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Revised AE Adult Echocardiography Course

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 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"> 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 5	<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.

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

NEW QUESTION # 74

Which patient body positioning and respiration technique is optimal for obtaining the subcostal view?

- A. Supine; legs extended and breath exhaled
- B. Left lateral decubitus; knees bent and shallow breathing
- C. Supine; knees bent and breath inhaled

- D. Left lateral decubitus; legs extended and normal breathing

Answer: C

Explanation:

The subcostal echocardiographic view is best obtained with the patient supine, knees bent to relax abdominal muscles, and the patient holding a deep breath at the end of inhalation to lower the diaphragm and improve acoustic window through the subxiphoid area.

Left lateral decubitus position is used for parasternal and apical views but is not optimal for subcostal imaging.

This patient positioning and respiration technique are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Windows and Imaging Techniques#20:90-95Textbook of Clinical Echocardiography#.

NEW QUESTION # 75

The respirometer should be turned on when assessing which possible disease process(es)?

- A. Mitral regurgitation and stenosis
- B. Ischemic cardiomyopathy
- C. Pericardial effusion and tamponade
- D. Congestive heart failure

Answer: C

Explanation:

A respirometer monitors the respiratory cycle and is essential when evaluating diseases in which respiratory variation affects echocardiographic measurements, such as pericardial effusion and cardiac tamponade. In tamponade, respiratory changes in mitral and tricuspid inflows, as well as variations in inferior vena cava size, are key diagnostic features.

Congestive heart failure, ischemic cardiomyopathy, and mitral valve diseases do not require synchronization with respiration for diagnosis or quantification and are not reliant on respirometer use.

This recommendation is outlined in ASE pericardial disease guidelines and echocardiography procedural protocols#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

NEW QUESTION # 76

Which condition is commonly associated with cardiac tamponade?

- A. Decreased jugular venous pressure
- B. Hypertension
- C. Bradycardia
- D. Hypotension

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Cardiac tamponade occurs when fluid accumulation in the pericardial space increases intrapericardial pressure, restricting ventricular filling and reducing cardiac output. A hallmark clinical feature is hypotension due to decreased stroke volume and cardiac output.

Jugular venous pressure is typically elevated (not decreased) because of impaired right heart filling.

Tachycardia, not bradycardia, is usually present as a compensatory response. Blood pressure tends to be low or normal, not hypertensive.

This pathophysiology and clinical presentation are well documented in adult echocardiography literature and clinical cardiology textbooks, where tamponade is diagnosed with signs such as right atrial and ventricular diastolic collapse and associated clinical hypotension and elevated venous pressures#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pericardial Disease Guidelinesp.300-305#.

NEW QUESTION # 77

Which is the most likely abnormality represented in these images from a 48-year-old man with shortness of breath?



- A. Left ventricular noncompaction
- B. Ischemic cardiomyopathy
- C. Loeffler syndrome
- D. Hypertrophic cardiomyopathy

Answer: A

Explanation:

The echocardiographic images show prominent trabeculations and deep intertrabecular recesses communicating with the left ventricular cavity, best seen on contrast-enhanced images. This finding is characteristic of left ventricular noncompaction (LVNC), a cardiomyopathy resulting from arrested myocardial compaction during embryogenesis.

LVNC is diagnosed by visualizing a two-layered myocardium with a thin compacted epicardial layer and a thicker noncompactendocardial layer with deep trabecular recesses. The use of contrast echocardiography enhances endocardial border delineation and recess visualization, increasing diagnostic accuracy.

Loeffler syndrome (hypereosinophilic cardiomyopathy) often shows endomyocardial fibrosis and restrictive physiology but not prominent trabeculations. Hypertrophic cardiomyopathy shows asymmetric septal hypertrophy without deep recesses. Ischemic cardiomyopathy shows wall motion abnormalities but not characteristic trabecular patterns.

These diagnostic criteria and imaging features are well documented in the "Textbook of Clinical Echocardiography" and ASE guidelines on cardiomyopathies and use of contrast echo#16:Textbook of Clinical Echocardiography, 6eChapter on LV Noncompaction##12:ASE Contrast Echocardiography Guidelinesp.180-190#.

NEW QUESTION # 78

Which two-dimensional method is recommended for assessing left ventricular ejection fraction when regional wall motion abnormalities are present?

- A. Simpson biplane

- B. Quinones
- C. Tetcholz
- D. Visual

Answer: A

Explanation:

The Simpson biplane method (method of disks) is the recommended two-dimensional echocardiographic technique to quantify left ventricular ejection fraction (LVEF), especially when regional wall motion abnormalities are present. It involves tracing endocardial borders in apical two- and four-chamber views to calculate LV volumes and EF, accounting for segmental dysfunction.

Visual estimation is subjective and less accurate. The Quinones method (single plane area-length) and Teichholz method rely on geometric assumptions and are less accurate in abnormal ventricles.

ASE chamber quantification guidelines strongly endorse Simpson biplane for LVEF assessment in regional wall motion abnormalities#12:ASE Chamber Quantification Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.60-65#.

NEW QUESTION # 79

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In the information society, everything is changing rapidly. In order to allow users to have timely access to the latest information, our AE-Adult-Echocardiography real exam has been updated. Our update includes not only the content but also the functionality of the system. The content of the AE-Adult-Echocardiography training guide is the real questions and answers which are always kept to be the latest according to the efforts of the professionals. And we apply the newest technologies to the system of our AE-Adult-Echocardiography exam questions.

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