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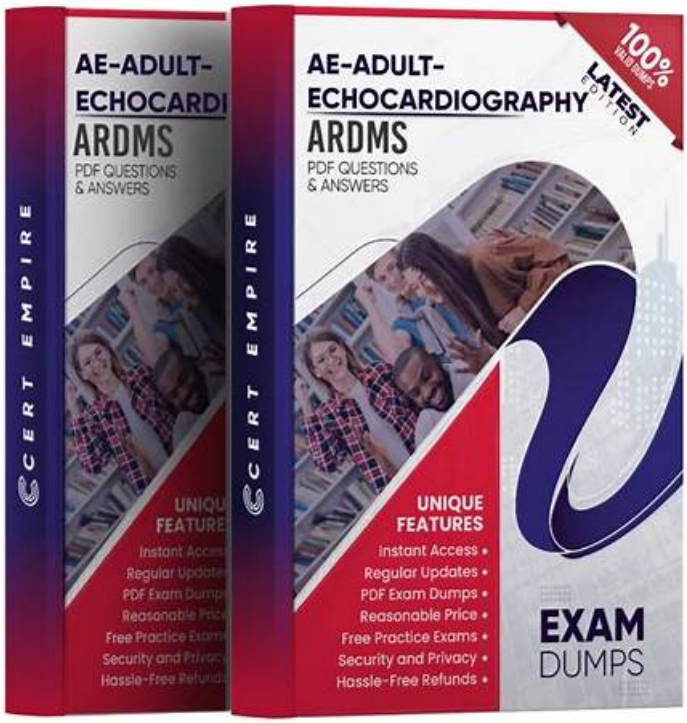

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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	• 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 4	• 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 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.

Exam Dumps AE-Adult-Echocardiography Pdf - New AE-Adult-Echocardiography Study Plan

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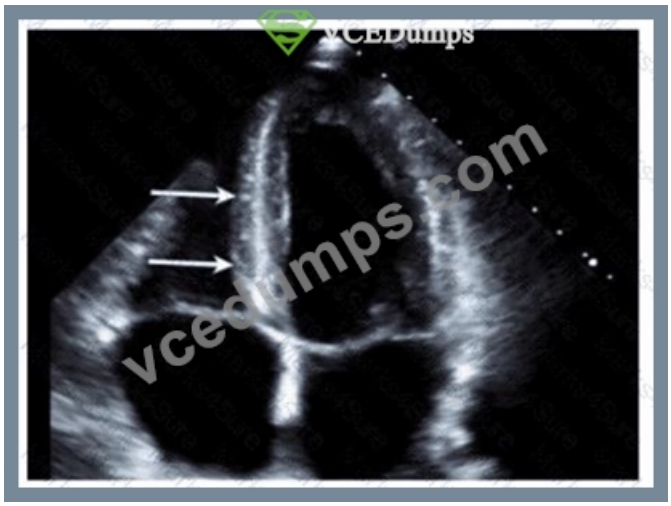
ARDMS AE Adult Echocardiography Examination Sample Questions (Q113-Q118):

NEW QUESTION # 113
Which wall is indicated by the arrows on this image?



- A. Inferior
- B. Anteroseptum
- C. Anterolateral
- D. Inferoseptum

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The echocardiographic image shows an apical four-chamber view of the left ventricle. The arrows point to the lateral wall of the left ventricle, which in this view corresponds to the anterolateral wall. The anterolateral wall is located opposite the septum and posterior to the left atrium.
Anteroseptum and inferoseptum refer to different segments of the interventricular septum. The inferior wall is visualized better in other views.
This segmental wall nomenclature and identification are described in ASE chamber quantification and stress echocardiography guidelines#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

NEW QUESTION # 114
Which of the following is commonly evaluated by the sniff maneuver?

- A. Left atrial pressure
- B. Left ventricular outflow tract obstruction
- C. Right atrial pressure
- D. Right ventricular outflow tract obstruction

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The sniff maneuver is commonly used in echocardiography to assess right atrial pressure (RAP) indirectly by observing changes in the size and collapsibility of the inferior vena cava (IVC). During a sniff or rapid inspiration, negative intrathoracic pressure normally causes the IVC to collapse. The degree of IVC collapse during the sniff test correlates with RAP.
If the IVC is dilated and fails to collapse significantly with a sniff, this suggests elevated right atrial pressure, which can be caused by right heart failure, pulmonary hypertension, or volume overload.
This maneuver is not used to evaluate left atrial pressure or outflow tract obstructions, which require other echocardiographic parameters.
This assessment method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Heart Evaluation and Hemodynamics#20:300-305Textbook of Clinical Echocardiography#.

NEW QUESTION # 115
Which coronary artery is identified by the arrow on this image?

- A. Right
- B. Circumflex
- C. Left anterior descending
- D. Left main

Answer: C

Explanation:
The arrow points to the left anterior descending (LAD) coronary artery, which runs in the anterior interventricular groove toward the apex of the heart. It supplies the anterior wall of the left ventricle.
The right coronary artery runs in the right atrioventricular groove. The left main coronary artery is proximal to the LAD and circumflex arteries. The circumflex artery runs in the left atrioventricular groove posteriorly.
This identification is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Coronary Artery Anatomy and Echocardiographic Visualization#20:150-155Textbook of Clinical Echocardiography#.

NEW QUESTION # 116
Which pathology is consistent with the left ventricular strain pattern shown in this image?

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

Answer: C

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 # 117
Which type of mass is typically attached to the fossa ovalis of the left atrium?

- A. Fibroelastoma
- B. Sarcoma
- C. Myxoma
- D. Lipoma

Answer: C

Explanation:
Atrial myxomas are the most common primary cardiac tumors in adults and are typically attached to the interatrial septum at the fossa ovalis region of the left atrium. These tumors often arise from a stalk and are mobile masses that may cause obstruction of the

mitral valve or embolic events.
The echocardiographic hallmark of atrial myxoma is a well-circumscribed, pedunculated mass attached near the fossa ovalis. Transesophageal echocardiography (TEE) is especially useful in visualizing the attachment site and mobility of the myxoma.
Other cardiac masses have different typical locations: papillary fibroelastomas usually arise from valvular surfaces (often aortic or mitral valves), sarcomas are rare malignant tumors that can invade multiple areas, and lipomas usually involve the atrial septum but spare the fossa ovalis and have a characteristic echogenic appearance.
The "Textbook of Clinical Echocardiography" describes atrial myxomas as mobile masses attached to the fossa ovalis in the left atrium and emphasizes their characteristic appearance on TEE imaging, which is critical for diagnosis and surgical planning.

NEW QUESTION # 118
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