

Free PDF AE-Adult-Echocardiography - AE Adult Echocardiography Examination Latest Customized Lab Simulation



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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q82-Q87):

NEW QUESTION # 82

Which wall is indicated by the arrow on this video?

□

- A. Anterolateral
- **B. Inferolateral**
- C. Anteroseptum
- D. Inferoseptum

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The apical two-chamber echocardiographic view displays the inferolateral wall (also called posterior lateral).

The arrow points to this inferolateral segment, which is located inferiorly and laterally in the left ventricle.

Anteroseptum and inferoseptum relate to the interventricular septum, while anterolateral is the anterior lateral wall, opposite the inferolateral wall. Correct regional wall motion assessment is essential for ischemic disease evaluation.

This identification and terminology are described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelines.310-315##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 83

Which finding is most commonly associated with Ebstein anomaly?

- A. Ventricular septal defect
- B. Pulmonary stenosis
- C. Atrial septal defect
- D. Tricuspid stenosis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Ebstein anomaly is a congenital malformation characterized by apical displacement of the tricuspid valve leaflets, leading to atrialization of the right ventricle and severe tricuspid regurgitation. The most common associated defect is an atrial septal defect (ASD), particularly a secundum type or patent foramen ovale, resulting in right-to-left shunting and cyanosis.

Ventricular septal defect and pulmonary stenosis are less commonly associated. Tricuspid stenosis is not typical; the tricuspid valve is usually regurgitant rather than stenotic.

This association is well described in congenital heart disease and echocardiography textbooks and ASE guidelines#16:Textbook of Clinical Echocardiography, 6ep.570-575##12:ASE Adult Congenital Guidelinesp.400-405#.

NEW QUESTION # 84

The variables necessary to calculate mitral regurgitant (MR) effective orifice area by the proximal isovelocity surface area (PISA) equation include MR aliasing hemispheric radius, the aliasing velocity, and which other parameter?

- A. Mitral annular diameter
- B. Left ventricular outflow tract diameter
- C. Time velocity integral of pulsed wave at mitral annulus
- D. Maximum mitral regurgitant velocity

Answer: D

Explanation:

The proximal isovelocity surface area (PISA) method estimates the effective regurgitant orifice area (EROA) in mitral regurgitation by measuring the radius of the hemispheric flow convergence region (aliasing radius) and incorporating the aliasing velocity and the peak velocity of the MR jet.

The equation for EROA is:

$$\text{EROA} = (2\pi \times r^2 \times V_a) / V_{\text{max}}$$

Where:

r = radius of the PISA hemisphere (aliasing radius)

V_a = aliasing velocity (the velocity at which color aliasing occurs)

V_{max} = peak MR velocity obtained by continuous wave Doppler

This calculation does not involve the mitral annular diameter, time velocity integral of mitral annulus, or left ventricular outflow tract diameter.

Thus, the third necessary parameter after aliasing radius and velocity is the maximum MR velocity measured by continuous wave Doppler, which allows determination of flow rate through the regurgitant orifice.

This formula and its clinical application are well established in adult echocardiography literature and ASE valvular regurgitation guidelines#12:ASE Valvular Regurgitation Guidelinesp.210-220##16:Textbook of Clinical Echocardiography, 6eChapter on Mitral Regurgitation Assessment#.

NEW QUESTION # 85

Left atrial dilation, concentric left ventricular hypertrophy, and aortic root dilation are echocardiography findings commonly associated with which condition?

- A. Systemic hypertension
- B. Hypertrophic cardiomyopathy
- C. Restrictive cardiomyopathy
- D. Pulmonary hypertension

Answer: A

Explanation:

Systemic hypertension leads to increased afterload, resulting in concentric left ventricular hypertrophy as an adaptive response. Chronic hypertension also causes aortic root dilation and elevated filling pressures leading to left atrial enlargement.

Restrictive cardiomyopathy primarily shows normal wall thickness with impaired filling. Hypertrophic cardiomyopathy involves asymmetric septal hypertrophy. Pulmonary hypertension mainly affects the right heart.

This association is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hypertensive Heart Disease#20:345-350Textbook of Clinical Echocardiography#.

NEW QUESTION # 86

Which of the following is the most likely cause for the findings demonstrated in this video?

□

- **A. Drug-induced valvulopathy**
- B. Infective endocarditis
- C. Rheumatic fever
- D. Systemic lupus

Answer: A

Explanation:

The video shows thickened, retracted, and possibly regurgitant valve leaflets with a characteristic appearance seen in drug-induced valvulopathy. Drugs such as ergot derivatives (e.g., methysergide) and appetite suppressants (e.g., fen-phen) can cause fibrotic thickening of valve leaflets mimicking carcinoid heart disease or rheumatic valve disease.

Infective endocarditis presents with vegetations and potentially valve destruction but typically not the diffuse thickening seen here.

Rheumatic fever causes leaflet thickening but has a different chronic clinical course.

Systemic lupus may cause valve thickening but often involves Libman-Sacks vegetations rather than diffuse fibrosis.

This is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Valvular Heart Disease - Drug Induced and Secondary Causes#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 87

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