

# 2026 ARDMS AE-Adult-Echocardiography Marvelous Verified Answers

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## **ARDMS ECHO PRACTICE EXAM 2025–2026** **ACCURATE REAL EXAM QUESTIONS AND VERIFIED** **CORRECT ANSWERS**

All of the following will cause aortic dilatation EXCEPT

- a. Marfan's Syndrome
- b. Systemic hypertension
- c. Type I dissection
- d. Pulmonary hypertension - answer>>>d

An M-mode of a mitral heterograft valve resembles an M-mode of which valve?

- a. Mitral
- b. Pulmonic
- c. Aortic
- d. Tricuspid - answer>>>c

If a patient has Starr-Edwards valve in both the mitral and aortic positions, mitral regurgitation might be best detected from which window?

- a. Subcostal
- b. Left parasternal
- c. Apical
- d. Suprasternal - answer>>>a

When using M-mode to interrogate a Starr-Edwards mitral valve which window could you use?

- a. Apical
- b. Suprasternal
- c. Parasternal
- d. Subcostal - answer>>>a

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## 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>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>
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>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>

## ARDMS AE Adult Echocardiography Examination Sample Questions (Q55-Q60):

### NEW QUESTION # 55

What is the range of the aortic valve area in normal adults?

- A. 7- 8cm<sup>2</sup>
- B. 1 - 2 cm<sup>2</sup>
- C. 3 - 4cm<sup>2</sup>
- D. 5 - 6cm<sup>2</sup>

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The normal aortic valve area (AVA) in adults typically ranges from 3 to 4 cm<sup>2</sup>. This measurement is important for assessing aortic stenosis severity; values below this range suggest valve narrowing.

AVA values of 1-2 cm<sup>2</sup> indicate mild to moderate stenosis, while less than 1 cm<sup>2</sup> reflects severe stenosis.

Larger areas like 5-6 or 7-8 cm<sup>2</sup> are not physiologically typical.

This normal range is documented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Anatomy and Function#20:360-365Textbook of Clinical Echocardiography#.

#### **NEW QUESTION # 56**

Which of the following is commonly evaluated by the sniff maneuver?

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

**Answer: B**

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.

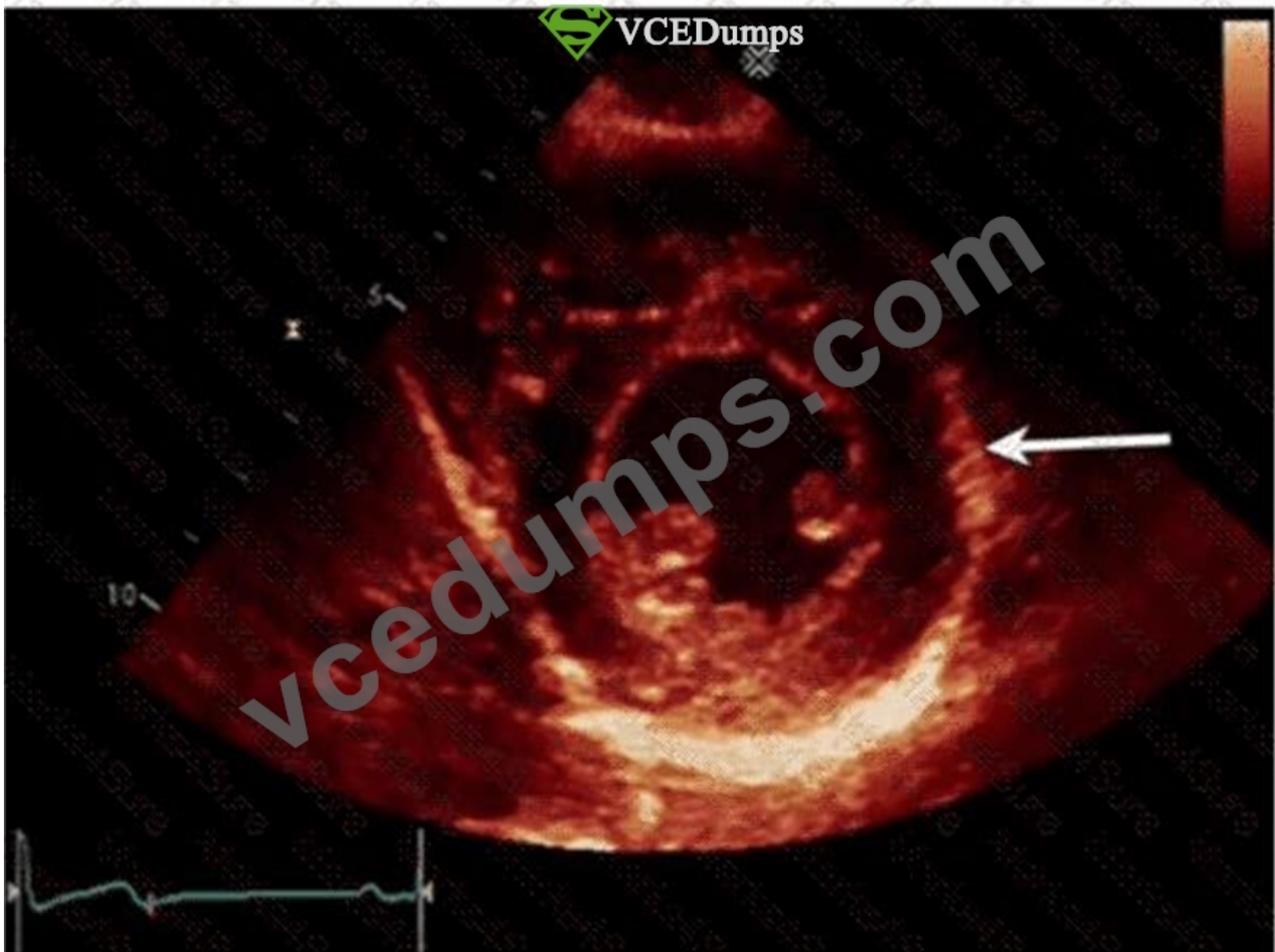
If the IVC is dilated and fails to collapse significantly with a sniff, this suggests elevated right atrial pressure, which can be caused by right heart failure, pulmonary hypertension, or volume overload.

