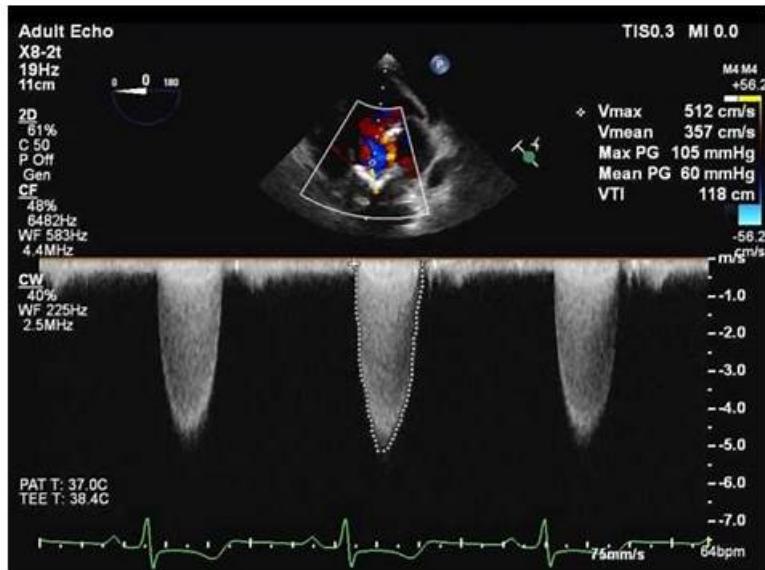


# AE-Adult-Echocardiography考古題分享 -新版AE-Adult-Echocardiography題庫上線



從Google Drive中免費下載最新的KaoGuTi AE-Adult-Echocardiography PDF版考試題庫：<https://drive.google.com/open?id=1657U0QompHsoqkzWS4Jolq1o1EICip37>

KaoGuTi 應一些考友的需要，在第一時間內及時更新了 AE-Adult-Echocardiography 這門題目，更新之後的 AE-Adult-Echocardiography 擬真試題覆蓋率100%。考生可在反復練習這份真題的基礎上，多思考，多總結，通過 AE-Adult-Echocardiography 考試就沒有問題了。建議的是，一定要瞭解這門考試的最新動態資訊，這樣才能在考試中做到隨機應變。而我們就是一個可以滿足很多參加ARDMS AE-Adult-Echocardiography 認證考試的IT人士的需求的網站。

## ARDMS AE-Adult-Echocardiography 考試大綱：

主題	簡介
主題 1	<ul style="list-style-type: none"><li>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.</li></ul>
主題 2	<ul style="list-style-type: none"><li>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.</li></ul>
主題 3	<ul style="list-style-type: none"><li>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.</li></ul>

主題 4	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
主題 5	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

>> AE-Adult-Echocardiography考古題分享 <<

## 最新上傳的AE-Adult-Echocardiography考古題分享 & AE-Adult-Echocardiography: AE Adult Echocardiography Examination

關於AE-Adult-Echocardiography認證考試的相關資料，有很多網站都可以提供。但是，他們都不能保證考試資料的品質，同時也不能給你考試失敗就全額退款的保障。比起那些普通的參考資料，KaoGuTi的AE-Adult-Echocardiography考古題完全是一個值得你利用的工具。在KaoGuTi的指導和幫助下，你完全可以充分地準備考試，並且可以輕鬆地通過考試。如果你想在IT行業有更大的發展，那你有必要參加IT認證考試。如果你想順利通過你的IT考試嗎，那麼你完全有必要使用KaoGuTi的考古題。

### 最新的 ARDMS RDCS AE-Adult-Echocardiography 免費考試真題 (Q53-Q58):

#### 問題 #53

Which syndrome is associated with pulmonic stenosis?

- A. Eisenmenger
- B. Turner
- C. Marfan
- D. Noonan

#### 答案: D

#### 解題說明:

Pulmonic stenosis is a congenital valve abnormality often seen in genetic syndromes with cardiac manifestations. Among these, Noonan syndrome is the most frequently associated with pulmonic stenosis.

Noonan syndrome is a genetic disorder characterized by distinctive facial features, short stature, and congenital heart defects, with pulmonic valve stenosis being the predominant cardiac lesion. The stenosis is usually valvular and caused by dysplastic pulmonary valve leaflets, leading to obstruction of right ventricular outflow.

Other syndromes listed do not typically present with pulmonic stenosis:

Turner syndrome is more commonly linked with bicuspid aortic valve and coarctation of the aorta, not pulmonic stenosis.

Eisenmenger syndrome refers to the advanced phase of congenital heart defects with significant pulmonary hypertension and is not a genetic syndrome.

Marfan syndrome is predominantly associated with aortic root dilation and mitral valve prolapse, but not with pulmonic stenosis. This association is well documented in adult echocardiography guidelines and texts, such as the "Textbook of Clinical Echocardiography" by Catherine Otto, which clearly identifies Noonan syndrome as the syndrome most commonly associated with pulmonic stenosis among congenital heart defects#16:Chapter on Congenital Heart DiseaseTextbook of Clinical Echocardiography, 6e#.

#### 問題 #54

Which diagnosis is most consistent with the findings in these images?

