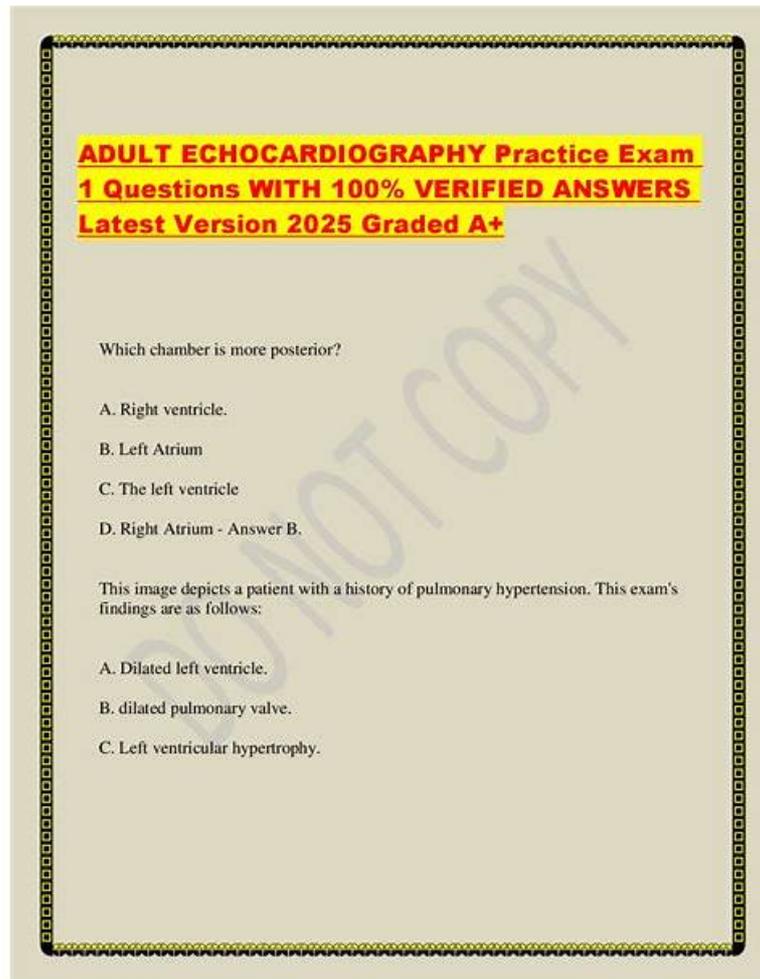


# Latest AE Adult Echocardiography Examination real exams, AE-Adult-Echocardiography vce dumps



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## ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li><b>Anatomy and Physiology:</b> 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.</li> </ul>

Topic 2	<ul style="list-style-type: none"> <li>• <b>Measurement Techniques, Maneuvers, and Sonographic Views:</b> 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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Clinical Care and Safety:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Pathology:</b> 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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• <b>Instrumentation, Optimization, and Contrast:</b> 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.</li> </ul>

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### **ARDMS AE Adult Echocardiography Examination Sample Questions (Q127-Q132):**

#### **NEW QUESTION # 127**

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

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

**Answer: B**

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 # 128

Which murmur will occur in a patient with a ruptured papillary muscle?

- A. Early systolic
- **B. Holsystolic**
- C. Ejection systolic
- D. Late systolic

**Answer: B**

Explanation:

Rupture of a papillary muscle leads to acute mitral regurgitation, producing a holosystolic murmur heard throughout systole. This murmur results from backward flow of blood from the left ventricle to the left atrium during systole.

Ejection systolic murmurs are typically due to outflow obstruction like aortic stenosis. Early or late systolic murmurs occur in specific valve lesions but not with papillary muscle rupture.

This is covered in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Disease and Mechanical Complications of Myocardial Infarction#20:430-435Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 129

Which parameter is necessary to calculate a 2D left atrial volume index?

- A. Blood pressure
- **B. Height**
- C. Age
- D. Cardiac output

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The left atrial volume index (LAVI) is the left atrial volume normalized to the patient's body surface area (BSA), which accounts for patient size. To calculate BSA, height and weight are required, most commonly using formulas such as the Mosteller formula.

Therefore, height is a necessary parameter to calculate the left atrial volume index. Age, blood pressure, and cardiac output are not used in the calculation of LAVI but may be clinically relevant for interpretation.

This approach standardizes LA size across patients of different body habitus, making LAVI a more accurate and reproducible measure of LA remodeling and a predictor of cardiovascular outcomes.

The echocardiography guidelines and textbooks emphasize the importance of indexing LA volume to BSA and highlight height as a required measurement for this purpose .

#### NEW QUESTION # 130

Which diagnosis is most likely confirmed by echocardiography in a 65-year-old female presenting with new onset chest pain associated with ST segment elevation on the electrocardiogram and angiographically normal coronary arteries?

- A. Alcohol-associated cardiomyopathy
- B. Apical hypertrophic cardiomyopathy
- **C. Takotsubo cardiomyopathy**
- D. Restrictive cardiomyopathy

**Answer: C**

Explanation:

Takotsubo cardiomyopathy, also known as stress-induced cardiomyopathy or "broken heart syndrome," predominantly affects postmenopausal women (usually older than 50 years) and often presents with acute chest pain and ST-segment elevation on the ECG mimicking acute myocardial infarction. However, coronary angiography reveals normal or non-obstructive coronary arteries. Echocardiographically, Takotsubo cardiomyopathy is characterized by transient left ventricular systolic dysfunction with a typical pattern of apical ballooning and basal hyperkinesis. The wall motion abnormality extends beyond a single coronary artery territory, differentiating it from ischemic cardiomyopathy.

The diagnosis is supported by the clinical presentation, typical echocardiographic findings, and exclusion of obstructive coronary artery disease. The condition is usually reversible over days to weeks.

This is extensively described in the "Textbook of Clinical Echocardiography, 6e" (Chapter 8: Coronary Artery Disease and Takotsubo Syndrome), which highlights the typical patient demographics, presentation, echocardiographic features, and prognosis .

### NEW QUESTION # 131

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

- A. Mitral regurgitation severity
- B. Left ventricular systolic function
- **C. Left ventricular diastolic function**
- D. Myocardial performance index

**Answer: C**

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 # 132

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