

# AE-Adult-Echocardiography Fresh Dumps | AE-Adult-Echocardiography Latest Demo

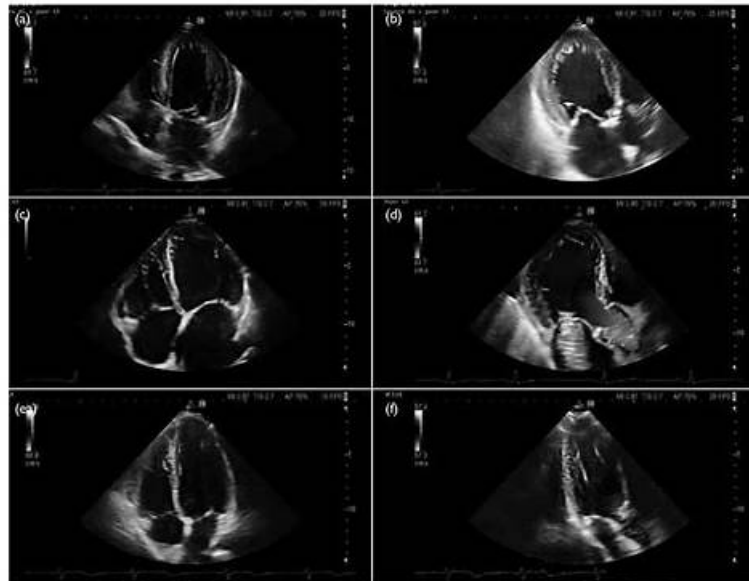


FIG 2. (a, c, e) Apical 4-chamber views and (b, d, f) apical 3-chamber views captured by transthoracic echocardiography. (a, b) Images of a 77-year-old patient with severe aortic stenosis, dilated left ventricle, and left ventricular hypertrophy. The heavy calcification on the aortic valve can be appreciated on the apical 3-chamber image. (c, d) Images of a 70-year-old patient with severe functional mitral regurgitation and heart failure with reduced ejection fraction (left ventricular ejection fraction 29%). The mitral regurgitant jet can be appreciated on colour Doppler imaging in the apical 3-chamber image while both images show dilated left ventricle and left atrium. This patient suffered from moderate-to-severe tricuspid regurgitation as well, with dilated right ventricle and right atrium. (e, f) Images of a 34-year-old healthy individual

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The Desktop AE-Adult-Echocardiography Practice Exam Software contains real ARDMS AE-Adult-Echocardiography exam questions. This provides you with a realistic experience of being in an AE-Adult-Echocardiography examination setting. This feature assists you in becoming familiar with the layout of the AE Adult Echocardiography Examination (AE-Adult-Echocardiography) test and enhances your ability to do well on Prepare for your AE-Adult-Echocardiography examination.

## ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li><b>Pathology:</b> 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li><b>Clinical Care and Safety:</b> 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.</li> </ul>

Topic 3	<ul style="list-style-type: none"> <li>• <b>Instrumentation, Optimization, and Contrast:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Anatomy and Physiology:</b> 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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• <b>Measurement Techniques, Maneuvers, and Sonographic Views:</b> 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.</li> </ul>

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## ARDMS AE Adult Echocardiography Examination Sample Questions (Q40-Q45):

### NEW QUESTION # 40

Which adjustment will improve the frame rate?

- A. Increase transducer frequency
- **B. Narrow sector width**
- C. Increase dynamic range
- D. Decrease overall gain

**Answer: B**

Explanation:

Frame rate in echocardiography is affected by the sector width, depth, and line density. Narrowing the sector width reduces the number of scan lines per frame, thus increasing the frame rate and temporal resolution. This improves the ability to capture rapid cardiac motion.

Decreasing overall gain affects image brightness, not frame rate. Increasing dynamic range increases the number of gray shades, which may slightly decrease frame rate due to processing load. Increasing transducer frequency improves resolution but reduces penetration depth and can decrease frame rate due to longer pulse duration.

This principle is emphasized in echocardiography physics and instrumentation texts and ASE imaging guidelines#16:Textbook of Clinical Echocardiography, 6ep.40-45##12:ASE Imaging Protocolsp.10-15#.

### NEW QUESTION # 41

Which finding is shown in this image?

□

- A. Artifact
- **B. Chiari network**
- C. Cor triatriatum
- D. Left atrial thrombus

**Answer: B**

Explanation:

The echocardiographic image shows a mobile, highly echogenic, mesh-like structure within the right atrium consistent with the Chiari network. The Chiari network is an embryologic remnant of the right valve of the sinus venosus, appearing as a fenestrated, reticulated membrane that is usually thin and mobile, found near the orifice of the inferior vena cava or the coronary sinus.

This structure is benign and often an incidental finding but can be confused with thrombus or atrial tumors.

Unlike left atrial thrombus, which appears as a more solid, immobile mass often located in the left atrial appendage, the Chiari network is mobile and located in the right atrium. Cor triatriatum is a rare congenital membrane dividing the left atrium into two chambers and appears differently on echocardiography. Artifact refers to non-anatomic echoes which do not persist or move consistently.

Recognition of Chiari network is important to avoid misdiagnosis, and its characteristics are well described in echocardiography literature such as the "Textbook of Clinical Echocardiography" and ASE imaging guidelines

#16:Textbook of Clinical Echocardiography, 6p.400-402##12:ASE Guidelines on Cardiac Masses#150-155#.

### NEW QUESTION # 42

In patients with interrupted aortic arch, which structure allows blood to flow into the descending aorta?

- A. Left carotid artery
- **B. Patent ductus arteriosus**
- C. Foramen ovale
- D. Persistent left superior vena cava

**Answer: B**

Explanation:

In interrupted aortic arch, the normal continuity between the ascending and descending aorta is disrupted. The patent ductus arteriosus (PDA) provides a vital conduit for blood to flow from the pulmonary artery to the descending aorta, maintaining systemic circulation distal to the interruption.

Persistent left superior vena cava and left carotid artery do not provide this flow. The foramen ovale is an atrial-level shunt and does not compensate for interrupted aortic arch.

This clinical anatomy is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Aortic Arch Anomalies#20:135-140Textbook of Clinical Echocardiography#.

### NEW QUESTION # 43

Which echogenic structure is indicated by the arrow on this image?

□

- **A. Annular calcification**
- B. Thrombus
- C. Tumor
- D. Vegetation

**Answer: A**

Explanation:

The image is a parasternal long-axis echocardiographic view focusing on the mitral valve annulus with a highly echogenic, dense, and well-defined structure located at the base of the posterior mitral leaflet. This appearance is characteristic of mitral annular calcification (MAC), a degenerative process resulting in calcium deposition along the mitral valve annulus.

Vegetations appear as irregular, mobile masses attached to valve leaflets and are less dense. Tumors and thrombi have different echogenicity and locations (tumors often in atria, thrombi in atrial appendages). MAC is usually more echogenic and localized to the annulus.

This description and differentiation are found in adult echocardiography textbooks and ASE guidelines on cardiac masses and valvular calcifications#16:Textbook of Clinical Echocardiography, 6p.460-465##12:

ASE Guidelines on Cardiac Masses#150-160#.

#### NEW QUESTION # 44

Which coronary artery is identified by the arrow on this image?

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

**Answer: A**

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 # 45

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