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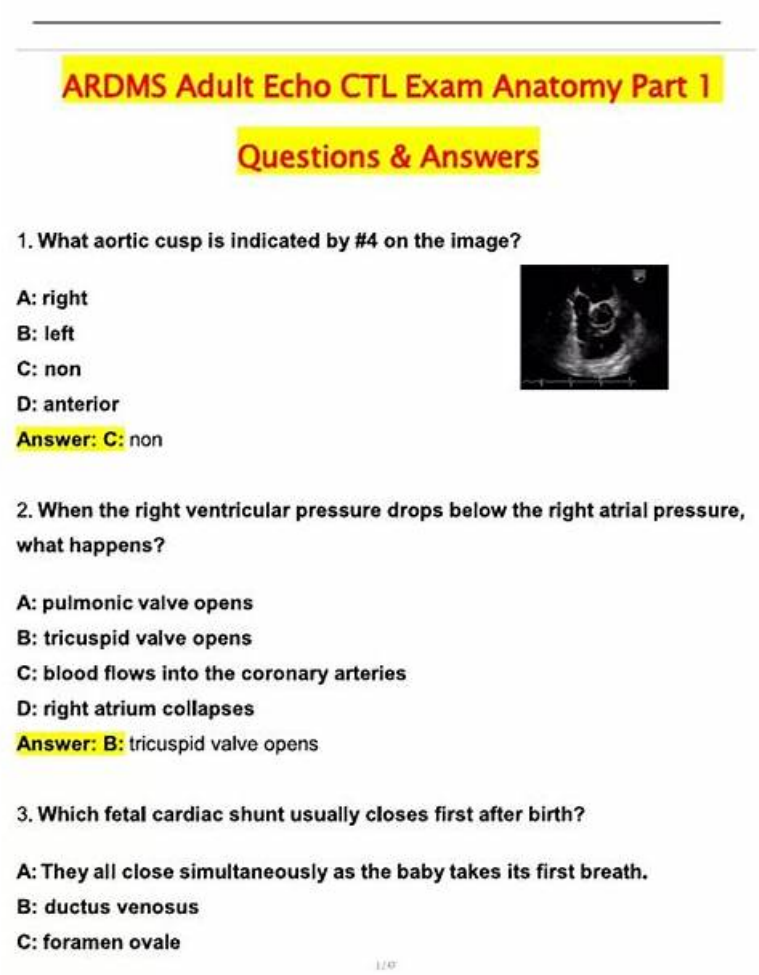

ARDMS Adult Echo CTL Exam Anatomy Part 1

Questions & Answers

1. What aortic cusp is indicated by #4 on the image?

A: right
B: left
C: non
D: anterior
Answer: C: non

2. When the right ventricular pressure drops below the right atrial pressure, what happens?

A: pulmonic valve opens
B: tricuspid valve opens
C: blood flows into the coronary arteries
D: right atrium collapses
Answer: B: tricuspid valve opens

3. Which fetal cardiac shunt usually closes first after birth?

A: They all close simultaneously as the baby takes its first breath.
B: ductus venosus
C: foramen ovale

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 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.

Topic 2	• 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 3	• 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	• 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	• 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q114-Q119):

NEW QUESTION # 114
Which finding is indicated by the arrow on this image?

- A. Pericardial effusion
- B. Hiatal hernia
- C. Ascites
- D. Left pleural effusion

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:
The echocardiographic image shows a structure posterior to the left atrium, pointed to by the arrow. This is consistent with a hiatal hernia, which often appears as an echolucent or mixed echogenicity structure behind the left atrium in the parasternal or apical views. Hiatal hernias occur when part of the stomach herniates through the esophageal hiatus of the diaphragm into the thoracic cavity and may mimic pericardial or pleural effusions on echocardiography.
Pericardial effusions appear as an anechoic (dark) space surrounding the heart but usually anterior or around the entire heart rather than posterior localized structure. Left pleural effusions also appear posteriorly but typically have different echogenicity and anatomical location. Ascites refers to free fluid in the abdomen and would not appear in this thoracic echocardiographic window.
Recognition of hiatal hernia on echocardiography is important to avoid misdiagnosis, as it may cause artifacts or false-positive effusions. The presence of swirling or movement of echogenic material with respiration and positional changes helps in diagnosis.
This finding is described in the "Textbook of Clinical Echocardiography, 6e" (Catherine M. Otto), Chapter on Pericardial Disease and Miscellaneous Echocardiographic Findings, including differential diagnosis of echolucent areas around the heart#20:280-285Textbook of Clinical Echocardiography#.

NEW QUESTION # 115
Which of the following occurs during the strain phase of the Valsalva maneuver?

- A. Decreased afterload
- B. Increased preload
- C. Increased afterload
- D. Decreased preload

Answer: D

Explanation:
During the strain phase of the Valsalva maneuver, intrathoracic pressure increases significantly due to forced expiration against a closed glottis. This elevated intrathoracic pressure compresses the thoracic veins, leading to decreased venous return to the heart, which causes a reduction in preload (the volume of blood filling the ventricles during diastole). This reduction in preload is transient and results in decreased stroke volume and cardiac output.
This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio can normalize or reverse if diastolic dysfunction is present.
The strain phase does not decrease afterload; in fact, afterload can transiently increase during other phases, but the hallmark of the strain phase is decreased preload.
This explanation is detailed in the "Textbook of Clinical Echocardiography, 6e," which explains the hemodynamic changes during the Valsalva maneuver and its clinical application in echocardiographic assessment of diastolic function .

NEW QUESTION # 116
A "dropout" or loss of echoes from structures posterior to a calcified mitral annulus results in which artifact?

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

Answer: A

Explanation:
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#.

NEW QUESTION # 117

What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Right ventricular outflow tract (RVOT) time velocity integral
- B. Stroke volume of the RVOT
- C. Left ventricular outflow tract (LVOT) time velocity integral
- D. Stroke volume of the LVOT

Answer: B

Explanation:
In the calculation of the shunt ratio Qp/Qs, Qp represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time velocity integral (VTI).
Qp (pulmonary flow) divided by Qs (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.
This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 118
Which finding is most consistent with this M-mode image?

- A. Mitral valve annuloplasty ring
- B. Mitral valve prolapse
- C. Systolic antenor motion of the mitral valve
- D. Rheumatic mitral stenosis

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
This M-mode echocardiographic image shows thickened mitral valve leaflets with a characteristic "doming" or "hockey-stick" appearance during diastole, which is classic for rheumatic mitral stenosis. Rheumatic mitral stenosis leads to leaflet thickening, restricted opening, and calcification, which alters the normal mitral valve motion on M-mode.
Mitral valve prolapse would show systolic displacement of the leaflets into the left atrium, typically later in systole, not doming in diastole. Mitral valve annuloplasty ring would appear as a bright echogenic line around the annulus but is not seen in this image.
Systolic anterior motion (SAM) of the mitral valve is usually seen in hypertrophic cardiomyopathy and presents as anterior motion during systole, not the diastolic pattern shown.
This classical M-mode appearance is described in "Textbook of Clinical Echocardiography, 6e", Chapter on Rheumatic Valve Disease#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 119
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