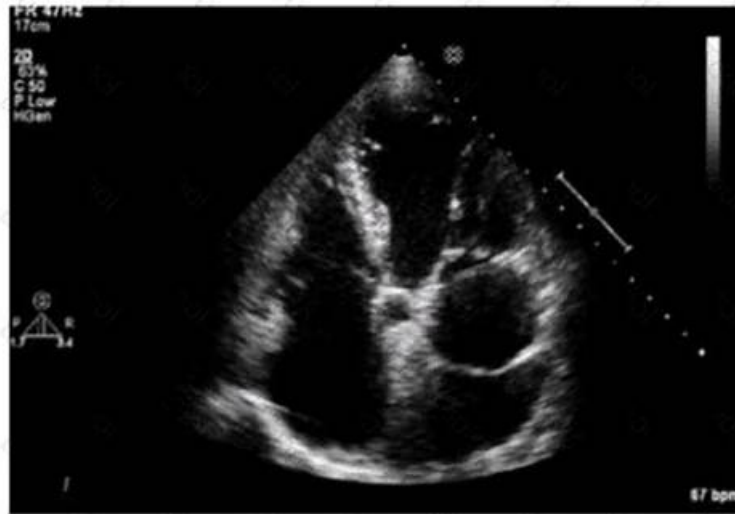


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

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"> 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"> • 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"> • 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q23-Q28):

NEW QUESTION # 23

Which view best demonstrates a wall thickening abnormality of the apical lateral segment?

- A. Four-chamber
- B. Mid-parasternal short axis
- **C. Two-chamber**
- D. Parasternal long axis

Answer: C

Explanation:

The two-chamber apical view allows visualization of the left ventricle's anterior and inferior walls, including the apical lateral segment. It is ideal for assessing wall thickness and segmental wall motion abnormalities in this region.

The four-chamber view visualizes septal and lateral walls but does not optimally display the apical lateral segment. Parasternal long axis primarily visualizes the anterior septum and posterior wall but is limited for lateral apex. The mid-parasternal short axis focuses on mid-ventricular segments and does not visualize the apex.

This anatomical and echocardiographic detail is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Left Ventricular Segmental Analysis#20:120-125Textbook of Clinical Echocardiography#.

NEW QUESTION # 24

Which type of rendering is primarily utilized with three-dimensional echocardiography?

- A. External
- **B. Volume**
- C. Planar

- D. Surface

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Three-dimensional echocardiography (3D echo) primarily uses volume rendering to provide a realistic and spatially accurate representation of cardiac structures. Volume rendering processes a full dataset of voxels (3D pixels) to produce detailed images, allowing clinicians to visualize complex anatomical relationships in real time.

Surface rendering is another technique but primarily used in post-processing to create a solid surface model; it is less used in live 3D echocardiography.

Planar and external rendering are not standard terms in 3D echocardiography.

This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Advanced Echocardiographic Imaging Techniques#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 25

Which mitral valve filling pattern is characterized by a long deceleration time and an E/A ratio of 0.6?

- A. Normal
- **B. Impaired relaxation**
- C. Pseudonormal
- D. Restrictive

Answer: B

Explanation:

The mitral valve filling pattern characterized by a long deceleration time and a reduced E/A ratio (less than 1, such as 0.6) is consistent with impaired relaxation. This pattern is typically seen in early diastolic dysfunction, where there is slowed ventricular relaxation, resulting in reduced early diastolic filling (E wave) and a compensatory increase in atrial contraction contribution (A wave).

Impaired relaxation pattern shows:

E/A ratio < 1 (e.g., 0.6)

Prolonged deceleration time (>200 ms)

Prolonged isovolumic relaxation time (IVRT)

This pattern differs from restrictive filling, which has a high E/A ratio (>2), shortened deceleration time (<150 ms), and elevated left atrial pressures. Pseudonormal filling has a normal or near-normal E/A ratio but elevated filling pressures that mask underlying dysfunction and requires further evaluation with tissue Doppler or pulmonary venous flow for diagnosis. Normal filling has a typical E/A ratio around 1 to 1.5 with normal deceleration times.

The textbook details that impaired relaxation is the earliest sign of diastolic dysfunction and describes the prolongation of the deceleration time and reduced E/A ratio as hallmark findings of this stage.

NEW QUESTION # 26

Which is most likely the culprit coronary artery in a patient who presents with anteroseptal hypokinesia?

- **A. Left coronary artery**
- B. Circumflex artery
- C. Posterior descending artery
- D. Right coronary artery

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Anteroseptal hypokinesia is most often due to ischemia or infarction in the left anterior descending (LAD) artery territory, a major branch of the left coronary artery. The LAD supplies the anterior wall and the interventricular septum.

The right coronary artery generally supplies the inferior wall and right ventricle. The circumflex artery supplies the lateral wall. The posterior descending artery supplies the inferior wall.

This coronary artery distribution and wall motion correlation is fundamental in stress echocardiography and ischemic heart disease assessment as detailed in ASE guidelines and clinical echocardiography references#12:

NEW QUESTION # 27

What is indicated by the arrow on this video clip?

- A. Eustachian valve
- B. False tendon
- C. Chiari network
- **D. Moderator band**

Answer: D

Explanation:

The structure indicated by the arrow in the right ventricle is the moderator band. The moderator band is a muscular band of tissue that crosses the right ventricular cavity from the interventricular septum to the anterior papillary muscle. It contains part of the right bundle branch of the conduction system and is a normal anatomical structure identifiable on echocardiography.

False tendons are fibrous or muscular strands within the left ventricle, not the right. The Chiari network is a mobile, net-like structure in the right atrium near the inferior vena cava and atrial septum. The Eustachian valve is a crescent-shaped ridge at the entrance of the inferior vena cava into the right atrium.

The moderator band is important to recognize to avoid misinterpretation as a pathological mass or thrombus.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Anatomy and Echocardiographic Landmarks#20:150-155Textbook of Clinical Echocardiography#.

NEW QUESTION # 28

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