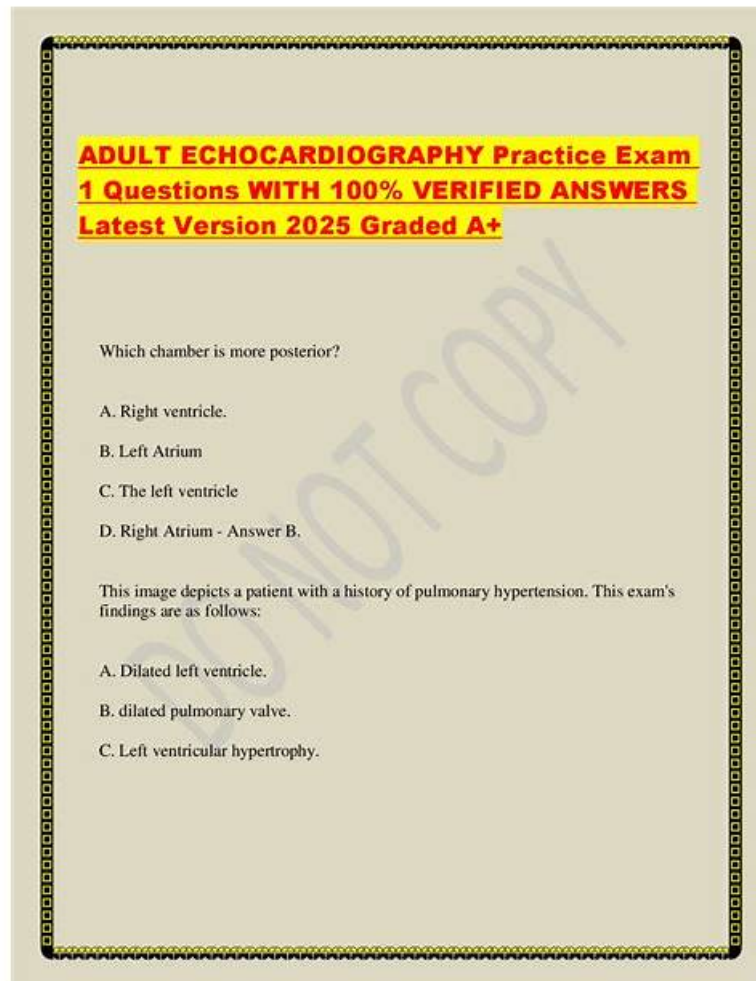


AE-Adult-Echocardiography Exam Answers - Latest AE-Adult-Echocardiography Exam Tips



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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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.

>> AE-Adult-Echocardiography Exam Answers <<

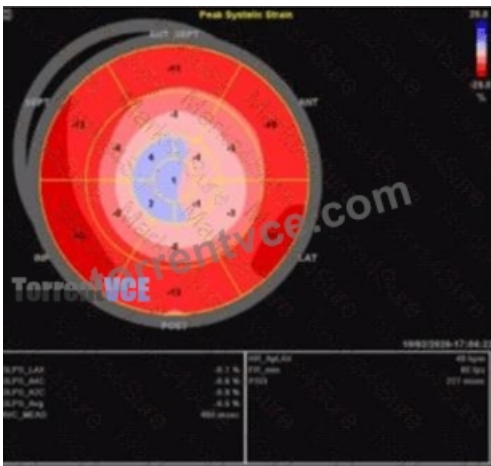
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ARDMS AE Adult Echocardiography Examination Sample Questions (Q129-Q134):

NEW QUESTION # 129

Which pathology is consistent with the left ventricular strain pattern shown in this image?



- A. Apical hypertrophy
- B. Amyloidosis
- C. Non-ischemic cardiomyopathy
- D. Right coronary artery infarct

