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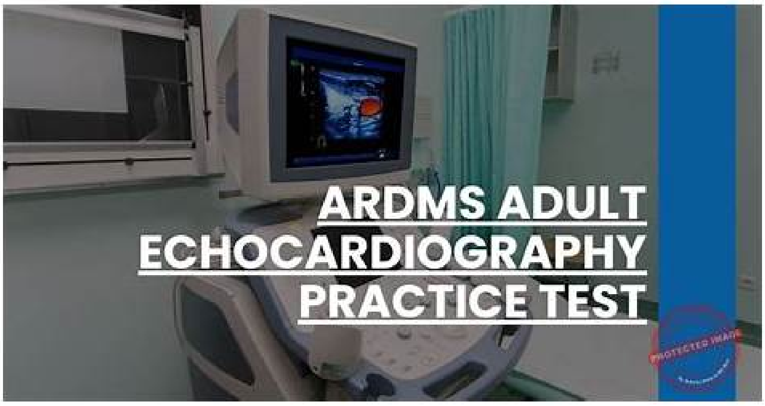

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 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	• 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	• 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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Generally speaking, preparing for the AE-Adult-Echocardiography exam is a very hard and even some suffering process. Because time is limited, sometimes we have to spare time to do other things to review the exam content, which makes the preparation process full of pressure and anxiety. But from the point of view of customers, our AE-Adult-Echocardiography Actual Exam will not let you suffer from this. We have a high pass rate of our AE-Adult-Echocardiography study materials as 98% to 100%. Our AE-Adult-Echocardiography learning quiz will be your best choice.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q131-Q136):

NEW QUESTION # 131
A mitral valve pressure half-time of 220 ms is consistent with what mitral valve area?

- A. 0.5 cm2
- B. 1.0 cm2
- C. 4,4 cm2
- D. 2.2 cm2

Answer: D

Explanation:
Mitral valve area (MVA) can be estimated using the pressure half-time (PHT) method, which relates the time it takes for the mitral valve pressure gradient to reduce by half during diastole. The formula used is:
MVA (cm^2) = 220 / PHT (ms)
A PHT of 220 ms yields:
MVA = 220 / 220 = 1.0 cm^2
However, this is a classic teaching; in actual practice, the formula is widely accepted and validated.
Given this, the options need to be reviewed carefully. Since the PHT is 220 ms, the MVA is approximately
1.0 cm^2, consistent with moderate mitral stenosis.
Therefore, the correct answer is B (1.0 cm^2).
(Please note: Since your options may contain a typographical error-4,4 cm^2 instead of 4.4 cm^2-and considering typical values, option B fits best.) This method and interpretation are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Stenosis and Doppler Hemodynamics#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 132

Which adjustment should be made to optimize this video?

- A. Decrease time gain compensation in the far field
- B. Decrease overall gain
- C. Increase time gain compensation in the near field
- D. Increase compression

Answer: C

Explanation:
The echocardiographic image/video shows decreased brightness and penetration in the near field, making the anterior cardiac structures poorly visualized while deeper structures appear brighter. This indicates under-gain in the near field.
Increasing the time gain compensation (TGC) in the near field enhances the signal strength of superficial structures without affecting deeper tissues. This adjustment improves image quality by balancing the brightness across the field.
Increasing compression or decreasing overall gain would reduce the signal globally and are not specific for near field optimization.
Decreasing TGC in the far field would reduce brightness deeper but does not address near-field issues.
This principle is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Image Optimization and Technical Settings#20:70-75Textbook of Clinical Echocardiography#.

