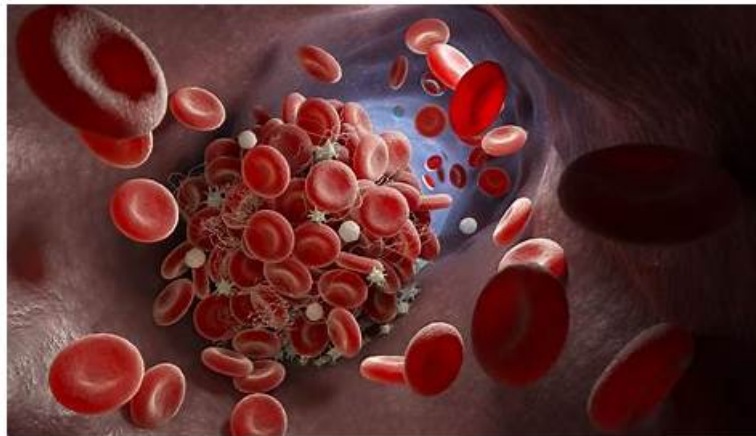


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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	• 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	• 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	• 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q77-Q82):

NEW QUESTION # 77

Which finding does peak mitral valve regurgitant Doppler velocity reflect?

- **A. Pressure gradient between the left ventricle and left atrium**
- B. Severity of regurgitation
- C. Mechanism of regurgitation
- D. Pressure gradient between the left ventricle and aorta

Answer: A

Explanation:

The peak Doppler velocity of mitral regurgitation (MR) reflects the instantaneous pressure gradient between the left ventricle (LV) and left atrium (LA) during systole. The higher the velocity, the greater the pressure difference. However, the velocity itself does not quantify severity directly; severity depends on the size and volume of the regurgitant jet. The mechanism is determined by valve morphology and motion, not velocity. The LV to aorta gradient relates to aortic valve pathology. This principle is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Regurgitation and Doppler Evaluation#20:390-395Textbook of Clinical Echocardiography#.

NEW QUESTION # 78

Which echocardiography assessment requires mitral inflow pulsed wave, pulmonary venous pulsed wave, and tissue Doppler of the mitral annulus?

- A. Mitral regurgitation severity
- B. Myocardial performance index

- C. Left ventricular systolic function
- **D. Left ventricular diastolic function**

Answer: D

Explanation:

Assessment of left ventricular diastolic function by echocardiography involves evaluating mitral inflow velocities with pulsed wave Doppler (E and A waves), pulmonary venous flow patterns (systolic and diastolic waves), and tissue Doppler imaging of the mitral annulus to measure early diastolic (e') velocities.

This combination allows differentiation of normal versus abnormal relaxation, elevated filling pressures, and grading of diastolic dysfunction. The myocardial performance index evaluates global ventricular function but does not specifically require these Doppler measures. Systolic function is assessed mainly by ejection fraction and wall motion. Mitral regurgitation severity uses color Doppler and vena contracta measurements.

This multiparameter diastolic function evaluation is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function Assessment#20:210-220Textbook of Clinical Echocardiography#.

NEW QUESTION # 79

Which step is next in further evaluation of the abnormality shown in this video?



- A. Administration of agitated saline with cough
- **B. Administration of agitated saline with Valsalva maneuver**
- C. Administration of agitated saline from right antecubital vein
- D. Administration of agitated saline from left antecubital vein

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video suggests an atrial septal abnormality possibly a patent foramen ovale or interatrial shunt. To evaluate for right-to-left shunting across an atrial septal defect, the administration of agitated saline contrast with a Valsalva maneuver is the next best step. Valsalva increases right atrial pressure transiently, promoting transient right-to-left shunting, making microbubbles visible in the left atrium if a shunt is present. Administration without Valsalva reduces sensitivity. The choice of arm vein (right or left) is less critical. This diagnostic technique is well described in ASE adult congenital heart disease guidelines and echocardiography contrast protocols#12:ASE Contrast Echocardiography Guidelinesp.190-195##16:

Textbook of Clinical Echocardiography, 6ep.575-580#.

NEW QUESTION # 80

Which finding is associated with partial anomalous venous return?

- A. Persistent left superior vena cava
- B. Perimembranous ventricular septal defect
- **C. Sinus venosus atrial septal defect**
- D. Cleft mitral valve

Answer: C

Explanation:

Partial anomalous pulmonary venous return (PAPVR) is a congenital defect where some pulmonary veins drain into the right atrium or systemic venous circulation rather than the left atrium. It is frequently associated with sinus venosus atrial septal defect (ASD), a defect near the junction of the superior vena cava and right atrium.

Cleft mitral valve is commonly associated with atrioventricular septal defects. Persistent left superior vena cava is a separate venous anomaly not typically linked with PAPVR. Perimembranous ventricular septal defects are different congenital defects not related to pulmonary venous anomalies.

The association between PAPVR and sinus venosus ASD is well described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Disease and Shunt Lesions#20:120-130Textbook of Clinical Echocardiography#

NEW QUESTION # 81

Which finding is most consistent with this M-mode image?

- A. Mitral valve annuloplasty ring
- B. Mitral valve prolapse
- **C. Rheumatic mitral stenosis**
- D. Systolic anterior motion of the mitral valve

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This M-mode echocardiographic image shows thickened mitral valve leaflets with a characteristic "doming" or "hockey-stick" appearance during diastole, which is classic for rheumatic mitral stenosis. Rheumatic mitral stenosis leads to leaflet thickening, restricted opening, and calcification, which alters the normal mitral valve motion on M-mode.

Mitral valve prolapse would show systolic displacement of the leaflets into the left atrium, typically later in systole, not doming in diastole. Mitral valve annuloplasty ring would appear as a bright echogenic line around the annulus but is not seen in this image. Systolic anterior motion (SAM) of the mitral valve is usually seen in hypertrophic cardiomyopathy and presents as anterior motion during systole, not the diastolic pattern shown.

This classical M-mode appearance is described in "Textbook of Clinical Echocardiography, 6e", Chapter on Rheumatic Valve Disease#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 82

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