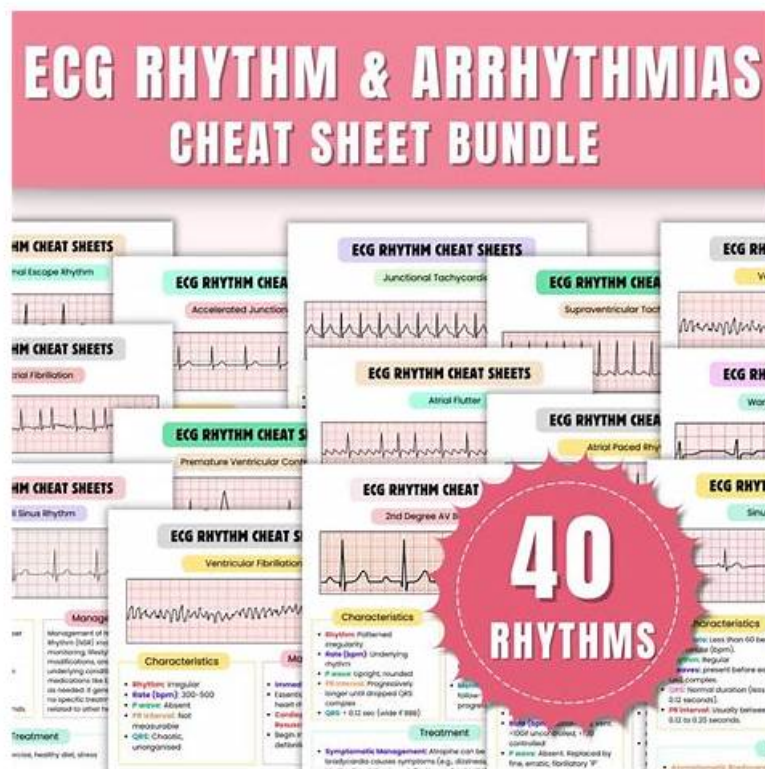


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> • 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 4	<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 5	<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.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q27-Q32):

NEW QUESTION # 27

Which murmur will occur in a patient with a ruptured papillary muscle?

- A. Holosystolic
- B. Late systolic
- C. Ejection systolic
- D. Early systolic

Answer: A

Explanation:

Rupture of a papillary muscle leads to acute mitral regurgitation, producing a holosystolic murmur heard throughout systole. This murmur results from backward flow of blood from the left ventricle to the left atrium during systole.

Ejection systolic murmurs are typically due to outflow obstruction like aortic stenosis. Early or late systolic murmurs occur in specific valve lesions but not with papillary muscle rupture.

This is covered in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Disease and Mechanical Complications of Myocardial Infarction#20:430-435Textbook of Clinical Echocardiography#.

NEW QUESTION # 28

Which of the following is the most likely cause for the findings demonstrated in this video?



- A. Rheumatic fever
- B. Infective endocarditis
- C. Systemic lupus
- D. Drug-induced valvulopathy

Answer: D

Explanation:

The video shows thickened, retracted, and possibly regurgitant valve leaflets with a characteristic appearance seen in drug-induced valvulopathy. Drugs such as ergot derivatives (e.g., methysergide) and appetite suppressants (e.g., fen-phen) can cause fibrotic thickening of valve leaflets mimicking carcinoid heart disease or rheumatic valve disease.

Infective endocarditis presents with vegetations and potentially valve destruction but typically not the diffuse thickening seen here.

Rheumatic fever causes leaflet thickening but has a different chronic clinical course.

Systemic lupus may cause valve thickening but often involves Libman-Sacks vegetations rather than diffuse fibrosis.

This is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Valvular Heart Disease - Drug Induced and Secondary Causes#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 29

Which adjustment is most likely to improve image quality from the suprasternal long axis window?

- A. Place patient in left lateral decubitus position
- B. Move probe just inferior to the sternum
- C. Ask patient to look slightly toward the left
- D. Rotate transducer indicator toward the patient's right shoulder

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The suprasternal long axis window is best accessed with the patient in the supine position with the neck extended. To optimize image quality, instructing the patient to turn their head slightly toward the left side moves the trachea and clavicle away from the ultrasound beam path, allowing better visualization of the aortic arch and great vessels.

Moving the probe inferior to the sternum accesses the subxiphoid window rather than suprasternal. Left lateral decubitus improves parasternal and apical windows but not suprasternal. Rotating the transducer indicator toward the patient's right shoulder would change the imaging plane but is not a primary method to improve image quality.

