protocols#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

NEW QUESTION # 116
Which finding is best demonstrated in this video?

- A. Left atrial elongation
- B. Aortic root dilatation
- C. Mid-anteroseptal hypokinesis
- D. Systolic anterior motion of the mitral valve

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The video shows a parasternal long-axis view of the left ventricle and mitral valve with the anterior leaflet of the mitral valve moving abnormally toward the interventricular septum during systole. This systolic anterior motion (SAM) of the mitral valve is characteristic of hypertrophic obstructive cardiomyopathy (HOCM) and contributes to left ventricular outflow tract obstruction.
Aortic root dilatation and left atrial elongation are structural findings seen in other views. Mid-anteroseptal hypokinesis is a regional wall motion abnormality not clearly visualized in this clip.
This echocardiographic sign is critical in diagnosing and managing HOCM and is discussed extensively in ASE guidelines and clinical echocardiography texts#16:Textbook of Clinical Echocardiography, 6ep.350-355##12:ASE Cardiomyopathy Guidelinesp.120-130#.

NEW QUESTION # 117
Which echocardiography assessment requires mitral inflow pulsed wave, pulmonary venous pulsed wave, and tissue Doppler of the mitral annulus?

- A. Myocardial performance index
- B. Left ventricular systolic function
- C. Mitral regurgitation severity
- D. Left ventricular diastolic function

Answer: D

Explanation:
Assessment of left ventricular diastolic function by echocardiography involves evaluating mitral inflow velocities with pulsed wave Doppler (E and A waves), pulmonary venous flow patterns (systolic and diastolic waves), and tissue Doppler imaging of the mitral annulus to measure early diastolic (e') velocities.
This combination allows differentiation of normal versus abnormal relaxation, elevated filling pressures, and grading of diastolic dysfunction. The myocardial performance index evaluates global ventricular function but does not specifically require these Doppler measures. Systolic function is assessed mainly by ejection fraction and wall motion. Mitral regurgitation severity uses color Doppler and vena contracta measurements.
This multiparameter diastolic function evaluation is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function Assessment#20:210-220Textbook of Clinical Echocardiography#.

NEW QUESTION # 118
Where would a Swan-Ganz catheter be best visualized?

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

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 # 119
What is a normal response to dobutamine stress testing?

- A. A decrease in left ventricular cavity size and an increase in systolic blood pressure
- B. An increase in left ventricular cavity size and a decrease in systolic blood pressure
- C. An increase in left ventricular cavity size and an increase in systolic blood pressure
- D. A decrease in left ventricular cavity size and a decrease in systolic blood pressure

Answer: A

Explanation:
During dobutamine stress testing, a normal physiological response includes increased myocardial contractility leading to a decrease in left ventricular (LV) cavity size during systole due to more effective ejection.
Concurrently, systolic blood pressure increases due to the inotropic and chronotropic effects of dobutamine.
An increase in LV cavity size during stress would suggest impaired contractility or ischemia, which is abnormal.
This normal response is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Stress Echocardiography and Hemodynamic Responses#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 120
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