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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. |

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q74-Q79):

NEW QUESTION # 74

Which measurement is indicated by the arrow on this image?



- A. a', a measure of right atrial systolic function
- **B. S', a measurement of right ventricular systolic function**
- C. a', a measure of right atrial diastolic function
- D. S', a measure of right ventricular diastolic function

Answer: B

Explanation:

The Doppler tissue imaging waveform shown indicates the systolic annular velocity of the tricuspid valve annulus, labeled as S'. This measurement reflects right ventricular systolic function by quantifying the velocity of longitudinal myocardial motion during systole. The a' wave corresponds to atrial contraction, not systole. S' assesses systolic function, whereas e' and a' relate to diastolic phases. This assessment method is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function and Tissue Doppler Imaging#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 75

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

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

Answer: B

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 # 76

Which of the following is a feature of constrictive pericarditis?

- **A. Interventricular septal bounce**
- B. Normal hepatic vein size
- C. Dilated inferior vena cava with inspiratory collapse during sniff test
- D. Mitral inflow pattern has a large E-wave and a small A-wave without respiratory changes

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Constrictive pericarditis is characterized by thickening and fibrosis of the pericardium which restricts diastolic filling of the ventricles. Key echocardiographic features include a characteristic interventricular septal "bounce" or shift during early diastole due to the abrupt cessation of ventricular filling imposed by the rigid pericardium. This septal bounce reflects rapid early diastolic filling followed by a sudden halt as filling pressures equalize, a hallmark of constriction physiology.

Additionally, Doppler studies show marked respiratory variation in mitral and tricuspid inflow velocities (>25%), with an inspiratory increase in tricuspid inflow and a decrease in mitral inflow velocity, reflecting ventricular interdependence caused by the noncompliant pericardium. The mitral inflow typically shows a large E-wave with a small or absent A-wave and a steep deceleration slope, but importantly these velocities vary significantly with respiration, which is not the case in restrictive cardiomyopathy. Hepatic vein Doppler often reveals a prominent a-wave and a deep y-descent with increased diastolic flow reversal during expiration, indicating elevated right atrial pressures and constrictive physiology.

The inferior vena cava (IVC) is usually dilated and shows no inspiratory collapse (i.e., no normal collapse with sniff test) because of elevated right atrial pressure and impaired venous return.

Therefore:

* Option A is incorrect because mitral inflow in constrictive pericarditis shows significant respiratory variation, not absence of it.

* Option B is incorrect because the hepatic vein is typically dilated with abnormal flow patterns, not normal size.

* Option C is incorrect because the IVC is dilated and does NOT collapse normally with inspiration/sniff in constrictive pericarditis.

* Option D is correct because the interventricular septal bounce is a classic feature reflecting ventricular interdependence and constrictive physiology.

These findings are summarized in the "Textbook of Clinical Echocardiography, 6e" (Catherine M. Otto, MD), Chapter 10 (Pericardial Disease), pages 280-285, with key illustrations showing septal bounce, Doppler inflow variations, hepatic vein flow patterns, and IVC findings in constrictive pericarditis. The "Mayo Clinic criteria" for echocardiographic diagnosis also emphasize ventricular septal shift as a critical feature, often combined with tissue Doppler annular velocity patterns and hepatic vein diastolic flow reversal for high diagnostic accuracy.

NEW QUESTION # 77

Which view is best used to evaluate a bicuspid aortic valve?

- A. Apical five-chamber
- **B. Parasternal short axis**
- C. Apical long axis
- D. Right sternal border

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The parasternal short axis view at the level of the aortic valve is optimal for evaluating valve morphology, including detection of bicuspid aortic valve (BAV). This view clearly visualizes the valve leaflets en face during systole.

Right sternal border and apical views provide hemodynamic information but are less optimal for detailed valve anatomy. Apical long axis is better for left ventricular and outflow tract evaluation but limited for valve leaflet number.

This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Morphology and Congenital Anomalies#20:350-355Textbook of Clinical Echocardiography#.

NEW QUESTION # 78

Which wall is indicated by the arrow on this video?



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

Answer: B

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 # 79

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