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Revised AE Adult Echocardiography Course

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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"> • 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"> • 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	<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 (Q22-Q27):

NEW QUESTION # 22

What is the route of ventricular depolarization?

- A. Right bundle to left bundle branch
- B. Sinoatrial to atrioventricular nodes
- C. Bundle of His to Purkinje fibers
- D. Bundle of His to atrioventricular node

Answer: C

Explanation:

Ventricular depolarization begins with the electrical impulse traveling from the atrioventricular (AV) node to the Bundle of His, which then bifurcates into the right and left bundle branches. From the bundle branches, the impulse travels to the Purkinje fibers, which rapidly distribute the impulse to ventricular myocardium causing ventricular contraction.

Option A is incorrect because the impulse does not travel from the right to the left bundle branch; they run parallel. Option B describes atrial conduction. Option C is incorrect because the AV node precedes the Bundle of His, not the reverse.

This conduction pathway is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Electrophysiology#20:40-45Textbook of Clinical Echocardiography#.

NEW QUESTION # 23

Which of the following occurs during the strain phase of the Valsalva maneuver?

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

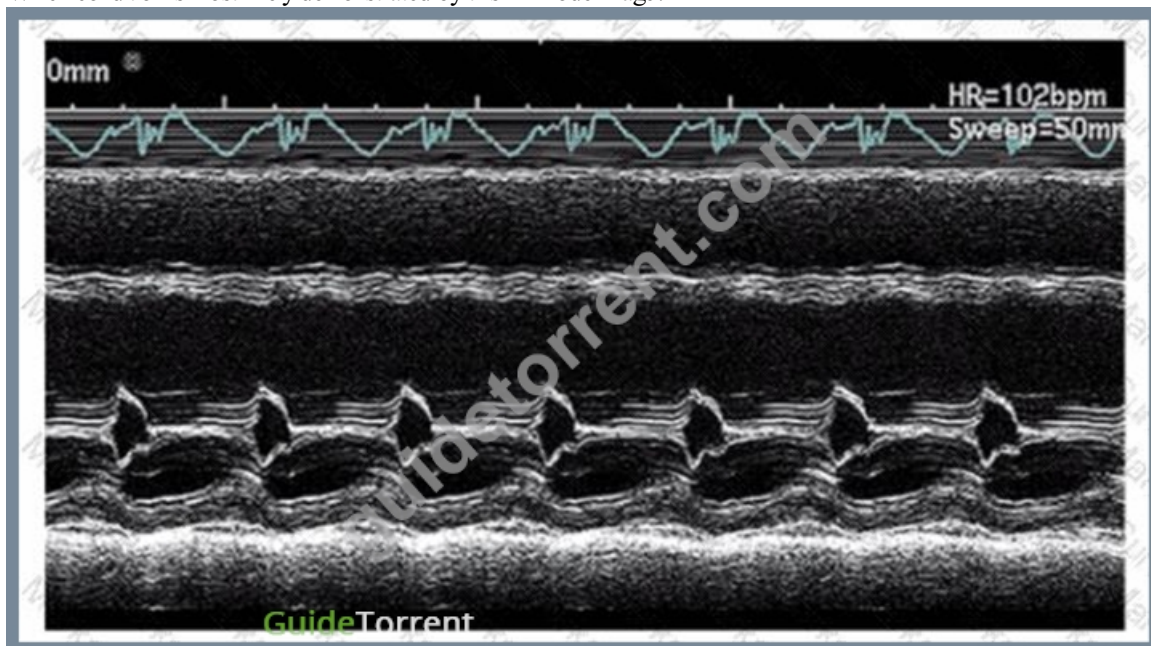
This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio 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 # 24

Which condition is most likely demonstrated by this M-mode image?



- A. Mitral valve prolapse
- B. Dilated cardiomyopathy
- **C. Mitral stenosis**

- D. Hypertrophic cardiomyopathy

Answer: C

Explanation:

The M-mode image shows characteristic diastolic doming or "hockey stick" appearance of the anterior mitral leaflet with restricted leaflet motion. This is a classic sign of mitral stenosis, where leaflet thickening and fusion cause limited opening during diastole.

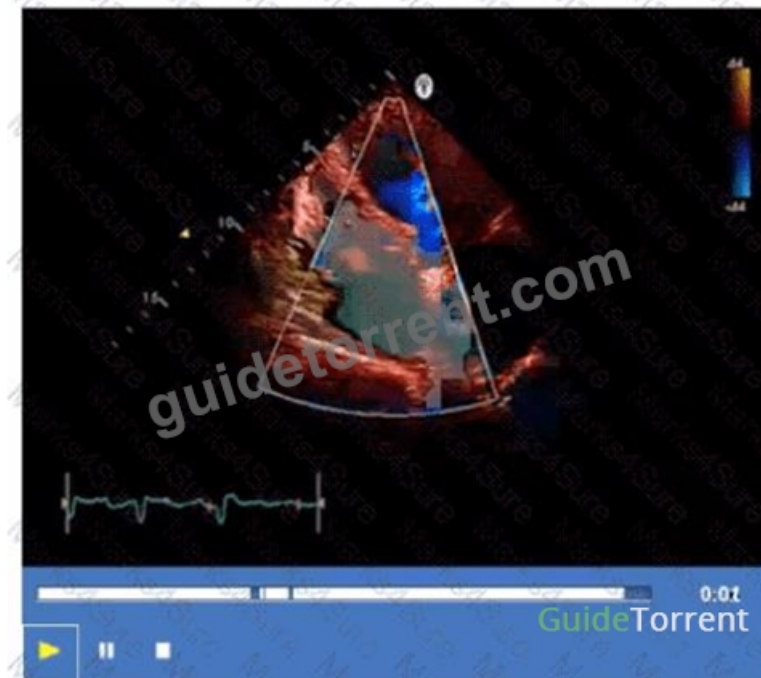
Dilated cardiomyopathy shows increased chamber sizes and decreased systolic function but not mitral leaflet doming. Hypertrophic cardiomyopathy is characterized by septal thickening and SAM of the mitral valve.

