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**ARDMS Adult Echocardiography Exam
2024/2025 Exam Questions and Answers
100% Pass**

IVCT - ANSWER ✓✓-MV closure to AV opening

- Increase in LV pressure, no change in LV volume
- Max end-diastolic volume in LV
- Part of systole

IVRT - ANSWER ✓✓-AoV closure to MV opening

- Decrease in LV pressure, no change in LV volume
- Lowest LV volume (end-systolic)
- Indicator for DD

Sinus venosus - ANSWER ✓✓Uncommon ASD (10%), associated with partial anomalous pulmonary venous return

Ostium secundum - ANSWER ✓✓The most common ASD (70%), in fossa ovalis region, associated with MVP

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P.S. Free 2026 ARDMS AE-Adult-Echocardiography dumps are available on Google Drive shared by Pass4sureCert: https://drive.google.com/open?id=18dxkZLM3i9hGJlvqcb18_PLDdQePNzD

Pass4sureCert is fully aware of the fact that preparing successfully for the ARDMS AE-Adult-Echocardiography exam in one go is a necessity because of the expensive registration fee. For applicants like you, success in the AE Adult Echocardiography Examination exam on the first attempt is crucial to saving money and time. Our Free ARDMS AE-Adult-Echocardiography Exam Questions will help you decide fast to buy the premium ones.

ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> • 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q102-Q107):

NEW QUESTION # 102

Which wall is indicated by the arrow on this image?



- A. Inferolateral
- B. Anterior
- C. Inferior
- D. Anterolateral

Answer: C

Explanation:

The echocardiographic image is a parasternal long axis or apical view showing the left ventricle. The arrow points to the wall segment located inferiorly, corresponding to the inferior wall of the left ventricle. The inferior wall is typically visualized in parasternal long axis and apical views as the posterior aspect of the ventricle.

Other options correspond to different walls: anterior is anterior septal wall, anterolateral and inferolateral refer to the lateral wall regions. Accurate wall identification is critical for regional wall motion analysis and coronary artery territory correlation.

This segmental wall identification is detailed in adult echocardiography and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

NEW QUESTION # 103

Which finding is associated with partial anomalous venous return?

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

Answer: C

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 # 104

Which of the following conditions will increase in severity with Valsalva maneuver?

- A. Mitral valve regurgitation
- B. Hypertrophic obstructive cardiomyopathy
- C. Aortic valve stenosis
- D. Aortic valve regurgitation

Answer: B

Explanation:

The Valsalva maneuver decreases preload and left ventricular volume, which exacerbates left ventricular outflow tract obstruction in hypertrophic obstructive cardiomyopathy (HOCM). This results in an increase in the gradient and severity of obstruction and symptoms during the maneuver.

Aortic valve stenosis, aortic regurgitation, and mitral regurgitation typically decrease or do not significantly change during Valsalva because of decreased flow and pressure.

This physiological response is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Dynamic Left Ventricular Outflow Obstruction and Maneuvers#20:370-375Textbook of Clinical Echocardiography#.

NEW QUESTION # 105

Which color Doppler adjustment would optimize visualization of flow across the interatrial septum?

- A. Decreased color gain
- B. Increased wall filter
- C. Increased color sector size
- **D. Decreased color scale**

Answer: D

Explanation:

Decreasing the color scale (velocity range) improves the sensitivity of color Doppler for detecting low-velocity flow, such as shunting across the interatrial septum (e.g., patent foramen ovale). A lower scale allows subtle flow jets to be visualized.

Decreasing color gain would reduce sensitivity, increasing color sector size can degrade frame rate and resolution, and increasing the wall filter may remove low-velocity signals.

This optimization is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Color Doppler Imaging Techniques#20:100-105Textbook of Clinical Echocardiography#.

NEW QUESTION # 106

Which of the following is the gold standard for assessment of coronary artery disease?

- **A. Cardiac catheterization**
- B. Cardiac magnetic resonance imaging
- C. Stress echocardiography
- D. Myocardial perfusion imaging

Answer: A

Explanation:

Cardiac catheterization with coronary angiography is considered the gold standard for the assessment and diagnosis of coronary artery disease (CAD). It provides direct visualization of coronary artery luminal stenosis and allows for therapeutic intervention if needed.

While cardiac magnetic resonance imaging (MRI), stress echocardiography, and myocardial perfusion imaging are valuable non-invasive modalities for ischemia detection and functional assessment, none replace the anatomical and interventional capabilities of invasive angiography.

This is well established in the "Textbook of Clinical Echocardiography, 6e", Chapter on Ischemic Heart Disease and Diagnostic Modalities#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 107

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The test software used in our products is a perfect match for Windows' AE-Adult-Echocardiography learning material, which enables you to enjoy the best learning style on your computer. Our AE-Adult-Echocardiography certification guide also use the latest science and technology to meet the new requirements of authoritative research material network learning. Unlike the traditional way of learning, the great benefit of our AE-Adult-Echocardiography learning material is that when the user finishes the exercise, he can get feedback in the fastest time. So, users can flexibly adjust their learning plans according to their learning schedule. We hope that our new design of ARDMS RDCS test questions will make the user's learning more interesting and colorful.