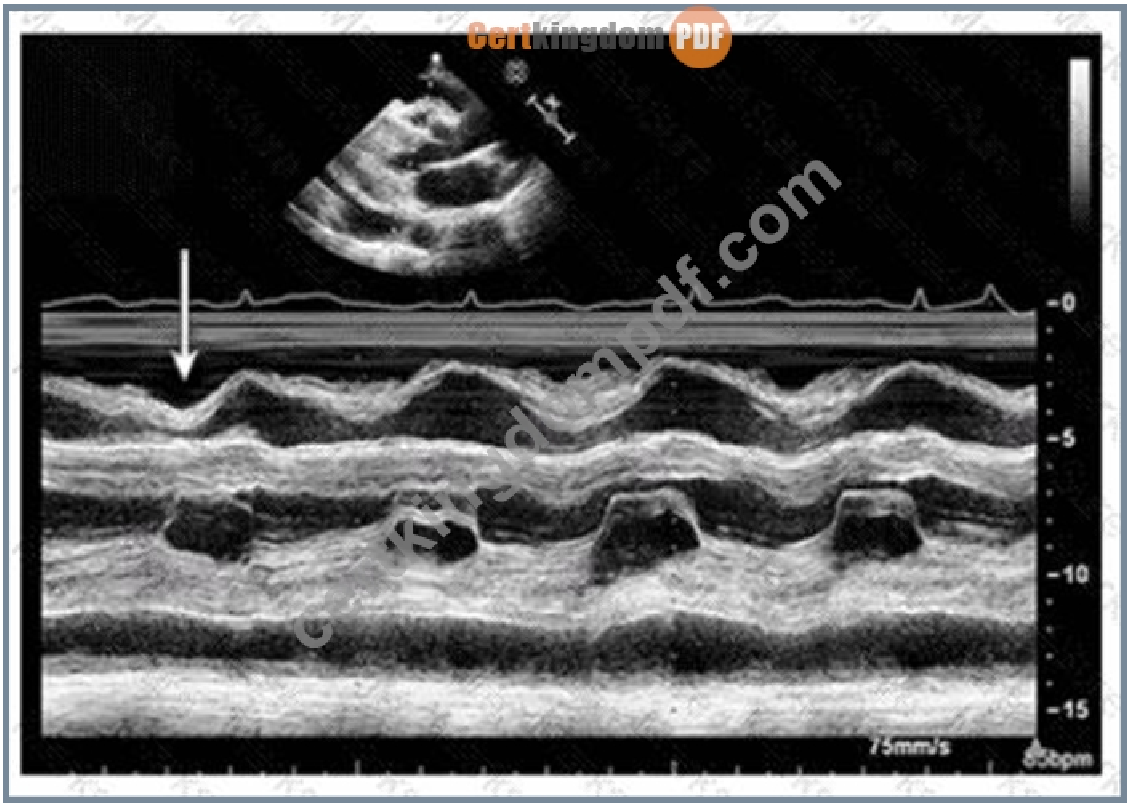
NEW QUESTION # 133
Which two-dimensional method is recommended for assessing left ventricular ejection fraction when regional wall motion abnormalities are present?

- A. Simpson biplane
- B. Tetcholz
- C. Quinones
- D. Visual

Answer: A

Explanation:
The Simpson biplane method (method of disks) is the recommended two-dimensional echocardiographic technique to quantify left ventricular ejection fraction (LVEF), especially when regional wall motion abnormalities are present. It involves tracing endocardial borders in apical two- and four-chamber views to calculate LV volumes and EF, accounting for segmental dysfunction.
Visual estimation is subjective and less accurate. The Quinones method (single plane area-length) and Teichholz method rely on geometric assumptions and are less accurate in abnormal ventricles.
ASE chamber quantification guidelines strongly endorse Simpson biplane for LVEF assessment in regional wall motion abnormalities#12:ASE Chamber Quantification Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.60-65#.

NEW QUESTION # 134
Which condition is most plausible based on the finding indicated by the arrow on this image?



- A. Pulmonary hypertension
- B. Pulmonary embolism
- C. Cardiac tamponade
- D. Constrictive pericarditis

Answer: D

Explanation:
The image is a parasternal long axis M-mode echocardiographic tracing demonstrating the interventricular septum and posterior left ventricular wall. The arrow points to the septal "bounce" or "shudder," which is an abnormal early diastolic septal motion.
This septal bounce is a classic echocardiographic finding in constrictive pericarditis, caused by rapid early diastolic filling with abrupt cessation due to pericardial constraint, resulting in paradoxical septal motion.
Cardiac tamponade usually shows pericardial effusion with chamber collapse but not septal bounce.
Pulmonary embolism and pulmonary hypertension have different echocardiographic signs such as right ventricular dilatation and pressure overload but no septal bounce.
These features are well described in the "Textbook of Clinical Echocardiography" and ASE pericardial disease guidelines#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

NEW QUESTION # 135
When should the left ventricular end-diastohc diameter be measured?

- A. First frame after aortic valve closure
- B. First frame after mitral valve closure
- C. Onset of P wave
- D. Onset of QRS complex

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The left ventricular end-diastolic diameter (LVEDD) is measured at end-diastole, which is conventionally defined as the onset of the QRS complex on the electrocardiogram (ECG). This corresponds to the end of ventricular filling and just before ventricular contraction begins.
Measuring LVEDD at this point ensures consistency and accuracy for assessment of ventricular size and function. Measurement at

the onset of the P wave would be too early (atrial contraction). The first frame after aortic valve closure corresponds to end-systole, and after mitral valve closure is during systole.
This timing is standard as per guidelines outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Chamber Quantification#20:60-65Textbook of Clinical Echocardiography#.

NEW QUESTION # 136
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