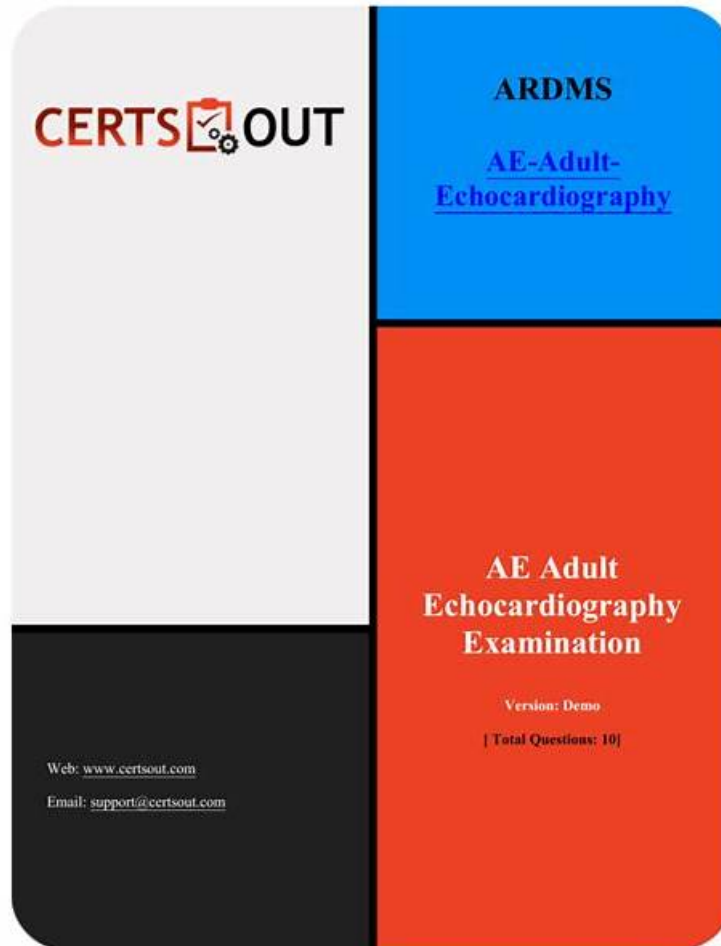


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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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.
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"> 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.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q130-Q135):

NEW QUESTION # 130

Left atrial dilation, concentric left ventricular hypertrophy, and aortic root dilation are echocardiography findings commonly associated with which condition?

- A. Hypertrophic cardiomyopathy
- B. Restrictive cardiomyopathy

- C. Pulmonary hypertension
- **D. Systemic hypertension**

Answer: D

Explanation:

Systemic hypertension leads to increased afterload, resulting in concentric left ventricular hypertrophy as an adaptive response. Chronic hypertension also causes aortic root dilation and elevated filling pressures leading to left atrial enlargement.

Restrictive cardiomyopathy primarily shows normal wall thickness with impaired filling. Hypertrophic cardiomyopathy involves asymmetric septal hypertrophy. Pulmonary hypertension mainly affects the right heart.

This association is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hypertensive Heart Disease#20:345-350Textbook of Clinical Echocardiography#.

NEW QUESTION # 131

Which congenital heart anomaly is found in approximately 30% of normal adults?

- A. Hypertrophic cardiomyopathy
- B. Cleft mitral valve
- **C. Patent foramen ovale**
- D. Bicuspid aortic valve

Answer: C

Explanation:

Patent foramen ovale (PFO) is a common congenital cardiac anomaly found in approximately 25-30% of the adult population. It represents incomplete closure of the foramen ovale after birth and is usually asymptomatic.

Cleft mitral valve and bicuspid aortic valve are less common congenital anomalies, and hypertrophic cardiomyopathy is a genetic myocardial disease, not an anomaly.

This prevalence and clinical significance are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Common Anomalies#20:110-115Textbook of Clinical Echocardiography#.

NEW QUESTION # 132

Which method of measuring left atrial size is most recommended and most accurate?

- A. Area by planimetry, indexed to body surface area
- **B. Biplane disk summation, indexed to body surface area**
- C. Linear dimension in the anteroposterior plane
- D. 3D imaging and volume calculations

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Biplane disk summation (Simpson's method) of left atrial (LA) volume, indexed to body surface area, is the most accurate and recommended method for assessing LA size. This method accounts for the asymmetrical shape of the LA and provides reproducible volume measurements.

3D imaging can provide even more precise volume data but is less widely available and less standardized.

Linear dimension and planimetry are less accurate because they do not fully represent LA size.

ASE chamber quantification guidelines strongly recommend biplane volume measurement for LA size assessment in clinical practice#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

NEW QUESTION # 133

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

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

Answer: C

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 # 134

Which valvular pathology is illustrated in this left heart pressure tracing?

- A. Mitral regurgitation
- B. Aortic regurgitation
- C. Aortic stenosis
- **D. Mitral stenosis**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The pressure tracing shows left atrial (LA), left ventricular (LV), and aortic (AO) pressures over time. The key feature is the large pressure gradient between the LA and LV during diastole (arrow pointing at early diastolic phase), where the LA pressure is elevated and there is a delayed, gradual rise in LV pressure during diastolic filling. This finding is typical of mitral stenosis, where obstruction at the mitral valve causes increased LA pressure and a pressure gradient between LA and LV during diastole.

In aortic stenosis, the pressure gradient is primarily between LV and AO during systole. Mitral regurgitation shows elevated LA pressure but not a diastolic gradient. Aortic regurgitation shows elevated LV diastolic pressure with aortic diastolic pressure falling. These characteristic hemodynamic patterns are described in clinical cardiology and echocardiography literature and hemodynamic references such as the "Textbook of Clinical Echocardiography" and cardiac catheterization textbooks#16:Textbook of Clinical Echocardiography, 6ep.360-365##12:Hemodynamic Textsp.50-60#.

NEW QUESTION # 135

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