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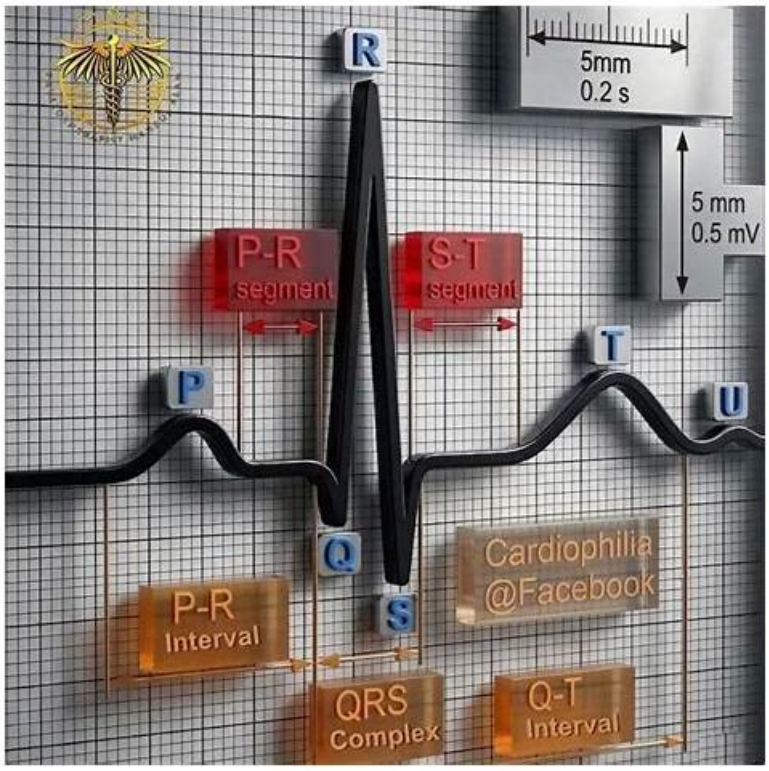

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What happens when you are happiest? It must be the original question! The hit rate of AE-Adult-Echocardiography study materials has been very high for several reasons. Our company has collected the most comprehensive data and hired the most professional experts to organize. They are the most authoritative in this career. At the same time, we are very concerned about social information and will often update the content of our AE-Adult-Echocardiography Exam Questions.

ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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 5	• 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 (Q70-Q75):

NEW QUESTION # 70
Which unit of measurement is used to quantify tricuspid annular plane systolic excursion?

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

Answer: A

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 # 71
Which next step is appropriate after obtaining the Doppler signal in this image?

- A. Continuous wave through the mitral valve to assess for mitral stenosis
- B. Pulsed wave at various levels of the left ventricle to localize intracavitary gradient.
- C. Pulsed wave at the level of the mitral valve leaflet tips to assess for mitral stenosis
- D. Continuous wave through the left ventricle to localize intracavitary gradient

Answer: D

Explanation:
The Doppler signal shown is a continuous wave (CW) Doppler tracing typical of measuring high velocity flow, such as an intracavitary gradient in the left ventricle, often seen in hypertrophic obstructive cardiomyopathy (HOCM). CW Doppler is needed to capture the highest velocity flow across the entire ventricular cavity and outflow tract.
Pulsed wave Doppler has limited spatial resolution and cannot measure high velocities without aliasing; thus, it is less useful for localizing gradients in this context. Pulsed wave at mitral leaflet tips is used for mitral inflow assessment, not intracavitary gradients.
This approach is recommended in ASE guidelines for cardiomyopathy and valvular obstruction evaluation#12:
ASE Doppler Guidelinesp.120-125##16:Textbook of Clinical Echocardiography, 6ep.350-355#

NEW QUESTION # 72
Which parameter is necessary to calculate a 2D left atrial volume index?

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

Answer: A

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 # 73
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 artenes?

- 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 # 74
Which syndrome is associated with pulmonic stenosis?

- A. Noonan
- B. Marfan
- C. Turner
- D. Eisenmenger

Answer: A

Explanation:
Pulmonic stenosis is a congenital valve abnormality often seen in genetic syndromes with cardiac manifestations. Among these, Noonan syndrome is the most frequently associated with pulmonic stenosis.
Noonan syndrome is a genetic disorder characterized by distinctive facial features, short stature, and congenital heart defects, with pulmonic valve stenosis being the predominant cardiac lesion. The stenosis is usually valvular and caused by dysplastic pulmonary valve leaflets, leading to obstruction of right ventricular outflow.
Other syndromes listed do not typically present with pulmonic stenosis:
Turner syndrome is more commonly linked with bicuspid aortic valve and coarctation of the aorta, not pulmonic stenosis.
Eisenmenger syndrome refers to the advanced phase of congenital heart defects with significant pulmonary hypertension and is not a genetic syndrome.
Marfan syndrome is predominantly associated with aortic root dilation and mitral valve prolapse, but not with pulmonic stenosis.
This association is well documented in adult echocardiography guidelines and texts, such as the "Textbook of Clinical Echocardiography" by Catherine Otto, which clearly identifies Noonan syndrome as the syndrome most commonly associated with pulmonic stenosis among congenital heart defects#16:Chapter on Congenital Heart DiseaseTextbook of Clinical Echocardiography, 6e#.

NEW QUESTION # 75
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