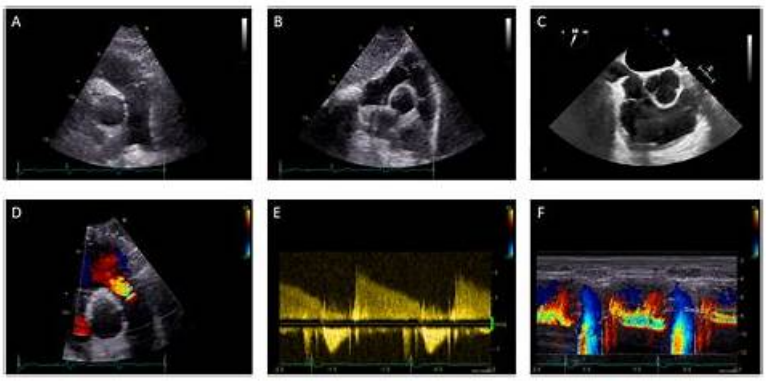
높은통과율AE-Adult-Echocardiography인증덤프샘플문제인기시험자료



2026 PassTIP 최신 AE-Adult-Echocardiography PDF 버전 시험 문제집과 AE-Adult-Echocardiography 시험 문제 및 답변 무료 공유: https://drive.google.com/open?id=1qFoGvqF8Hcz6jcENxRBl_NDEXs-pBDnD

IT업계 취업 준비생이라면 국제적으로도 승인받는 IT인증자격증 정도는 몇개 취득해야 하지 않을가 싶습니다. ARDMS인증 AE-Adult-Echocardiography시험을 통과하여 인기 자격증을 취득하시면 취업경쟁율이 제고되어 취업이 쉬워집니다. PassTIP의ARDMS인증 AE-Adult-Echocardiography덤프는 많은 시험본 분들에 의해 검증된 최신 최고의 덤프공부자료입니다.망설이지 마시고PassTIP제품으로 한번 가보세요.

ARDMS AE-Adult-Echocardiography 시험요강:

주제	소개
주제 1	• 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.
주제 2	• 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.
주제 3	• 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.

주제 4	• 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.
주제 5	• 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.

최신 ARDMS RDCS AE-Adult-Echocardiography 무료샘플문제 (Q108-Q113):

질문 # 108
Which parameter is expected to increase in the presence of cardiac tamponade?

- A. Diastolic blood pressure
- B. Heart rate
- C. Systolic blood pressure
- D. Oxygen saturation

정답：B

설명:
In cardiac tamponade, pericardial fluid accumulation restricts cardiac filling leading to decreased stroke volume and cardiac output. As a compensatory mechanism, the heart rate increases (tachycardia) to maintain cardiac output.
Oxygen saturation typically does not increase; it may be normal or decreased if tamponade leads to hypoperfusion. Systolic and diastolic blood pressures often decrease due to reduced cardiac output.
This physiological response is well described in clinical cardiology texts and ASE pericardial disease guidelines#12:ASE Pericardial Disease Guidelinesp.300-305##16:Textbook of Clinical Echocardiography,
6ep.280-285#

질문 # 109
Which is the most likely abnormality represented in these images from a 48-year-old man with shortness of breath?

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

정답：B

설명：
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 noncompacted endocardial 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#.

질문 # 110
What is the normal dP/dt value of left ventricular systolic function?

- A. Less than 400 mmHg/s
- B. 800-1199 mmHg/s
- C. 400-799 mmHg/s
- D. Greater than 1200 mmHg/s

정답：D

설명：
Comprehensive and Detailed Explanation From Exact Extract:
The left ventricular dP/dt is a measure of the rate of rise in left ventricular pressure during isovolumic contraction, which reflects systolic function. It is derived from Doppler echocardiography by measuring the time interval between mitral regurgitant jet velocities of 1 m/s and 3 m/s. Using the simplified Bernoulli equation, the pressure gradient at each velocity is calculated, and the rate of pressure rise (dP/dt) is calculated by dividing the pressure difference by the time interval between these velocities.
A normal left ventricular dP/dt is generally considered to be greater than 1200 mmHg/s. Values lower than this indicate impaired systolic function, as the ventricle is slower to generate pressure during contraction.
For example, a measured time interval of 36 milliseconds (0.036 seconds) between the MR velocities of 1 and 3 m/s corresponds to a dP/dt of approximately 889 mmHg/s, which is mildly reduced, indicating some systolic dysfunction.
The exact extract from the "Textbook of Clinical Echocardiography, 6e" states that normal dP/dt values are typically above 1000 mmHg/s, with >1200 mmHg/s considered a robust indicator of normal systolic function.
This measure is useful but requires a measurable mitral regurgitation jet and consistent alignment of the ultrasound beam. Variability in measurement can occur based on technical factors, but the dP/dt remains a useful parameter to quantify systolic function noninvasively.

질문 # 111
Which congenital abnormality is most consistent with the findings in this video?

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

정답：B

설명：
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#.

질문 # 112
Which Doppler signal is most consistent with significant aortic valve regurgitation?

- A. Pulsed wave Doppler forward flow in abdominal aorta
- B. Color Doppler vena contracta / Left ventricular outflow tract diameter ratio less than 25%
- C. Continuous wave Doppler peak velocity equal to or greater than 4.5 m/s
- D. Continuous wave Doppler pressure half-time less than 250 ms

정답：D

설명：
In significant aortic valve regurgitation (AR), the continuous wave Doppler signal across the valve demonstrates a rapid decline in regurgitant jet velocity, resulting in a pressure half-time (PHT) less than 250 milliseconds. A short PHT indicates severe AR with rapid equalization of aortic and left ventricular pressures during diastole.
Pulsed wave Doppler forward flow in the abdominal aorta evaluates stroke volume but does not directly indicate AR severity. Vena contracta to LVOT diameter ratio less than 25% would indicate mild AR, not significant. Peak velocity #4.5 m/s is more characteristic of aortic stenosis rather than regurgitation.
This criterion for AR severity using CW Doppler PHT is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Regurgitation Doppler Assessment#20:375-380Textbook of Clinical Echocardiography#.

질문 # 113
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료 다운로드 받기AE-Adult-Echocardiography시험대비 최신버전 공부자료

- AE-Adult-Echocardiography최신버전 공부자료 □ AE-Adult-Echocardiography최신버전 덤프샘플문제 □ AE-Adult-Echocardiography최신 덤프데모 다운로드 □ ➡ AE-Adult-Echocardiography □□□를 무료로 다운로드하려면➤ www.itdumpskr.com □웹사이트를 입력하세요AE-Adult-Echocardiography시험대비 최신버전 공부자료
- AE-Adult-Echocardiography최신 인증시험 대비자료 □ AE-Adult-Echocardiography최신 덤프데모 다운로드 □ AE-Adult-Echocardiography높은 통과율 덤프공부 □ 무료 다운로드를 위해➠ AE-Adult-Echocardiography □를 검색하려면《 www.pass4test.net 》을(를) 입력하십시오AE-Adult-Echocardiography최신버전 덤프샘플문제
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BONUS!!! PassTIP AE-Adult-Echocardiography 시험 문제집 전체 버전을 무료로 다운로드하세요: https://drive.google.com/open?id=1qFoGvqF8Hcz6jcENxRBl_NDEXs-pBDnD