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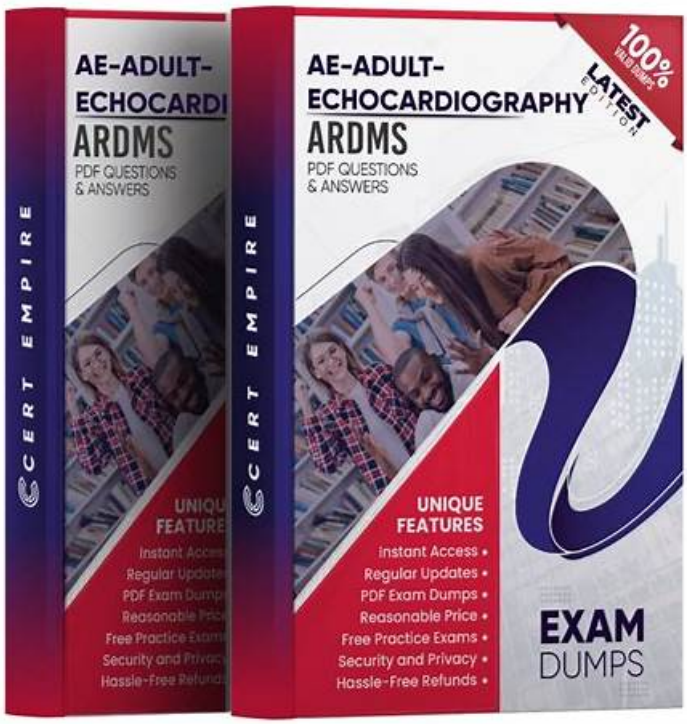

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If you don't progress and surpass yourself, you will lose many opportunities to realize your life value. Our AE-Adult-Echocardiography study training materials goal is to help users to challenge the impossible, to break the bottleneck of their own. A lot of people can't do a thing because they don't have the ability, the fact is, they don't understand the meaning of persistence, and soon give up. Our AE-Adult-Echocardiography Latest Questions will help make you a persistent person. Change needs determination, so choose our AE-Adult-Echocardiography training braindump quickly! Our AE-Adult-Echocardiography exam questions can help you pass the AE-Adult-Echocardiography exam without difficulty.

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	• 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	• 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	• 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q99-Q104):

NEW QUESTION # 99
Which view is best used to evaluate a bicuspid aortic valve?

- A. Apical long axis
- B. Right sternal border
- C. Parasternal short axis
- D. Apical five-chamber

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The parasternal short axis view at the level of the aortic valve is optimal for evaluating valve morphology, including detection of bicuspid aortic valve (BAV). This view clearly visualizes the valve leaflets en face during systole.
Right sternal border and apical views provide hemodynamic information but are less optimal for detailed valve anatomy. Apical long axis is better for left ventricular and outflow tract evaluation but limited for valve leaflet number.
This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Morphology and Congenital Anomalies#20:350-355Textbook of Clinical Echocardiography#.

NEW QUESTION # 100
Which mitral valve filling pattern is characterized by a long deceleration time and an E/A ratio of 0.6?

- A. Impaired relaxation
- B. Normal
- C. Pseudonormal
- D. Restrictive

Answer: A

Explanation:
The mitral valve filling pattern characterized by a long deceleration time and a reduced E/A ratio (less than 1, such as 0.6) is consistent with impaired relaxation. This pattern is typically seen in early diastolic dysfunction, where there is slowed ventricular relaxation, resulting in reduced early diastolic filling (E wave) and a compensatory increase in atrial contraction contribution (A wave).
Impaired relaxation pattern shows:
E/A ratio < 1 (e.g., 0.6)
Prolonged deceleration time (>200 ms)
Prolonged isovolumic relaxation time (IVRT)
This pattern differs from restrictive filling, which has a high E/A ratio (>2), shortened deceleration time (<150 ms), and elevated left atrial pressures. Pseudonormal filling has a normal or near-normal E/A ratio but elevated filling pressures that mask underlying dysfunction and requires further evaluation with tissue Doppler or pulmonary venous flow for diagnosis. Normal filling has a typical E/A ratio around 1 to 1.5 with normal deceleration times.
The textbook details that impaired relaxation is the earliest sign of diastolic dysfunction and describes the prolongation of the deceleration time and reduced E/A ratio as hallmark findings of this stage.

NEW QUESTION # 101
Which step is next in further evaluation of the abnormality shown in this video?

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

Answer: A

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 # 102
Which coronary artery is identified by the arrow on this image?

- A. Right
- B. Left anterior descending
- C. Left main
- D. Circumflex

Answer: B

Explanation:
The arrow points to the left anterior descending (LAD) coronary artery, which runs in the anterior interventricular groove toward the apex of the heart. It supplies the anterior wall of the left ventricle.
The right coronary artery runs in the right atrioventricular groove. The left main coronary artery is proximal to the LAD and circumflex arteries. The circumflex artery runs in the left atrioventricular groove posteriorly.
This identification is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Coronary Artery Anatomy and Echocardiographic Visualization#20:150-155Textbook of Clinical Echocardiography#.

NEW QUESTION # 103
What is the normal dP/dt value of left ventricular systolic function?

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

Answer: A

Explanation:
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.

NEW QUESTION # 104
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