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 # 57**

Which left ventricular regional wall segment is indicated by the arrow on this image?



- A. Anterolateral
- **B. Inferior**
- C. Inferolateral
- D. Anterior

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The echocardiographic image shows a short-axis view of the left ventricle at the mid-papillary muscle level with segmental strain values. The arrow points to the wall segment located inferiorly (towards the bottom of the image in standard orientation), which corresponds to the inferior wall of the left ventricle.

According to the standardized 17-segment model endorsed by the American Society of Echocardiography (ASE), the inferior wall is situated posteriorly and inferiorly in the short-axis view. The other options represent adjacent walls: anterior is opposite the inferior wall, anterolateral and inferolateral correspond to lateral wall segments.

This segmental anatomy and nomenclature are detailed in adult echocardiography textbooks and ASE chamber quantification guidelines, which emphasize precise segmental identification for accurate regional function assessment#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

#### NEW QUESTION # 58

Which maneuver aids in uncovering potential diastolic dysfunction while performing pulsed wave Doppler of the mitral valve?

- A. Leg air cycling
- B. Squatting
- C. Hand grip
- **D. Valsalva**

**Answer: D**

Explanation:

The Valsalva maneuver transiently reduces preload, which can unmask or exaggerate diastolic dysfunction during mitral inflow Doppler assessment. During Valsalva, changes in mitral E and A wave velocities can differentiate between normal and pseudonormal filling patterns by observing alterations in filling pressures.

Hand grip, leg air cycling, and squatting affect afterload and preload differently but are less specific for assessing diastolic dysfunction via mitral Doppler.

This technique is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function Assessment and Maneuvers#20:210-215Textbook of Clinical Echocardiography#.

### NEW QUESTION # 59

Which statement is considered true regarding tricuspid annular plane systolic excursion (TAPSE)?

- A. The lower reference value is 13 mm.
- B. It is angle dependent.
- C. It is a measure of right ventricular diastolic function.
- D. It is an indirect measure of left ventricular systolic function.

**Answer: A**

Explanation:

TAPSE measures the longitudinal systolic excursion of the tricuspid annulus towards the apex and is a widely used echocardiographic parameter of right ventricular systolic function. It is not a measure of diastolic function nor an indirect measure of left ventricular function.

TAPSE is relatively angle independent because it is measured in M-mode from the apical four-chamber view aligned with annular motion.

The lower normal limit for TAPSE is generally accepted as 16 mm, but 13 mm is sometimes cited as a threshold below which right ventricular systolic dysfunction is suggested.

This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function Assessment#20:320-325Textbook of Clinical Echocardiography

### NEW QUESTION # 60

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