Mitral valve prolapse shows leaflet billowing into the left atrium during systole.

This pattern is well described in ASE valvular heart disease guidelines and echocardiography texts#12:ASE Valve Imaging Guidelinesp.180-185##16:Textbook of Clinical Echocardiography, 6ep.200-205#.

NEW QUESTION # 25

What is the incidental finding seen by color Doppler in this four-chamber view of a patient with left atrial enlargement?



- A. Coronary-cameral fistula
- B. Sinus venosus defect
- C. Muscular ventricular septal defect
- **D. Patent foramen ovale**

Answer: D

Explanation:

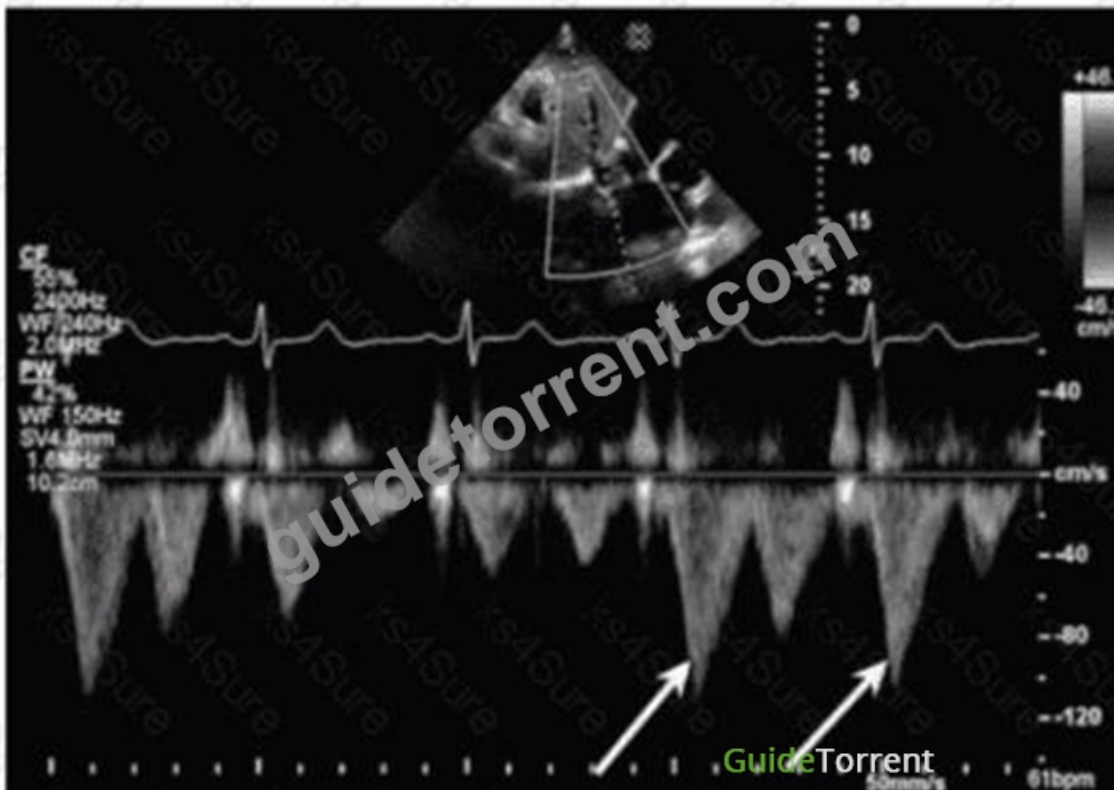
The color Doppler image in the four-chamber view shows a jet across the interatrial septum, indicating a shunt at the atrial level. In a patient with left atrial enlargement, the most common incidental finding causing such flow is a patent foramen ovale (PFO). A PFO is a small communication between the right and left atria that can open under certain pressure conditions, leading to shunting.

Muscular ventricular septal defect is a ventricular level defect and would be seen in different views. Coronary- cameral fistula is a rare anomaly involving abnormal connections between coronary arteries and cardiac chambers, not typical in this setting. Sinus venosus defect is an atypical atrial septal defect located near the superior vena cava and would require different imaging planes for detection.

This finding and its implications are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Shunts#20:115-120Textbook of Clinical Echocardiography#.

NEW QUESTION # 26

Which flow component is indicated by the arrows on this image?



- A. Systolic forward flow
- B. Ventricular reversal
- C. Atrial reversal
- D. Diastolic flow reversal

Answer: C

Explanation:

The Doppler waveform shows pulmonary vein flow with several components. The arrows point to small reversed flow spikes just after the atrial contraction wave, which corresponds to the atrial reversal (AR) flow component. Atrial reversal occurs as blood briefly flows backward into the pulmonary veins during atrial contraction.

Ventricular reversal is not typically seen in pulmonary veins. Diastolic flow reversal is abnormal and usually not part of normal pulmonary vein flow. Systolic forward flow is the major forward component during ventricular systole.

This interpretation is standard in ASE guidelines on diastolic function assessment and pulmonary vein Doppler evaluation#12:ASE Diastolic Function Guidelines.85-90##16:Textbook of Clinical Echocardiography, 6ep.130-135#.

NEW QUESTION # 27

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