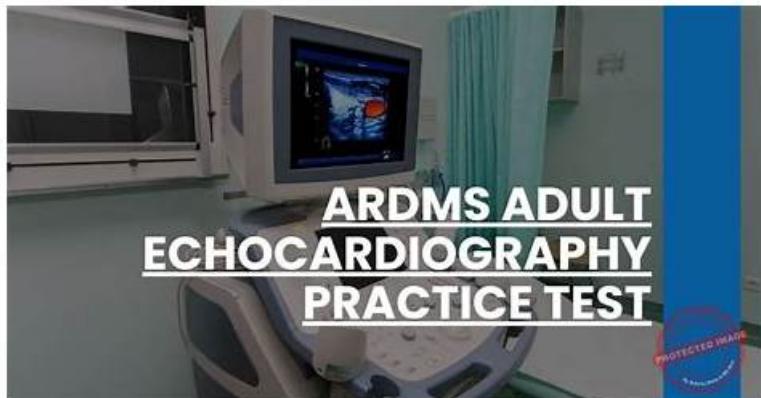


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## ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• 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.</li></ul>

Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>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.</li> </ul>

## ARDMS AE Adult Echocardiography Examination Sample Questions (Q67-Q72):

### NEW QUESTION # 67

Mid to distal septal akinesis in post-stress imaging of the apical four-chamber view is suggestive of disease in which coronary artery?

- A. Obtuse marginal
- B. Left circumflex
- C. Posterior descending
- D. Left anterior descending**

### Answer: D

Explanation:

The mid to distal interventricular septum is supplied predominantly by the left anterior descending (LAD) coronary artery. Post-stress echocardiography showing akinesis or hypokinesis of these segments is highly suggestive of ischemia or infarction in the LAD territory.

The posterior descending artery supplies the inferior wall, the obtuse marginal supplies lateral walls, and the left circumflex supplies lateral and posterior walls.

This coronary artery segmental relationship is a cornerstone of ischemic heart disease evaluation by stress echocardiography and is well documented in ASE guidelines and clinical echocardiography literature#16:

Textbook of Clinical Echocardiography, 6ep.380-385##12:ASE Stress Echocardiography Guidelinesp.300-310#.

### NEW QUESTION # 68

What minimum number of poorly-visualized contiguous left ventricular (l\_V) regional wall segments indicate the use of contrast agents for LV endocardial border definition?

- A. Four
- B. Five
- **C. Three**
- D. Two

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Contrast echocardiography is recommended to enhance the visualization of left ventricular endocardial borders when the image quality is suboptimal. Specifically, contrast agents should be used when at least three contiguous left ventricular segments are poorly visualized on standard two-dimensional imaging. This approach improves the accuracy and reliability of assessing regional wall motion and global systolic function.

The use of contrast is particularly important during stress echocardiography to ensure detection of ischemic segments, which might otherwise be missed due to inadequate image quality. Studies suggest that contrast enhancement is required in approximately 30% to 50% of stress echocardiographic studies depending on patient factors and laboratory practices.

These recommendations are detailed in the echocardiography guidelines and in the "Textbook of Clinical Echocardiography, 6e" (Chapter 8: Coronary Artery Disease and Stress Echocardiography) which emphasize the utility of contrast agents for better endocardial border definition when at least three segments are not clearly seen.

#### NEW QUESTION # 69

Which Doppler signal is used to calculate the pulmonary artery end-diastolic pressure gradient?

- A. Tricuspid insufficiency
- B. Tricuspid inflow velocity
- C. Pulmonary inflow velocity
- **D. Pulmonary insufficiency**

**Answer: D**

Explanation:

Pulmonary artery end-diastolic pressure (PAEDP) can be estimated noninvasively by measuring the end- diastolic velocity of pulmonary regurgitation (pulmonary insufficiency) using continuous-wave Doppler. The pressure gradient between the pulmonary artery and right ventricle at end-diastole is calculated using the modified Bernoulli equation from this velocity.

Tricuspid insufficiency is used to estimate right ventricular systolic pressure. Tricuspid inflow and pulmonary inflow velocities provide information on diastolic function but not direct pressure gradients.

This method is well validated and included in ASE guidelines for pulmonary hypertension assessment and Doppler hemodynamics#16:Textbook of Clinical Echocardiography, 6ep.300-305##12:ASE Doppler Guidelinesp.110-115#.

#### NEW QUESTION # 70

Which adjustment will improve the frame rate?

- A. Decrease overall gain
- B. Increase transducer frequency
- **C. Narrow sector width**
- D. Increase dynamic range

**Answer: C**

Explanation:

Frame rate in echocardiography is affected by the sector width, depth, and line density. Narrowing the sector width reduces the number of scan lines per frame, thus increasing the frame rate and temporal resolution. This improves the ability to capture rapid cardiac motion.

Decreasing overall gain affects image brightness, not frame rate. Increasing dynamic range increases the number of gray shades, which may slightly decrease frame rate due to processing load. Increasing transducer frequency improves resolution but reduces penetration depth and can decrease frame rate due to longer pulse duration.

This principle is emphasized in echocardiography physics and instrumentation texts and ASE imaging guidelines#16:Textbook of Clinical Echocardiography, 6ep.40-45##12:ASE Imaging Protocolsp.10-15#.

### NEW QUESTION # 71

Which of the following measurements is required for calculating the Qp/Qs ratio?

- A. Right ventricular outflow tract (RVOT) VTI
- B. Tricuspid valve VTI
- C. Aortic valve VTI
- D. Mitral valve velocity time integral (VTI)

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Qp/Qs ratio represents the ratio of pulmonary blood flow (Qp) to systemic blood flow (Qs). It is commonly calculated to quantify the magnitude of a left-to-right shunt in congenital heart disease.

To calculate Qp/Qs using echocardiography, stroke volumes across both the pulmonary and systemic outflow tracts are measured by combining the cross-sectional area of the outflow tract and the velocity time integral (VTI) of flow through it.

Pulmonary blood flow (Qp) is calculated using the right ventricular outflow tract (RVOT) diameter and RVOT VTI. Systemic blood flow (Qs) is calculated using the left ventricular outflow tract (LVOT) diameter and aortic valve VTI.

Thus, RVOT VTI is essential for Qp calculation, making option D correct.

This method is explained in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Shunts and Quantification of Flow#20:360-365Textbook of Clinical Echocardiography#.

### NEW QUESTION # 72

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