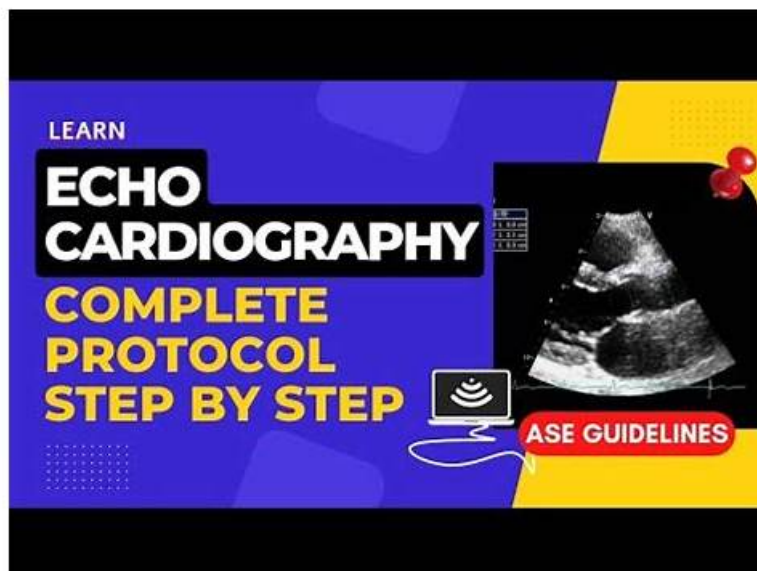


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

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"> 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	<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 4	<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 5	<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.

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AE-Adult-Echocardiography Valid Exam Question - Learning AE-Adult-Echocardiography Mode

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q115-Q120):

NEW QUESTION # 115

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

- A. Visual
- **B. Simpson biplane**
- C. Teicholz
- D. Quinones

Answer: B

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 # 116

Which is an abnormal response to a stress echocardiogram?

- A. Increased end-systolic volume
- B. Decreased end-diastolic volume
- C. Increased ejection fraction
- D. Hyperdynamic wall motion

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

During a normal stress echocardiogram, the left ventricle demonstrates hyperdynamic wall motion with increased contractility, leading to an increased ejection fraction and typically decreased end-systolic volume due to more complete emptying.

An increase in end-systolic volume during stress is abnormal and suggests ischemia or impaired contractile reserve. This indicates that the ventricle is not contracting effectively, possibly due to coronary artery disease or myocardial dysfunction.

This interpretation is thoroughly explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Stress Echocardiography and Ischemia Detection#20:400-410Textbook of Clinical Echocardiography#.

NEW QUESTION # 117

Which measurement is indicated by the arrow on this image?

- A. S', a measurement of right ventricular systolic function
- B. a', a measure of right atrial systolic function
- C. a', a measure of right atrial diastolic function
- D. S', a measure of right ventricular diastolic function

Answer: A

Explanation:

The Doppler tissue imaging waveform shown indicates the systolic annular velocity of the tricuspid valve annulus, labeled as S'. This measurement reflects right ventricular systolic function by quantifying the velocity of longitudinal myocardial motion during systole.

The a' wave corresponds to atrial contraction, not systole. S' assesses systolic function, whereas e' and a' relate to diastolic phases.

This assessment method is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function and Tissue Doppler Imaging#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 118

Which parameter is expected to increase in the presence of cardiac tamponade?

- A. Systolic blood pressure
- B. Diastolic blood pressure
- C. Oxygen saturation
- D. Heart rate

Answer: D

Explanation:

In cardiac tamponade, pericardial fluid accumulation restricts cardiac filling leading to decreased stroke volume and cardiac output. As a compensatory mechanism, the heart rate increases (tachycardia) to maintain cardiac output.

Oxygen saturation typically does not increase; it may be normal or decreased if tamponade leads to hypoperfusion. Systolic and diastolic blood pressures often decrease due to reduced cardiac output.

This physiological response is well described in clinical cardiology texts and ASE pericardial disease guidelines#12:ASE Pericardial Disease Guidelinesp.300-305##16:Textbook of Clinical Echocardiography, 6ep.280-285#

NEW QUESTION # 119

Which acute disease state is indicated with McConnell's sign?

- A. Libman-Sacks endocarditis
- B. Aortic dissection
- C. Myocardial infarction
- **D. Pulmonary embolism**

Answer: D

Explanation:

McConnell's sign is an echocardiographic finding characterized by regional right ventricular (RV) dysfunction with akinesia of the mid-free wall but preserved contractility of the apex. This pattern is highly specific for acute pulmonary embolism (PE).

In acute PE, sudden obstruction of the pulmonary artery leads to acute right ventricular pressure overload, causing regional wall motion abnormalities. The sparing of the apex differentiates it from other causes of RV dysfunction such as myocardial infarction. This sign is considered a useful bedside clue in the echocardiographic diagnosis of PE, especially when combined with clinical findings and Doppler evidence of elevated pulmonary pressures.

The sign is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Acute Right Heart Dysfunction, with reference to McConnell's original description and its clinical significance in acute pulmonary embolism diagnosis#20:340-345Textbook of Clinical Echocardiography#.

NEW QUESTION # 120

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