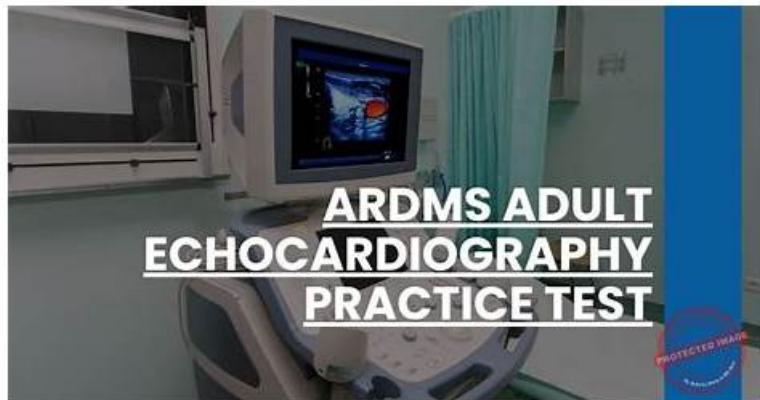


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## **ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:**

<b>Topic</b>	<b>Details</b>
Topic 1	<ul style="list-style-type: none"><li>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.</li></ul>

Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>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.</li> </ul>

## ARDMS AE Adult Echocardiography Examination Sample Questions (Q94-Q99):

### NEW QUESTION # 94

Which type of valvular lesion most commonly requires further evaluation with a non-imaging transducer?

- A. Aortic stenosis
- B. Pulmonic stenosis
- C. Mitral regurgitation
- D. Tricuspid regurgitation

### Answer: A

Explanation:

Aortic stenosis (AS) is the valvular lesion most commonly requiring evaluation with a non-imaging (pedoff) continuous wave Doppler transducer. This specialized probe allows the operator to align the Doppler beam parallel to high-velocity aortic jets to accurately measure peak and mean gradients across the stenotic aortic valve.

While imaging Doppler can estimate gradients, non-imaging CW Doppler is essential for precise quantification, especially in difficult acoustic windows or when maximal velocities need to be captured.

Mitral and tricuspid regurgitations and pulmonic stenosis are typically assessed with imaging transducers, as jet orientation is more variable.

This is highlighted in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Hemodynamics and Valvular Stenosis Assessment#20:310-315Textbook of Clinical Echocardiography#.

### NEW QUESTION # 95

Which finding is NOT associated with severe mitral valve regurgitation?

- A. Mitral regurgitant jet velocity less than 0.5 cm/sec
- B. Systolic flow reversal in the pulmonary vein
- C. Eccentrically directed mitral regurgitant jet
- D. Severely dilated left atrium

**Answer: A**

Explanation:

Severe mitral regurgitation (MR) is typically characterized by significant left atrial dilation due to volume overload, and systolic flow reversal in the pulmonary veins caused by retrograde flow from the left ventricle into the left atrium during systole.

An eccentric mitral regurgitant jet is common in severe MR, often due to leaflet prolapse or flail, resulting in directed jets that hug the atrial wall.

Mitral regurgitant jet velocity, however, is usually significantly higher in severe MR due to the high pressure gradient between the left ventricle and left atrium during systole. A jet velocity less than 0.5 cm/sec is extremely low and inconsistent with severe MR.

