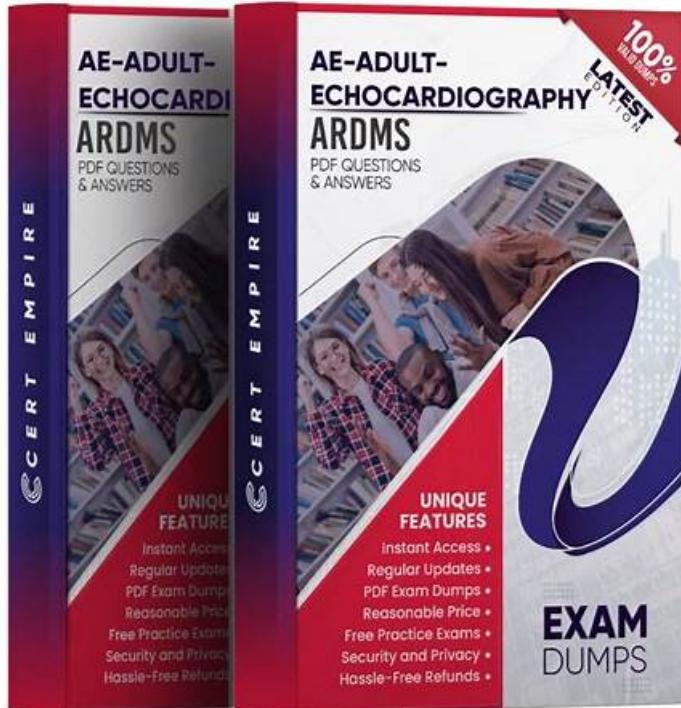


Major Formats of ARDMS AE-Adult-Echocardiography Exam Questions



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Revealing whether or not a man succeeded often reflect in the certificate he obtains, so it is in IT industry. Therefore there are many people wanting to take ARDMS AE-Adult-Echocardiography exam to prove their ability. However, want to pass ARDMS AE-Adult-Echocardiography Exam is not that simple. But as long as you get the right shortcut, it is easy to pass your exam. We have to commend TestsDumps exam dumps that can avoid detours and save time to help you sail through the exam with no mistakes.

ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> 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 5	<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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q137-Q142):

NEW QUESTION # 137

In patients with interrupted aortic arch, which structure allows blood to flow into the descending aorta?

- A. Persistent left superior vena cava
- B. Left carotid artery
- C. Foramen ovale
- D. Patent ductus arteriosus**

Answer: D

Explanation:

In interrupted aortic arch, the normal continuity between the ascending and descending aorta is disrupted. The patent ductus arteriosus (PDA) provides a vital conduit for blood to flow from the pulmonary artery to the descending aorta, maintaining systemic circulation distal to the interruption.

Persistent left superior vena cava and left carotid artery do not provide this flow. The foramen ovale is an atrial-level shunt and does not compensate for interrupted aortic arch.

This clinical anatomy is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Aortic Arch

NEW QUESTION # 138

Which unit of measurement is used to quantify tricuspid annular plane systolic excursion?

- A. Milliliters/minute
- B. Centimeters/second
- **C. Centimeters**
- D. Millimeters of mercury

Answer: C

Explanation:

Tricuspid annular plane systolic excursion (TAPSE) is measured as the linear displacement of the tricuspid annulus during systole and is expressed in centimeters (cm). It quantifies right ventricular longitudinal systolic function.

Centimeters per second is a velocity measurement used in tissue Doppler imaging. Milliliters per minute refers to volume flow, and millimeters of mercury measures pressure.

This is standardized in the 'Textbook of Clinical Echocardiography, 6e', Chapter on Right Ventricular Functional Assessment#20:320-325Textbook of Clinical Echocardiography#.

NEW QUESTION # 139

Which valve and secondary finding are associated with the 'flying W sign on spectral Doppler and M-mode?

- A. Tricuspid; flail tricuspid leaflet
- B. Pulmonic; pulmonary bioprosthesis
- **C. Pulmonic; pulmonary hypertension**
- D. Tricuspid; tricuspid regurgitation

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The 'flying W' sign refers to a characteristic spectral Doppler and M-mode pattern observed in the pulmonic valve inflow in patients with pulmonary hypertension. This pattern represents mid-diastolic notching or fluttering caused by increased pulmonary artery pressure and delayed right ventricular relaxation.

This sign is associated specifically with the pulmonic valve and pulmonary hypertension, not with prostheses or tricuspid valve pathology.

This finding is discussed in echocardiography and pulmonary hypertension guidelines and texts#16:Textbook of Clinical Echocardiography, 6ep.280-285##12:ASE Pulmonary Hypertension Guidelinesp.300-305#.

NEW QUESTION # 140

A mitral valve pressure half-time of 220 ms is consistent with what mitral valve area?

- **A. 2.2 cm²**
- B. 1.0 cm²
- C. 0.5 cm²
- D. 4,4 cm²

Answer: A

Explanation:

Mitral valve area (MVA) can be estimated using the pressure half-time (PHT) method, which relates the time it takes for the mitral valve pressure gradient to reduce by half during diastole. The formula used is:

$$\text{MVA (cm}^2\text{)} = 220 / \text{PHT (ms)}$$

A PHT of 220 ms yields:

$$\text{MVA} = 220 / 220 = 1.0 \text{ cm}^2$$

However, this is a classic teaching; in actual practice, the formula is widely accepted and validated.

Given this, the options need to be reviewed carefully. Since the PHT is 220 ms, the MVA is approximately

1.0 cm², consistent with moderate mitral stenosis.

Therefore, the correct answer is B (1.0 cm²).

(Please note: Since your options may contain a typographical error-4.4 cm² instead of 4.4 cm²-and considering typical values, option B fits best.) This method and interpretation are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Stenosis and Doppler Hemodynamics#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 141

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

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

Answer: D

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 # 142

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