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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"> • 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"> • 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.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q53-Q58):

NEW QUESTION # 53

Which statement is most accurate regarding cardiac contusion?

- A. It can result from a myocardial infarction.
- **B. It affects the right ventricle more commonly than the left.**
- C. It leads to hypercontractility of the left ventricle
- D. It is focal ventricular hypertrophy.

Answer: B

Explanation:

Cardiac contusion is a myocardial injury resulting from blunt chest trauma, typically affecting the right ventricle more commonly than the left ventricle because of its anterior location and proximity to the chest wall. The injury can range from mild bruising to severe myocardial damage and dysfunction.

It does not result from myocardial infarction (which is ischemic injury), nor does it cause hypertrophy or hypercontractility. Instead, it

may cause wall motion abnormalities, arrhythmias, or even rupture.

These features are detailed in echocardiography and trauma cardiology literature, including the "Textbook of Clinical Echocardiography" and clinical guidelines on blunt cardiac injury#16:Textbook of Clinical Echocardiography, 6ep.600-605##12:ASE Trauma Cardiology Guidelinesp.500-505#.

NEW QUESTION # 54

In cardiac tamponade, how do transvalvular pressure gradients change during expiration?

- A. Transmitral decreases and transtricuspid decreases
- **B. Transmitral decreases and transtricuspid increases**
- C. Transmitral increases and transtricuspid increases
- D. Transmitral increases and transtricuspid decreases

Answer: B

Explanation:

In cardiac tamponade, there is a characteristic reciprocal respiratory variation in transvalvular flow velocities due to ventricular interdependence and impaired cardiac filling. During expiration, the intrathoracic pressure increases, which leads to decreased right ventricular filling and thus decreased transtricuspid flow velocity.

Simultaneously, left ventricular filling increases, causing an increase in transmitral flow velocity.

Therefore, during expiration, the transmitral gradient increases while the transtricuspid gradient decreases.

This phenomenon reverses during inspiration, where transtricuspid flow increases and transmitral flow decreases. These respiratory variations are diagnostic hallmarks of tamponade physiology and help distinguish it from other conditions.

This principle is illustrated in Doppler echocardiographic studies of ventricular inflow and is described with diagrams in the "Textbook of Clinical Echocardiography, 6e" (Chapter 10: Pericardial Disease), highlighting the changes in transmitral and transtricuspid velocities during the respiratory cycle in tamponade .

NEW QUESTION # 55

Which finding is most consistent with this M-mode image?

- A. Systolic anterior motion of the mitral valve
- B. Mitral valve prolapse
- **C. Rheumatic mitral stenosis**
- D. Mitral valve annuloplasty ring

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This M-mode echocardiographic image shows thickened mitral valve leaflets with a characteristic "doming" or "hockey-stick" appearance during diastole, which is classic for rheumatic mitral stenosis. Rheumatic mitral stenosis leads to leaflet thickening, restricted opening, and calcification, which alters the normal mitral valve motion on M-mode.

Mitral valve prolapse would show systolic displacement of the leaflets into the left atrium, typically later in systole, not doming in diastole. Mitral valve annuloplasty ring would appear as a bright echogenic line around the annulus but is not seen in this image. Systolic anterior motion (SAM) of the mitral valve is usually seen in hypertrophic cardiomyopathy and presents as anterior motion during systole, not the diastolic pattern shown.

This classical M-mode appearance is described in "Textbook of Clinical Echocardiography, 6e", Chapter on Rheumatic Valve Disease#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 56

What is the incidental finding seen by color Doppler in this four-chamber view of a patient with left atrial enlargement?

- **A. Patent foramen ovale**
- B. Coronary-cameral fistula
- C. Sinus venosus defect
- D. Muscular ventricular septal defect

Answer: A

Explanation:

The color Doppler image in the four-chamber view shows a jet across the interatrial septum, indicating a shunt at the atrial level. In a patient with left atrial enlargement, the most common incidental finding causing such flow is a patent foramen ovale (PFO). A PFO is a small communication between the right and left atria that can open under certain pressure conditions, leading to shunting.

Muscular ventricular septal defect is a ventricular level defect and would be seen in different views. Coronary-cameral fistula is a rare anomaly involving abnormal connections between coronary arteries and cardiac chambers, not typical in this setting. Sinus venosus defect is an atypical atrial septal defect located near the superior vena cava and would require different imaging planes for detection.

This finding and its implications are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Shunts#20:115-120Textbook of Clinical Echocardiography#.

NEW QUESTION # 57

Which valve and secondary finding are associated with the 'flying W sign on spectral Doppler and M-mode?

- A. Tricuspid; tricuspid regurgitation
- B. Pulmonic; pulmonary bioprosthesis
- C. Tricuspid; flail tricuspid leaflet
- **D. Pulmonic; pulmonary hypertension**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The 'flying W' sign refers to a characteristic spectral Doppler and M-mode pattern observed in the pulmonic valve inflow in patients with pulmonary hypertension. This pattern represents mid-diastolic notching or fluttering caused by increased pulmonary artery pressure and delayed right ventricular relaxation.

This sign is associated specifically with the pulmonic valve and pulmonary hypertension, not with prostheses or tricuspid valve pathology.

This finding is discussed in echocardiography and pulmonary hypertension guidelines and texts#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pulmonary Hypertension Guidelinesp.300-305#.

NEW QUESTION # 58

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