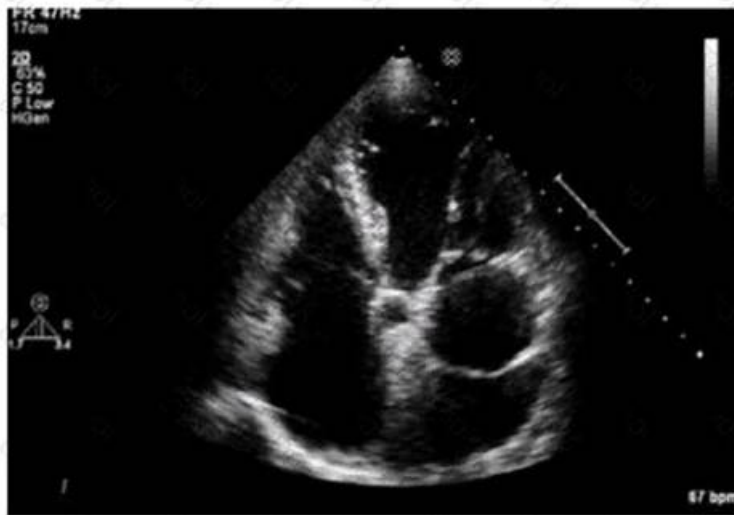


ARDMS - AE-Adult-Echocardiography - AE Adult Echocardiography Examination–Updated Valid Braindumps Ppt



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About the oncoming AE-Adult-Echocardiography exam, every exam candidates are wishing to utilize all intellectual and technical skills to solve the obstacles ahead of them to go as well as it possibly could. So the pending exam causes a panic among the exam candidates. The AE-Adult-Echocardiography exam prepare of our website is completed by experts who has a good understanding of real exams and have many years of experience writing AE-Adult-Echocardiography Study Materials. They know very well what candidates really need most when they prepare for the exam. They also understand the real exam situation very well. So they compiled AE-Adult-Echocardiography exam prepare that they hope to do their utmost to help candidates pass the exam and get what job they want.

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"> 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"> • 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"> • 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. |
| Topic 5 | <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. |

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q52-Q57):

NEW QUESTION # 52

Which unit of measurement is used to quantify tricuspid annular plane systolic excursion?

- A. Millimeters of mercury
- B. Centimeters/second
- **C. Centimeters**
- D. Milliliters/minute

Answer: C

Explanation:

Tricuspid annular plane systolic excursion (TAPSE) is measured as the linear displacement of the tricuspid annulus during systole and is expressed in centimeters (cm). It quantifies right ventricular longitudinal systolic function.

Centimeters per second is a velocity measurement used in tissue Doppler imaging. Milliliters per minute refers to volume flow, and millimeters of mercury measures pressure.

This is standardized in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Functional Assessment#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 53

Which abnormality is associated with Marfan syndrome?

- A. Parachute mitral valve
- B. Coarctation of the aorta
- **C. Aortic annular dilatation**
- D. Cleft mitral valve

Answer: C

Explanation:

Marfan syndrome is a connective tissue disorder characterized by abnormalities in the fibrillin-1 gene, leading to cardiovascular manifestations including aortic root and annular dilatation. Aortic annular dilatation predisposes to aortic valve insufficiency (regurgitation) and aortic aneurysm formation.

Coarctation of the aorta is more commonly associated with Turner syndrome. Parachute mitral valve and cleft mitral valve are congenital abnormalities linked to other syndromes or defects but not typical in Marfan syndrome.

This association is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Genetic Syndromes and Cardiovascular Manifestations#20:120-125Textbook of Clinical Echocardiography#.

NEW QUESTION # 54

The sonographer obtains this Doppler signal while using the non-imaging transducer in the apical position.

What is the best way to differentiate between mitral regurgitation and aortic stenosis signals in the waveform shown in this image?

- A. Aortic stenosis velocities will always be higher
- **B. Mitral regurgitation signal will be longer**
- C. Mitral regurgitation only happens in diastole
- D. Aortic stenosis waveforms will always be denser

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Mitral regurgitation (MR) Doppler signals tend to be longer in duration because MR occurs throughout systole, often spanning most or all of ventricular systole, resulting in a prolonged jet on continuous wave Doppler.

Aortic stenosis (AS) velocities can be high but may vary and are not necessarily always higher than MR velocities. The density of waveforms is not a reliable discriminator. MR only happens in systole, not diastole, which makes option C incorrect.

Therefore, the duration or length of the Doppler signal (longer for MR) is the best differentiating feature.

This differentiation is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Assessment of Valvular Disease#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 55

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

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

Answer: D

Explanation:

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#

NEW QUESTION # 56

Which coronary artery territory is associated with the wall motion abnormality demonstrated in this video?

- A. Left circumflex
- B. Left anterior descending
- C. Posterior descending
- D. Right

Answer: A

Explanation:

The echocardiographic video shows hypokinesis or akinesis of the inferolateral wall of the left ventricle. This myocardial territory is predominantly supplied by the left circumflex coronary artery.

The right coronary artery primarily supplies the inferior wall and right ventricle. The left anterior descending artery supplies the anterior and septal walls. The posterior descending artery supplies the inferior wall, usually supplied by the right coronary artery or sometimes the circumflex.

These segmental coronary territories are described in ASE stress echocardiography and regional wall motion assessment guidelines#12:ASE Stress Echocardiography Guidelinesp.300-310##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 57

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