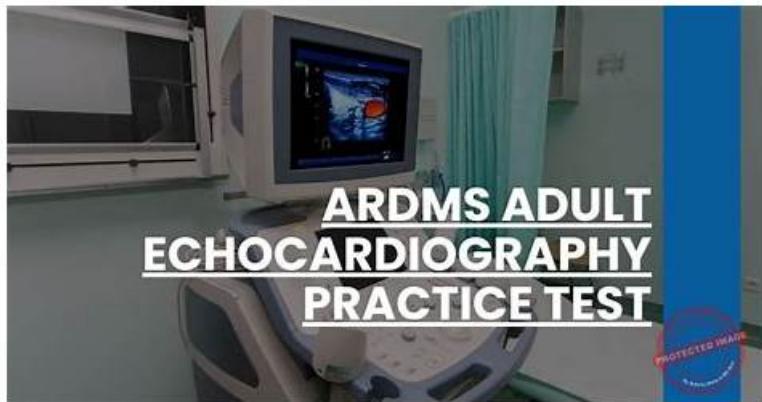


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

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">• 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 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"> 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 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.

>> **Exam AE-Adult-Echocardiography Topics <<**

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q102-Q107):

NEW QUESTION # 102

Which pathology is consistent with the left ventricular strain pattern shown in this image?

- A. Right coronary artery infarct
- B. Non-ischemic cardiomyopathy
- C. Apical hypertrophy
- D. Amyloidosis**

Answer: D

Explanation:

The strain imaging shown is a classic example of the "apical sparing" pattern, highly characteristic of cardiac amyloidosis. In cardiac amyloidosis, the basal and mid segments of the left ventricle show markedly reduced longitudinal strain (represented here by more positive or less negative strain values), while the apical segments retain relatively preserved strain (more negative strain values). This "cherry on top" or "bull's eye" pattern with apical strain preserved distinguishes amyloidosis from other causes of LV dysfunction. This pattern is not typical of apical hypertrophy, which would show focal thickening and abnormal strain limited to the apex. Non-ischemic cardiomyopathy generally has a more diffuse and uniform reduction in strain without the apical sparing. Right coronary artery infarcts affect the inferior and posterior walls and would have segmental strain abnormalities corresponding to the infarct distribution, not the typical apical sparing.

The left ventricular global longitudinal strain (GLS) in amyloidosis is typically severely reduced, but the relative preservation of apical strain is a hallmark useful for diagnosis, as described in the "Textbook of Clinical Echocardiography, 6e" (Chapter on strain imaging and infiltrative cardiomyopathies).

NEW QUESTION # 103

An intravenous drug user presents with a fever of unknown origin, flu-like symptoms, dyspnea, and chest pain. Which ultrasound finding is mostly likely associated with this presentation?

- A. Mitral valve prolapse

- B. Hypertrophic cardiomyopathy
- C. Aortic dissection
- D. Endocarditis

Answer: D

Explanation:

Intravenous drug use is a major risk factor for infective endocarditis, particularly involving the tricuspid valve and sometimes left-sided valves. Symptoms like fever, flu-like illness, dyspnea, and chest pain suggest possible septic emboli or valve destruction. Echocardiographic findings associated with endocarditis include mobile echogenic masses attached to valve leaflets (vegetations), valve thickening or destruction. These findings are diagnostic and guide treatment.

Aortic dissection, hypertrophic cardiomyopathy, and mitral valve prolapse can present with different clinical features and echocardiographic findings not consistent with infectious vegetations.

These clinical and echocardiographic correlations are detailed in the ASE guidelines on infective endocarditis and the "Textbook of Clinical Echocardiography" #16: Textbook of Clinical Echocardiography, 6ep.470-475# #12: ASE Infective Endocarditis Guidelines p.380-390#.

NEW QUESTION # 104

Which region of the aorta is being measured to assess the critical finding in this image?

- A. Ascending aorta
- B. Descending aorta
- C. Sinus of Valsalva
- D. Aortic root

Answer: A

Explanation:

The echocardiographic image shows measurement of the ascending aorta, identified by its position above the aortic valve and before the arch vessels. The ascending aorta is a critical region assessed for dilation or aneurysm.

The sinus of Valsalva refers to the dilated portion just above the aortic valve cusps, while the aortic root includes the annulus, sinuses, and sinotubular junction. The descending aorta is posterior and visualized in other windows.

This measurement and its importance are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Root and Ascending Aorta Evaluation #20:380-385 Textbook of Clinical Echocardiography#.

NEW QUESTION # 105

What can be concluded about the tricuspid valve demonstrated in this image?

- A. Normal coaptation
- B. Stenotic
- C. Endocarditis
- D. Malcoaptation

Answer: D

Explanation:

The image shows incomplete leaflet apposition of the tricuspid valve leaflets with a visible gap, indicating malcoaptation. This is a common cause of tricuspid regurgitation due to leaflet tethering or annular dilation.

Normal coaptation would show complete leaflet closure. Stenosis would show restricted leaflet motion but not malcoaptation.

Endocarditis involves vegetations and leaflet destruction, which are not evident here.

This echocardiographic feature is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Tricuspid Valve Disease #20:330-335 Textbook of Clinical Echocardiography#.

NEW QUESTION # 106

Which patient body positioning and respiration technique is optimal for obtaining the subcostal view?

- A. Left lateral decubitus; legs extended and normal breathing

- B. Supine; knees bent and breath inhaled
- C. Left lateral decubitus; knees bent and shallow breathing
- D. Supine; legs extended and breath exhaled

Answer: B

Explanation:

The subcostal echocardiographic view is best obtained with the patient supine, knees bent to relax abdominal muscles, and the patient holding a deep breath at the end of inhalation to lower the diaphragm and improve acoustic window through the subxiphoid area.

Left lateral decubitus position is used for parasternal and apical views but is not optimal for subcostal imaging.

This patient positioning and respiration technique are described in the 'Textbook of Clinical Echocardiography, 6e', Chapter on Echocardiographic Windows and Imaging Techniques#20:90-95Textbook of Clinical Echocardiography#.

NEW QUESTION # 107

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