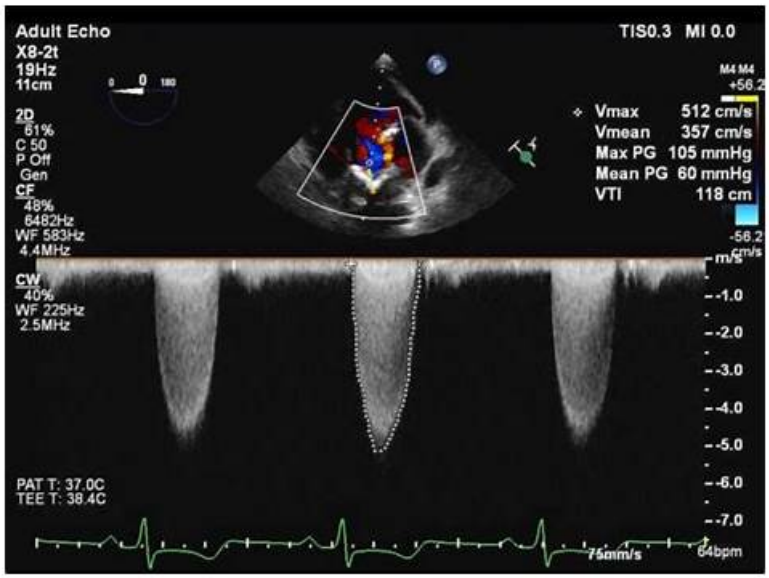
AE-Adult-Echocardiography높은통과율공부문제 & AE-Adult-Echocardiography최신업데이트버전덤프



Itcertkr 에서ARDMS AE-Adult-Echocardiography 덤프를 구매하시면 일년무료 업데이트서비스를 받을수 있습니다.일년무료 업데이트서비스란 구매일로부터 1년동안 구매한 덤프가 업데이트될때마다 구매시 사용한 메일주소로 가장 최신버전을 보내드리는것을 의미합니다. ARDMS AE-Adult-Echocardiography덤프에는 가장 최신시험문제의 기출문제가 포함되어있어 높은 적주율을 자랑하고 있습니다.

ARDMS AE-Adult-Echocardiography 시험요강:

주제	소개
주제 1	• 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.
주제 2	• 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.
주제 3	• 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.

주제 4	• 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.
주제 5	• 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.

최신 ARDMS RDCS AE-Adult-Echocardiography 무료샘플문제 (Q109-Q114):

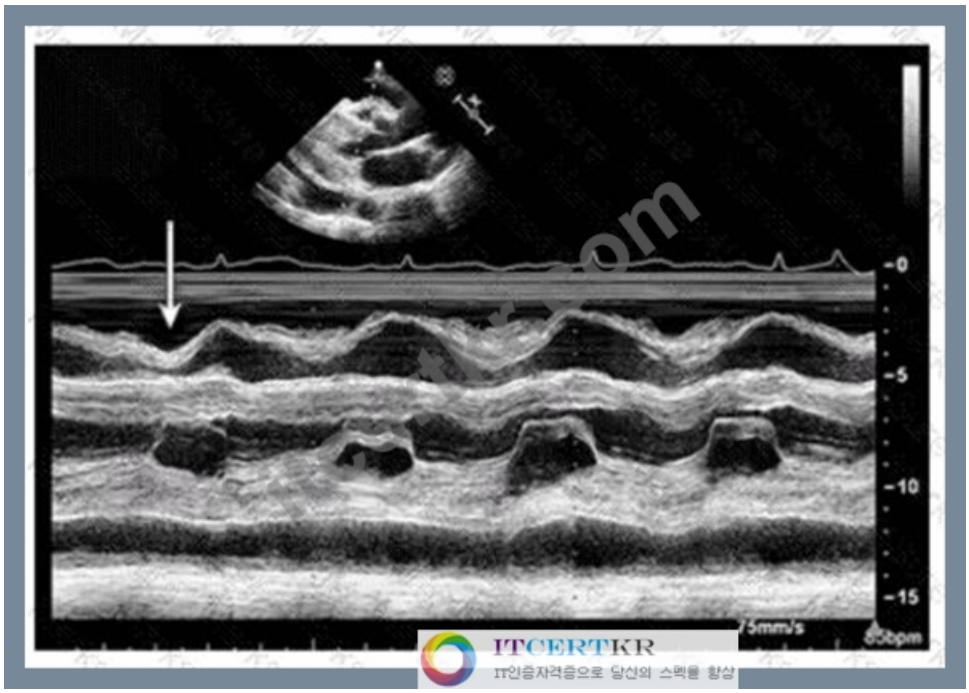
질문 # 109
A continuous flow murmur is most likely due to which abnormality?

