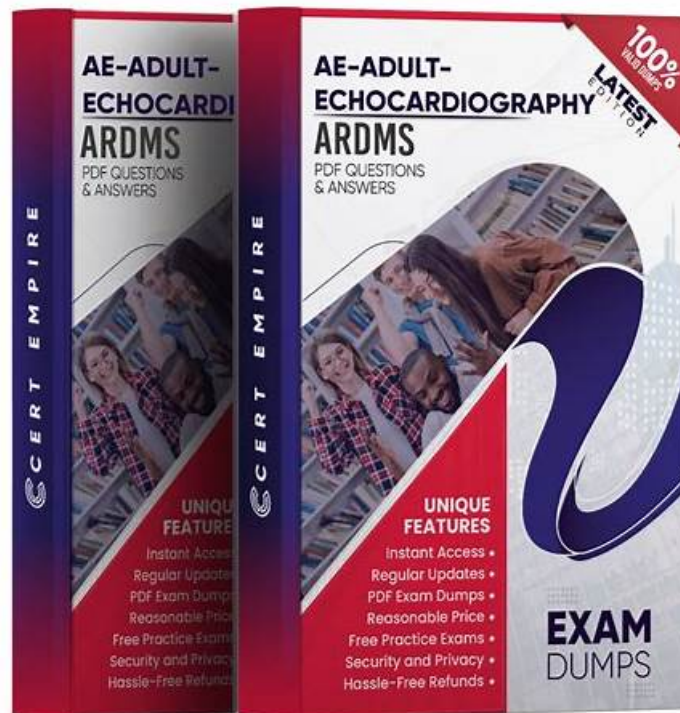


# AE-Adult-Echocardiography Latest Test Simulator, AE-Adult-Echocardiography Trustworthy Pdf



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

Topic	Details
Topic 1	<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 2	<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 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>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>
Topic 5	<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>

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### ARDMS AE Adult Echocardiography Examination Sample Questions (Q80-Q85):

**NEW QUESTION # 80**

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. Severely dilated left atrium
- D. Eccentrically directed mitral regurgitant jet

**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 # 81

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

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

**Answer: D**

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 # 82

Which congenital abnormality is most consistent with the findings in this video?

- A. Patent foramen ovale
- B. Ventricular septal defect
- **C. Ebstein anomaly**
- D. Eisenmenger syndrome

**Answer: C**

Explanation:

The video shows an apical four-chamber or subcostal echocardiographic view demonstrating a markedly enlarged right atrium with atrialization of part of the right ventricle, displacement of the tricuspid valve septal leaflet downward into the RV cavity, and severe tricuspid regurgitation. These findings are hallmark features of Ebstein anomaly, a congenital malformation of the tricuspid valve causing apical displacement of the septal and posterior leaflets.

Patent foramen ovale and ventricular septal defects have different echocardiographic features without tricuspid leaflet displacement. Eisenmenger syndrome refers to advanced pulmonary hypertension due to shunts but is not a specific congenital structural abnormality.

These diagnostic criteria and echocardiographic hallmarks are described in adult congenital heart disease literature and echocardiography textbooks#16:Textbook of Clinical Echocardiography, 6ep.570-575##12: ASE Adult Congenital Guidelinesp.400-405#.

### NEW QUESTION # 83

Which of the following is the most likely cause for the findings demonstrated in this video?

- A. Infective endocarditis
- B. Rheumatic fever
- **C. Drug-induced valvulopathy**
- D. Systemic lupus

**Answer: C**

Explanation:

The video shows thickened, retracted, and possibly regurgitant valve leaflets with a characteristic appearance seen in drug-induced valvulopathy. Drugs such as ergot derivatives (e.g., methysergide) and appetite suppressants (e.g., fen-phen) can cause fibrotic thickening of valve leaflets mimicking carcinoid heart disease or rheumatic valve disease.

Infective endocarditis presents with vegetations and potentially valve destruction but typically not the diffuse thickening seen here.

Rheumatic fever causes leaflet thickening but has a different chronic clinical course.  
Systemic lupus may cause valve thickening but often involves Libman-Sacks vegetations rather than diffuse fibrosis.  
This is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Valvular Heart Disease - Drug Induced and Secondary Causes#20:400-405Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 84

A patient with a ventricular septal defect, an atrial septal defect, and a cleft mitral valve is likely to have which abnormality?

- **A. Atrioventricular canal defect**
- B. Ebstein anomaly
- C. Shone syndrome
- D. Marfan syndrome

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Atrioventricular canal defect (AV canal defect) is a congenital cardiac malformation characterized by defects in the atrial and ventricular septa, along with abnormalities of the atrioventricular valves including cleft mitral valve. These features collectively cause shunting and valve regurgitation.

Ebstein anomaly primarily involves the tricuspid valve and right atrium, Marfan syndrome is a connective tissue disorder with different manifestations, and Shone syndrome involves left-sided obstructive lesions.

This is clearly outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Defects - Atrioventricular Septal Defects#20:120-125Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 85

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