□

- A. Hypertrophic obstructive cardiomyopathy
- B. Restrictive cardiomyopathy from amyloidosis
- C. **Takotsubo cardiomyopathy**
- D. Apical hypertrophic cardiomyopathy

答案: C

解題說明:

The first image shows a bullseye plot of global longitudinal strain (GLS) with marked reduction in strain values (less negative numbers) most prominently in the apical segments (central red zone), with an overall GLS of -8.2% (normal is about -20%) and a reduced ejection fraction of 41%. This pattern is characteristic of Takotsubo cardiomyopathy, which typically demonstrates regional wall motion abnormalities that predominantly involve the apex and mid segments of the left ventricle with basal sparing.

The 2D echocardiographic images show apical ballooning, a hallmark of Takotsubo cardiomyopathy, where the apex is akinetic or dyskinetic and the basal segments contract normally or hypercontract. Doppler images show findings consistent with impaired ventricular function.

In contrast:

Apical hypertrophic cardiomyopathy (HCM) would show increased wall thickness localized to the apex but not apical ballooning or reduced strain in that typical pattern.

Hypertrophic obstructive cardiomyopathy (HOCM) involves basal septal hypertrophy with outflow obstruction, not apical akinesis or ballooning.

Restrictive cardiomyopathy from amyloidosis involves diffuse infiltration and generally a different strain pattern with more uniform reduction and "apical sparing" rather than apical involvement.

This interpretation aligns with the diagnostic criteria and echocardiographic features described in the adult echocardiography literature, including the "Textbook of Clinical Echocardiography" (Chapter on Cardiomyopathies) and ASE guidelines, which highlight apical ballooning and regional strain abnormalities as diagnostic features of Takotsubo cardiomyopathy#16:Cardiomyopathy ChapterTextbook of Clinical Echocardiography, 6e#12:ASE Guidelines on Strain Imagingp.130-135#.

#### 問題 #55

What can be concluded about the tricuspid valve demonstrated in this image?

□

- A. Stenotic
- B. **Malcoaptation**
- C. Endocarditis
- D. Normal coaptation

答案: B

解題說明:

The image shows incomplete leaflet apposition of the tricuspid valve leaflets with a visible gap, indicating malcoaptation. This is a common cause of tricuspid regurgitation due to leaflet tethering or annular dilation.

Normal coaptation would show complete leaflet closure. Stenosis would show restricted leaflet motion but not malcoaptation.

Endocarditis involves vegetations and leaflet destruction, which are not evident here.

This echocardiographic feature is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Tricuspid Valve Disease#20:330-335Textbook of Clinical Echocardiography#.

#### 問題 #56

What is indicated by the arrow on this video clip?

- A. **Moderator band**
- B. Eustachian valve
- C. Chiari network
- D. False tendon

答案: A

解題說明:

The structure indicated by the arrow in the right ventricle is the moderator band. The moderator band is a muscular band of tissue that crosses the right ventricular cavity from the interventricular septum to the anterior papillary muscle. It contains part of the right bundle branch of the conduction system and is a normal anatomical structure identifiable on echocardiography. False tendons are fibrous or muscular strands within the left ventricle, not the right. The Chiari network is a mobile, net-like structure in the right atrium near the inferior vena cava and atrial septum. The Eustachian valve is a crescent-shaped ridge at the entrance of the inferior vena cava into the right atrium.

The moderator band is important to recognize to avoid misinterpretation as a pathological mass or thrombus. This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Anatomy and Echocardiographic Landmarks#20:150-155Textbook of Clinical Echocardiography#.

### 問題 #57

How are pseudoaneurysms best distinguished from true aneurysms?

- A. True aneurysms are lined with myocardium.
- B. Pseudoaneurysms occupy the left ventricular apex.
- C. Pseudoaneurysms have a wide neck.
- D. True aneurysms contain thrombus.

### 答案：A

解題說明：

True ventricular aneurysms are lined by scarred myocardium and have a broad neck. Pseudoaneurysms occur after myocardial rupture contained by pericardium or scar tissue and lack myocardium in the wall.

Pseudoaneurysms typically have a narrow neck and are more prone to rupture.

Pseudoaneurysms can occur at various locations, not exclusively the apex. Both true aneurysms and pseudoaneurysms may contain thrombus, so this is not a distinguishing feature.

This differentiation is important clinically and is detailed in adult echocardiography and surgical cardiology texts and ASE guidelines#16:Textbook of Clinical Echocardiography, 6ep.400-405##12:ASE Cardiac Masses and Aneurysms Guidelinesp.150-160#.

### 問題 #58

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KaoGuTi提供的培訓工具包含關於ARDMS AE-Adult-Echocardiography認證考試的學習資料及類比訓練題，更重要的是還會給出跟考試很接近的練習題和答案。選擇KaoGuTi可以保證你可以在短時間內學習及加強IT專業方面的知識，還可以以高分數通過ARDMS AE-Adult-Echocardiography的認證考試。

新版AE-Adult-Echocardiography題庫上線：[https://www.kaoguti.com/AE-Adult-Echocardiography\\_exam-pdf.html](https://www.kaoguti.com/AE-Adult-Echocardiography_exam-pdf.html)

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