Answer: B

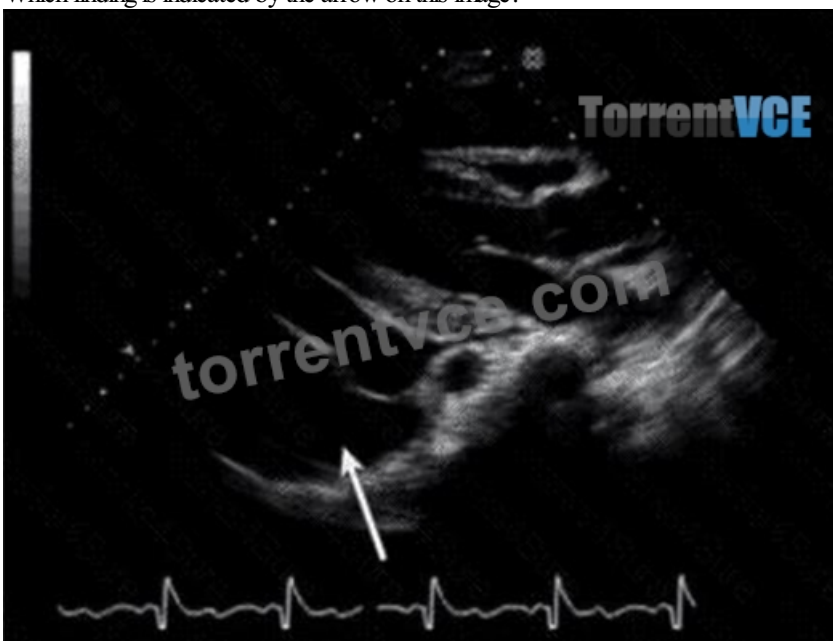
Explanation:

The strain imaging shown is a classic example of the "apical sparing" pattern, highly characteristic of cardiac amyloidosis. In cardiac amyloidosis, the basal and mid segments of the left ventricle show markedly reduced longitudinal strain (represented here by more positive or less negative strain values), while the apical segments retain relatively preserved strain (more negative strain values). This "cherry on top" or "bull's eye" pattern with apical strain preserved distinguishes amyloidosis from other causes of LV dysfunction. This pattern is not typical of apical hypertrophy, which would show focal thickening and abnormal strain limited to the apex. Non-ischemic cardiomyopathy generally has a more diffuse and uniform reduction in strain without the apical sparing. Right coronary artery infarcts affect the inferior and posterior walls and would have segmental strain abnormalities corresponding to the infarct distribution, not the typical apical sparing.

The left ventricular global longitudinal strain (GLS) in amyloidosis is typically severely reduced, but the relative preservation of apical strain is a hallmark useful for diagnosis, as described in the "Textbook of Clinical Echocardiography, 6e" (Chapter on strain imaging and infiltrative cardiomyopathies).

NEW QUESTION # 130

Which finding is indicated by the arrow on this image?



- A. Left pleural effusion

- B. Hiatal hernia
- C. Ascites
- D. Pericardial effusion

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The echocardiographic image shows a structure posterior to the left atrium, pointed to by the arrow. This is consistent with a hiatal hernia, which often appears as an echolucent or mixed echogenicity structure behind the left atrium in the parasternal or apical views. Hiatal hernias occur when part of the stomach herniates through the esophageal hiatus of the diaphragm into the thoracic cavity and may mimic pericardial or pleural effusions on echocardiography.

Pericardial effusions appear as an anechoic (dark) space surrounding the heart but usually anterior or around the entire heart rather than posterior localized structure. Left pleural effusions also appear posteriorly but typically have different echogenicity and anatomical location. Ascites refers to free fluid in the abdomen and would not appear in this thoracic echocardiographic window.

Recognition of hiatal hernia on echocardiography is important to avoid misdiagnosis, as it may cause artifacts or false-positive effusions. The presence of swirling or movement of echogenic material with respiration and positional changes helps in diagnosis.

This finding is described in the "Textbook of Clinical Echocardiography, 6e" (Catherine M. Otto), Chapter on Pericardial Disease and Miscellaneous Echocardiographic Findings, including differential diagnosis of echolucent areas around the heart#20:280-285Textbook of Clinical Echocardiography#.

NEW QUESTION # 131

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

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

Answer: B

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 # 132

Which measurement is indicated by the arrow on this image?



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

Answer: A

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 # 133

Which finding is best demonstrated in this video?



- A. Left atrial elongation
- B. Aortic root dilatation

- C. Systolic anterior motion of the mitral valve
- D. Mid-anteroseptal hypokinesis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a parasternal long-axis view of the left ventricle and mitral valve with the anterior leaflet of the mitral valve moving abnormally toward the interventricular septum during systole. This systolic anterior motion (SAM) of the mitral valve is characteristic of hypertrophic obstructive cardiomyopathy (HOCM) and contributes to left ventricular outflow tract obstruction.

Aortic root dilatation and left atrial elongation are structural findings seen in other views. Mid-anteroseptal hypokinesis is a regional wall motion abnormality not clearly visualized in this clip.

This echocardiographic sign is critical in diagnosing and managing HOCM and is discussed extensively in ASE guidelines and clinical echocardiography texts#16:Textbook of Clinical Echocardiography, 6p.350-355##12:ASE Cardiomyopathy Guidelinesp.120-130#.

NEW QUESTION # 134

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