

# AE-Adult-Echocardiography Certification Exam Cost | AE-Adult-Echocardiography Sample Questions Pdf



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

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 2	<ul style="list-style-type: none"><li>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.</li></ul>

Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>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.</li> </ul>

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## **ARDMS AE Adult Echocardiography Examination Sample Questions (Q106-Q111):**

### **NEW QUESTION # 106**

- A. Sinus venosus atrial septal defect
- B. Coronary sinus atrial septal defect
- C. Primum atrial septal defect
- D. Secundum atrial septal defect**

### **Answer: D**

#### **Explanation:**

The echocardiographic image shows a typical atrial septal defect located in the central portion of the atrial septum, best classified as a secundum atrial septal defect (ASD). Secundum ASDs are the most common type, occurring in the fossa ovalis region.

Sinus venosus ASDs are located near the superior vena cava or inferior vena cava junctions, coronary sinus ASDs involve unroofing of the coronary sinus, and primum ASDs occur low in the atrial septum near the atrioventricular valves.

These anatomic distinctions are critical for diagnosis and surgical planning and are detailed in adult congenital heart disease and echocardiography references#16:Textbook of Clinical Echocardiography, 6ep.

565-570##12:ASE Adult Congenital Guidelinesp.400-410#.

### NEW QUESTION # 107

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

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

**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 # 108

Sinus of Valsalva aneurysms most commonly rupture into which structure(s)?

- A. Coronary sinus
- B. Left atrium
- C. Right heart chambers
- D. Pericardial space

**Answer: C**

Explanation:

Sinus of Valsalva aneurysms typically rupture into the right heart chambers, most commonly the right atrium or right ventricle. This creates a left-to-right shunt and can lead to volume overload and heart failure if not treated.

Rupture into the pericardial space is less common and may cause tamponade. Rupture into the left atrium or coronary sinus is rare. This clinical detail is described in the 'Textbook of Clinical Echocardiography, 6e', Chapter on Aortic Root Pathology and Sinus of Valsalva Aneurysms#20:420-425Textbook of Clinical Echocardiography#.

### NEW QUESTION # 109

Which of the following does this Image represent?

□

- A. Tricuspid valve inflow
- B. Pulmonary vein Doppler
- C. Hepatic vein Doppler
- D. Mitral valve inflow

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The image shows a pulsed-wave Doppler waveform with respiratory phasicity and distinct forward and reversed flow components characteristic of hepatic vein flow patterns. Hepatic vein Doppler typically displays a biphasic waveform with systolic (S) and diastolic (D) forward flow toward the heart and brief reversed flow during atrial contraction (A wave reversal), reflecting right atrial pressure changes.

Mitral and tricuspid inflow Doppler patterns show distinct E and A waves representing early and late diastolic ventricular filling but do not have the same flow reversal pattern. Pulmonary vein Doppler waveforms also differ, showing systolic and diastolic forward flows into the left atrium without the prominent reversed flow seen here.

The hepatic vein Doppler is commonly used in echocardiography to assess right atrial pressure and compliance, especially in conditions like constrictive pericarditis and right heart failure, where characteristic flow reversals and expiratory changes are observed.

This pattern and its clinical significance are detailed in adult echocardiography references, including the "Textbook of Clinical Echocardiography" and ASE guidelines on Doppler imaging#16:Hepatic Vein DopplerTextbook of Clinical Echocardiography, 6e##12:ASE Doppler Guidelinesp.95-100#.

## NEW QUESTION # 110

Which of the following is commonly evaluated by the sniff maneuver?

- A. Right ventricular outflow tract obstruction
- B. Right atrial pressure
- C. Left atrial pressure
- D. Left ventricular outflow tract obstruction

### Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The sniff maneuver is commonly used in echocardiography to assess right atrial pressure (RAP) indirectly by observing changes in the size and collapsibility of the inferior vena cava (IVC). During a sniff or rapid inspiration, negative intrathoracic pressure normally causes the IVC to collapse. The degree of IVC collapse during the sniff test correlates with RAP.

If the IVC is dilated and fails to collapse significantly with a sniff, this suggests elevated right atrial pressure, which can be caused by right heart failure, pulmonary hypertension, or volume overload.

This maneuver is not used to evaluate left atrial pressure or outflow tract obstructions, which require other echocardiographic parameters.

This assessment method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Heart Evaluation and Hemodynamics#20:300-305Textbook of Clinical Echocardiography#.

## NEW QUESTION # 111

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