This technique is highlighted in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Windows and Acoustic Access#20:90-95Textbook of Clinical Echocardiography#.

NEW QUESTION # 30

Which is the most likely abnormality represented in these images from a 48-year-old man with shortness of breath?





- A. Hypertrophic cardiomyopathy
- B. Ischemic cardiomyopathy
- C. Left ventricular noncompaction
- D. Loeffler syndrome

Answer: C

Explanation:

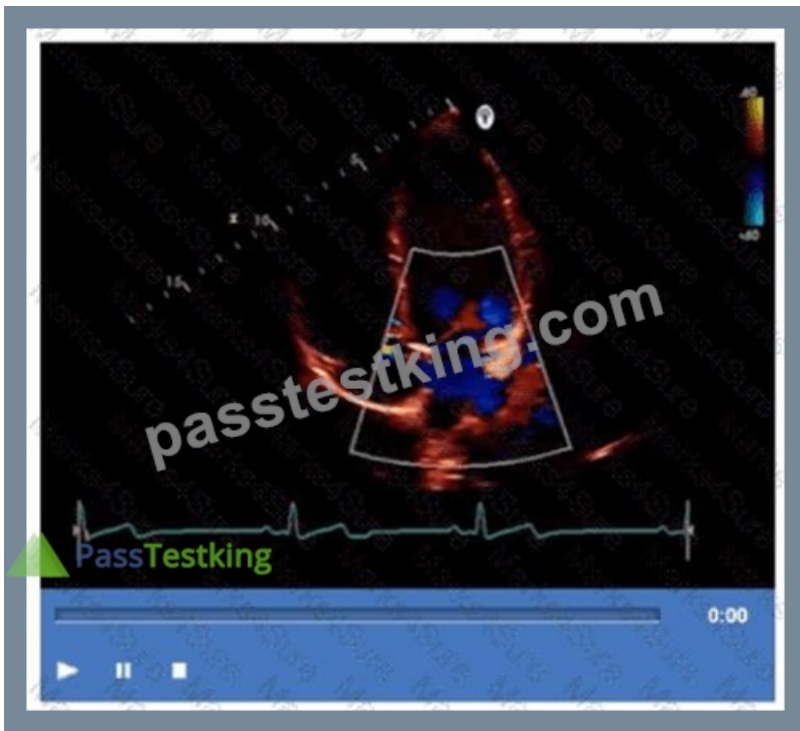
The echocardiographic images show prominent trabeculations and deep intertrabecular recesses communicating with the left ventricular cavity, best seen on contrast-enhanced images. This finding is characteristic of left ventricular noncompaction (LVNC), a cardiomyopathy resulting from arrested myocardial compaction during embryogenesis.

LVNC is diagnosed by visualizing a two-layered myocardium with a thin compacted epicardial layer and a thicker noncompacted endocardial layer with deep trabecular recesses. The use of contrast echocardiography enhances endocardial border delineation and recess visualization, increasing diagnostic accuracy.

Loeffler syndrome (hypereosinophilic cardiomyopathy) often shows endomyocardial fibrosis and restrictive physiology but not prominent trabeculations. Hypertrophic cardiomyopathy shows asymmetric septal hypertrophy without deep recesses. Ischemic cardiomyopathy shows wall motion abnormalities but not characteristic trabecular patterns.

These diagnostic criteria and imaging features are well documented in the "Textbook of Clinical Echocardiography" and ASE guidelines on cardiomyopathies and use of contrast echo#16:Textbook of Clinical Echocardiography, 6eChapter on LV Noncompaction##12:ASE Contrast Echocardiography Guidelinesp.180-190#.

NEW QUESTION # 31



- A. Sinus venosus atrial septal defect
- **B. Secundum atrial septal defect**
- C. Coronary sinus atrial septal defect
- D. Primum atrial septal defect

Answer: B

Explanation:

The echocardiographic image shows a typical atrial septal defect located in the central portion of the atrial septum, best classified as a secundum atrial septal defect (ASD). Secundum ASDs are the most common type, occurring in the fossa ovalis region.

Sinus venosus ASDs are located near the superior vena cava or inferior vena cava junctions, coronary sinus ASDs involve unroofing of the coronary sinus, and primum ASDs occur low in the atrial septum near the atrioventricular valves.

These anatomic distinctions are critical for diagnosis and surgical planning and are detailed in adult congenital heart disease and echocardiography references#16:Textbook of Clinical Echocardiography, 6ep.

565-570##12:ASE Adult Congenital Guidelinesp.400-410#.

NEW QUESTION # 32

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