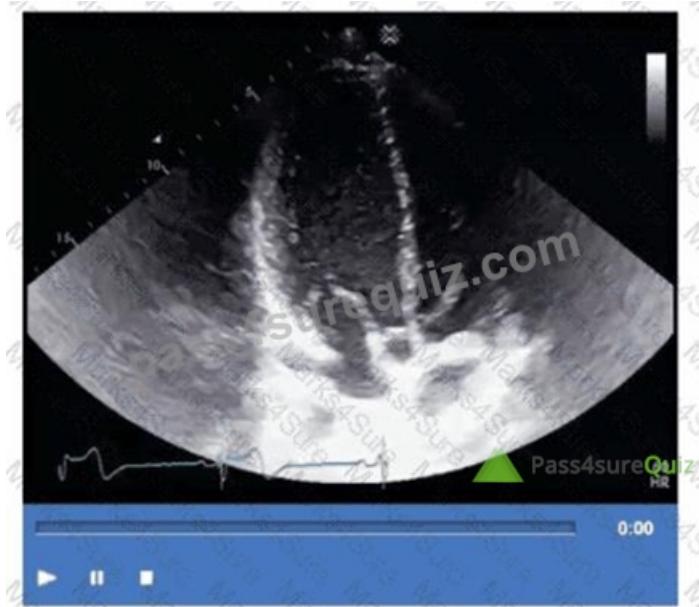
Typically, MR jet velocities are in the range of several meters per second.

Thus, a mitral regurgitant jet velocity less than 0.5 cm/sec is NOT associated with severe MR.

This is detailed in echocardiography literature discussing MR quantification and Doppler findings, emphasizing high-velocity regurgitant jets in severe MR and hemodynamic consequences seen on pulmonary vein flow and LA size.

#### NEW QUESTION # 96

Which adjustment should be made to optimize this video?



- A. Increase time gain compensation in the near field
- B. Increase compression
- C. Decrease overall gain
- D. Decrease time gain compensation in the far field

**Answer: A**

Explanation:

The echocardiographic image/video shows decreased brightness and penetration in the near field, making the anterior cardiac structures poorly visualized while deeper structures appear brighter. This indicates under-gain in the near field.

Increasing the time gain compensation (TGC) in the near field enhances the signal strength of superficial structures without affecting deeper tissues. This adjustment improves image quality by balancing the brightness across the field.

Increasing compression or decreasing overall gain would reduce the signal globally and are not specific for near field optimization.

Decreasing TGC in the far field would reduce brightness deeper but does not address near-field issues.

This principle is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Image Optimization and Technical Settings#20:70-75Textbook of Clinical Echocardiography#.

### NEW QUESTION # 97

Which wall is indicated by the arrow on this video?



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

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The apical two-chamber echocardiographic view displays the inferolateral wall (also called posterior lateral).

The arrow points to this inferolateral segment, which is located inferiorly and laterally in the left ventricle.

Anteroseptum and inferoseptum relate to the interventricular septum, while anterolateral is the anterior lateral wall, opposite the inferolateral wall. Correct regional wall motion assessment is essential for ischemic disease evaluation.

This identification and terminology are described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

### NEW QUESTION # 98

Which method is useful for obtaining a good quality pulmonary vein spectral Doppler waveform for evaluation of diastolic function?

- A. Doppler wall filter settings changed to filter out low frequency signals
- B. Use of non-imaging transducer
- C. Use of continuous wave Doppler
- D. Doppler wall filter settings changed to allow for low frequency signals

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pulmonary vein Doppler signals have low velocity and low frequency components that can be filtered out by standard Doppler wall filters. To obtain a good quality spectral Doppler waveform for diastolic function evaluation, the wall filter settings should be lowered or adjusted to allow low frequency signals to be detected and displayed clearly.

Non-imaging transducers and continuous wave Doppler are not appropriate for pulmonary vein Doppler because spatial resolution and site localization are required. Filtering out low frequency signals would degrade the quality of the pulmonary vein waveform. This is detailed in ASE Doppler imaging and diastolic function assessment protocols#12:ASE Diastolic Function Guidelinesp.85-90##16:Textbook of Clinical Echocardiography, 6ep.125-130#.

### NEW QUESTION # 99

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always say that this is difficult to accomplish. Therefore, AE-Adult-Echocardiography certification has become a luxury that some candidates aspire to. When the some candidates through how many years attempted to achieve a goal to get AE-Adult-Echocardiography Certification, had still not seen success hope, candidate thought always depth is having doubts unavoidably bog: can I get AE-Adult-Echocardiography certification? When can I get AE-Adult-Echocardiography certification? In this a succession of question behind, is following close on is the suspicion and lax.

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