- A. Concomitant aortic stenosis and mitral regurgitation
- B. Patent ductus arteriosus
- C. Ebstein anomaly with atrial septal defect
- D. Ventricular septal defect

정답：B

설명:
A continuous murmur, heard throughout systole and diastole, is most characteristically caused by a patent ductus arteriosus (PDA). PDA represents persistent communication between the aorta and pulmonary artery, allowing continuous blood flow during both phases of the cardiac cycle.
Ventricular septal defect usually produces a holosystolic murmur. Concomitant aortic stenosis and mitral regurgitation cause separate murmurs but not continuous. Ebstein anomaly with atrial septal defect typically produces murmurs related to tricuspid regurgitation or ASD but not a continuous murmur.
This clinical correlation is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Disease and Murmur Etiologies#20:420-425Textbook of Clinical Echocardiography#.

질문 # 110
Which condition is most plausible based on the finding indicated by the arrow on this image?



- A. Pulmonary hypertension
- B. Cardiac tamponade
- C. Pulmonary embolism
- D. Constrictive pericarditis

정답：D

설명:
The image is a parasternal long axis M-mode echocardiographic tracing demonstrating the interventricular septum and posterior left ventricular wall. The arrow points to the septal "bounce" or "shudder," which is an abnormal early diastolic septal motion.
This septal bounce is a classic echocardiographic finding in constrictive pericarditis, caused by rapid early diastolic filling with abrupt cessation due to pericardial constraint, resulting in paradoxical septal motion.
Cardiac tamponade usually shows pericardial effusion with chamber collapse but not septal bounce.
Pulmonary embolism and pulmonary hypertension have different echocardiographic signs such as right ventricular dilatation and pressure overload but no septal bounce.
These features are well described in the "Textbook of Clinical Echocardiography" and ASE pericardial disease guidelines#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

질문 # 111
A "dropout" or loss of echoes from structures posterior to a calcified mitral annulus results in which artifact?

- A. Side lobe
- B. Reverberation
- C. Shadowing
- D. Ring-down

정답：C

설명:
Acoustic shadowing is the artifact caused by calcified structures like the mitral annulus, resulting in attenuation or loss of echoes from structures posterior to the calcification. The calcification absorbs or reflects the ultrasound waves, preventing them from reaching deeper structures and causing a "dropout" or dark shadow behind the calcified area.
Reverberation involves repeated reflections creating multiple echoes. Side lobe artifacts arise from off-axis beams. Ring-down artifacts result from resonance in fluid or gas bubbles, not calcifications.
This artifact is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Ultrasound Artifacts #20:75-80Textbook of Clinical Echocardiography#.

질문 # 112
Which anatomic structure is represented by the arrow on this image?

- A. Anterior leaflet
- B. Left leaflet
- C. Septal leaflet
- D. Posterior leaflet

정답：A

설명:
The echocardiographic image is a four-chamber view focusing on the mitral valve apparatus. The arrow points to the anterior leaflet of the mitral valve, which is typically more prominent, triangular in shape, and located adjacent to the aortic valve in the left ventricular outflow tract region.
The posterior leaflet of the mitral valve is generally smaller, has multiple scallops, and is located posteriorly relative to the anterior leaflet. The septal leaflet is part of the tricuspid valve on the right side of the heart. The
"left leaflet" is a non-specific term and not an anatomical descriptor.
This differentiation between anterior and posterior leaflets is important for understanding mitral valve pathology and for interventions such as mitral valve repair. These features are clearly explained in echocardiography texts and ASE valve imaging guidelines#12:ASE Valve Imaging Guidelinesp.180-185#
#16:Textbook of Clinical Echocardiography, 6ep.200-205#.

질문 # 113
Which finding is demonstrated in this video?

- A. Mechanical valve replacement
- B. Bioprosthetic valve replacement
- C. Native valve with extensive calcification
- D. Annuloplasty ring repair

정답：D

설명：
The echocardiographic video shows a prosthetic ring-like structure attached to the mitral annulus with preserved native leaflet motion, consistent with an annuloplasty ring repair. Annuloplasty rings are used to reduce the mitral annulus size and improve leaflet coaptation in mitral regurgitation without replacing the valve.
Bioprosthetic or mechanical valve replacements would show distinctly different echogenic valve structures with leaflet or disc motion replacing the native valve. Extensive calcification of a native valve appears as echogenic, thickened leaflets without a discrete ring. This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Repair Techniques#20:400-405Textbook of Clinical Echocardiography#.

질문 # 114
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