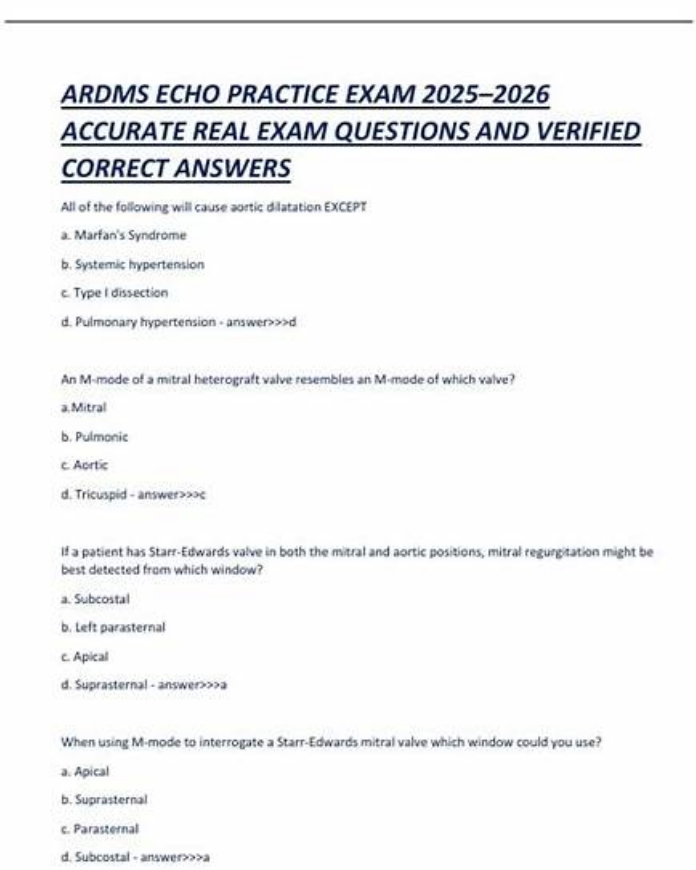
100% Pass Quiz 2026 Updated ARDMS AE-Adult-Echocardiography: AE Adult Echocardiography Examination Preparation



ARDMS ECHO PRACTICE EXAM 2025–2026
ACCURATE REAL EXAM QUESTIONS AND VERIFIED CORRECT ANSWERS

All of the following will cause aortic dilatation EXCEPT

a. Marfan's Syndrome

b. Systemic hypertension

c. Type I dissection

d. Pulmonary hypertension - answer>>>d

An M-mode of a mitral heterograft valve resembles an M-mode of which valve?

a.Mitral

b. Pulmonic

c. Aortic

d. Tricuspid - answer>>>c

If a patient has Starr-Edwards valve in both the mitral and aortic positions, mitral regurgitation might be best detected from which window?

a. Subcostal

b. Left parasternal

c. Apical

d. Suprasternal - answer>>>a

When using M-mode to interrogate a Starr-Edwards mitral valve which window could you use?

a. Apical

b. Suprasternal

c. Parasternal

d. Subcostal - answer>>>a

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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	• 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 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	• 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 (Q37-Q42):

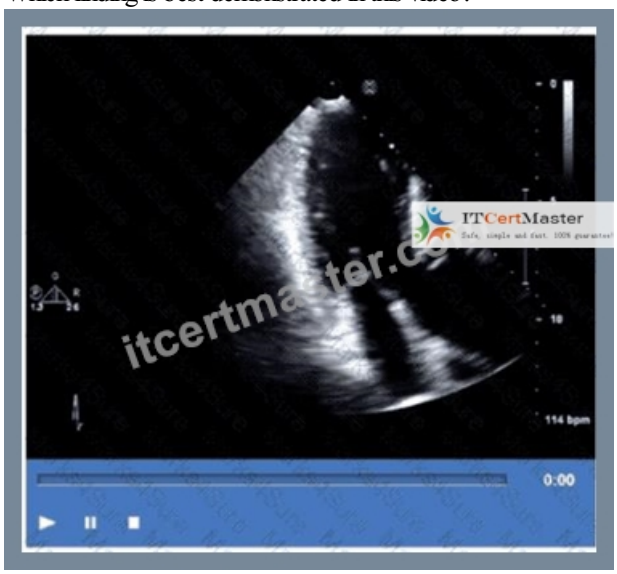
NEW QUESTION # 37
Which adjustment is most likely to improve image quality from the suprasternal long axis window?

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

Answer: A

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 # 38
Which finding is best demonstrated in this video?



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

Answer: C

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 # 39
What is the normal dP/dt value of left ventricular systolic function?

- A. 400-799 mmHg/s
- B. Less than 400 mmHg/s
- C. 800-1199 mmHg/s
- D. Greater than 1200 mmHg/s

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The left ventricular dP/dt is a measure of the rate of rise in left ventricular pressure during isovolumic contraction, which reflects systolic function. It is derived from Doppler echocardiography by measuring the time interval between mitral regurgitant jet velocities of 1 m/s and 3 m/s. Using the simplified Bernoulli equation, the pressure gradient at each velocity is calculated, and the rate of pressure rise (dP/dt) is calculated by dividing the pressure difference by the time interval between these velocities.
A normal left ventricular dP/dt is generally considered to be greater than 1200 mmHg/s. Values lower than this indicate impaired systolic function, as the ventricle is slower to generate pressure during contraction.
For example, a measured time interval of 36 milliseconds (0.036 seconds) between the MR velocities of 1 and 3 m/s corresponds to a dP/dt of approximately 889 mmHg/s, which is mildly reduced, indicating some systolic dysfunction.
The exact extract from the "Textbook of Clinical Echocardiography, 6e" states that normal dP/dt values are typically above 1000 mmHg/s, with >1200 mmHg/s considered a robust indicator of normal systolic function.
This measure is useful but requires a measurable mitral regurgitation jet and consistent alignment of the ultrasound beam. Variability in measurement can occur based on technical factors, but the dP/dt remains a useful parameter to quantify systolic function noninvasively.

NEW QUESTION # 40
Which statement is considered true regarding tricuspid annular plane systolic excursion (TAPSE)?

- A. The lower reference value is 13 mm.
- B. It is an indirect measure of left ventricular systolic function.
- C. It is a measure of right ventricular diastolic function.
- D. It is angle dependent.

Answer: A

Explanation:
TAPSE measures the longitudinal systolic excursion of the tricuspid annulus towards the apex and is a widely used echocardiographic parameter of right ventricular systolic function. It is not a measure of diastolic function nor an indirect measure of left ventricular function.
TAPSE is relatively angle independent because it is measured in M-mode from the apical four-chamber view aligned with annular motion.
The lower normal limit for TAPSE is generally accepted as 16 mm, but 13 mm is sometimes cited as a threshold below which right ventricular systolic dysfunction is suggested.
This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function Assessment#20:320-325Textbook of Clinical Echocardiography

NEW QUESTION # 41
What is a normal response to dobutamine stress testing?

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

Answer: C

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 # 42
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The ARDMS AE-Adult-Echocardiography certification will further demonstrate your expertise in your profession and remove any room for ambiguity on the hiring committee's part. Have you, however, consider how you might get ready for the ARDMS AE-Adult-Echocardiography Exam Questions? Do you know how we can unlock the door so that our dreams might take flight? Let's talk about some information that can help you prepare for the ARDMS AE-Adult-Echocardiography Certification Exam, and alter your route to success.

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