

AE-Adult-Echocardiography New Practice Questions & New AE-Adult-Echocardiography Test Materials

Adult Echocardiography Practice Exam #1 Questions and Answers

Inferior vena cava, superior vena cava, & hepatic veins demonstrate systolic flow reversal. What type of valve abnormality would you expect to see?

- A. mild mitral regurgitation
- B. severe mitral regurgitation
- C. mild tricuspid regurgitation
- D. severe tricuspid regurgitation - Answer- D

When estimating pulmonary artery pressure, the most reliable non-invasive method is:

- A. tricuspid valve regurgitant jet velocity
- B. pulmonic valve systolic velocity
- C. pulmonary artery catheter
- D. thermodilution - Answer- D

Which statement is correct about frequency?

- A. higher frequency transducers decrease the depth of penetration, but reduce image resolution
- B. low frequency transducers decrease the depth penetration, but increase image resolution
- C. higher frequency transducers increase the depth of penetration & improve image resolution
- D. low frequency transducers improve depth penetration, but reduce image resolution - Answer- D

Mitral valve prolapse may be augmented by:

- A. having the patient lie very flat
- B. having the patient perform a valsalva maneuver
- C. having the patient inhale
- D. injecting contrast into the venous system - Answer- B

Which chamber is the more posterior?

- A. right ventricle
- B. left atrium
- C. left ventricle
- D. right atrium - Answer- B

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Regarding the process of globalization, every fighter who seeks a better life needs to keep pace with its tendency to meet challenges. AE-Adult-Echocardiography certification is a stepping stone for you to stand out from the crowd. Nowadays, having knowledge of the AE-Adult-Echocardiography study braindumps become widespread, if you grasp solid technological knowledge, you are sure to get a well-paid job and be promoted in a short time. According to our survey, those who have passed the exam with our AE-Adult-Echocardiography Test Guide convincingly demonstrate their abilities of high quality, raise their professional profile, expand their network and impress prospective employers.

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"> • 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 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q92-Q97):

NEW QUESTION # 92

An intravenous drug user presents with a fever of unknown origin, flu-like symptoms, dyspnea, and chest pain. Which ultrasound finding is mostly likely associated with this presentation?

- A. Endocarditis
- B. Mitral valve prolapse
- C. Hypertrophic cardiomyopathy
- D. Aortic dissection

Answer: A

Explanation:

Intravenous drug use is a major risk factor for infective endocarditis, particularly involving the tricuspid valve and sometimes left-sided valves. Symptoms like fever, flu-like illness, dyspnea, and chest pain suggest possible septic emboli or valve destruction. Echocardiographic findings associated with endocarditis include mobile echogenic masses attached to valve leaflets (vegetations), valve thickening, or destruction. These findings are diagnostic and guide treatment.

Aortic dissection, hypertrophic cardiomyopathy, and mitral valve prolapse can present with different clinical features and echocardiographic findings not consistent with infectious vegetations.

These clinical and echocardiographic correlations are detailed in the ASE guidelines on infective endocarditis and the "Textbook of Clinical Echocardiography" #16:Textbook of Clinical Echocardiography, 6ep.470-475# #12:ASE Infective Endocarditis Guidelinesp.380-390#.

NEW QUESTION # 93

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



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

Answer: C

Explanation:

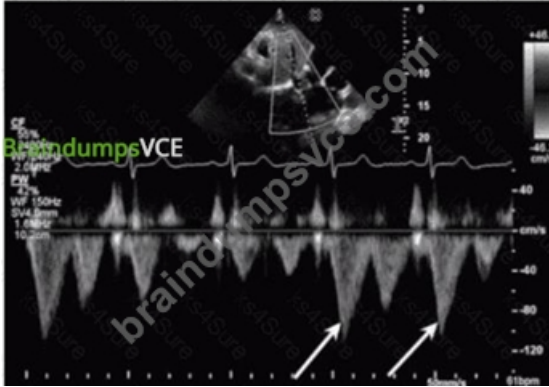
Comprehensive and Detailed Explanation From Exact Extract:

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 # 94

Which flow component is indicated by the arrows on this image?



- A. Systolic forward flow
- B. Atrial reversal
- C. Ventricular reversal
- D. Diastolic flow reversal

Answer: B

Explanation:

The Doppler waveform shows pulmonary vein flow with several components. The arrows point to small reversed flow spikes just after the atrial contraction wave, which corresponds to the atrial reversal (AR) flow component. Atrial reversal occurs as blood briefly flows backward into the pulmonary veins during atrial contraction.

Ventricular reversal is not typically seen in pulmonary veins. Diastolic flow reversal is abnormal and usually not part of normal pulmonary vein flow. Systolic forward flow is the major forward component during ventricular systole.

This interpretation is standard in ASE guidelines on diastolic function assessment and pulmonary vein Doppler evaluation#12:ASE Diastolic Function Guidelinesp.85-90##16:Textbook of Clinical Echocardiography, 6ep.130-135#.

NEW QUESTION # 95

Which two-dimensional method is recommended for assessing left ventricular ejection fraction when regional wall motion abnormalities are present?

- A. Visual
- B. Quinones
- C. Simpson biplane
- D. Tetcholz

Answer: C

Explanation:

The Simpson biplane method (method of disks) is the recommended two-dimensional echocardiographic technique to quantify left ventricular ejection fraction (LVEF), especially when regional wall motion abnormalities are present. It involves tracing endocardial borders in apical two- and four-chamber views to calculate LV volumes and EF, accounting for segmental dysfunction.

Visual estimation is subjective and less accurate. The Quinones method (single plane area-length) and Teichholz method rely on geometric assumptions and are less accurate in abnormal ventricles.

ASE chamber quantification guidelines strongly endorse Simpson biplane for LVEF assessment in regional wall motion abnormalities#12:ASE Chamber Quantification Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.60-65#.

NEW QUESTION # 96

Which of the following occurs during the strain phase of the Valsalva maneuver?

- A. Increased afterload
- B. Decreased afterload
- C. Decreased preload
- D. Increased preload

Answer: C

Explanation:

During the strain phase of the Valsalva maneuver, intrathoracic pressure increases significantly due to forced expiration against a closed glottis. This elevated intrathoracic pressure compresses the thoracic veins, leading to decreased venous return to the heart, which causes a reduction in preload (the volume of blood filling the ventricles during diastole). This reduction in preload is transient and results in decreased stroke volume and cardiac output.

This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio can normalize or reverse if diastolic dysfunction is present.

The strain phase does not decrease afterload; in fact, afterload can transiently increase during other phases, but the hallmark of the strain phase is decreased preload.

This explanation is detailed in the "Textbook of Clinical Echocardiography, 6e," which explains the hemodynamic changes during the Valsalva maneuver and its clinical application in echocardiographic assessment of diastolic function.

NEW QUESTION # 97

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