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ADULT ECHOCARDIOGRAPHY EXAM Questions with 100% Verified Answers Latest Version 2025 Graded A+

A 38-year-old male is taken to the lab for assessment after complaining of severe dyspnea with exertion for two months. M-mode observations include dilated LV, increased E point to septal separation (EPSS), a B-notch on the MV, and hypo contractile LV wall motion. What form of heart problem do these results indicate? - ANSWER Dilated cardiomyopathy.

After a chest x-ray revealed cardiomegaly, a 58-year-old female with a primary symptom of increased dyspnea with exertion is referred for an echo. The echocardiogram shows LV hypertrophy with a "bright" myocardial appearance, LA enlargement, and a modest pericardial effusion. What's the most likely heart diagnosis for this patient? - ANSWER Infiltrative (restrictive) cardiomyopathy.

A 56-year-old female goes to her doctor with a complaint of SOB. Physical examination reveals a low-frequency diastolic (rumbling) murmur. The patient denies any prior history of rheumatic fever. Which three cardiac abnormalities might be present in this patient? - Answer: Mitral stenosis.

- LA Myxomas

- Aortic regurgitation.

A 31-year-old man with a history of uncontrolled systemic hypertension arrives at the emergency room with acute chest pain that he describes as "ripping". What's the most likely heart diagnosis for this patient?

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Passing a AE-Adult-Echocardiography certification exam is very hard. It gives the exam candidates a tough time as it requires the most updated information and hands-on experience on the contents of the syllabus. CertkingdomPDF's AE-Adult-Echocardiography brain dumps make your preparation easier. They provide you authentic and verified information and the most relevant set of questions and answers that will help you attain success in your AE-Adult-Echocardiography Exam.

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"> • 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"> • 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.

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q10-Q15):

NEW QUESTION # 10

Which Doppler signal is used to calculate the pulmonary artery end-diastolic pressure gradient?

- A. Tricuspid inflow velocity
- **B. Pulmonary insufficiency**
- C. Tricuspid insufficiency
- D. Pulmonary inflow velocity

Answer: B

Explanation:

Pulmonary artery end-diastolic pressure (PAEDP) can be estimated noninvasively by measuring the end-diastolic velocity of

pulmonary regurgitation (pulmonary insufficiency) using continuous-wave Doppler. The pressure gradient between the pulmonary artery and right ventricle at end-diastole is calculated using the modified Bernoulli equation from this velocity. Tricuspid insufficiency is used to estimate right ventricular systolic pressure. Tricuspid inflow and pulmonary inflow velocities provide information on diastolic function but not direct pressure gradients. This method is well validated and included in ASE guidelines for pulmonary hypertension assessment and Doppler hemodynamics#16:Textbook of Clinical Echocardiography, 6p.300-305##12:ASE Doppler Guidelinesp.110-115#.

NEW QUESTION # 11

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

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

Answer: D

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)

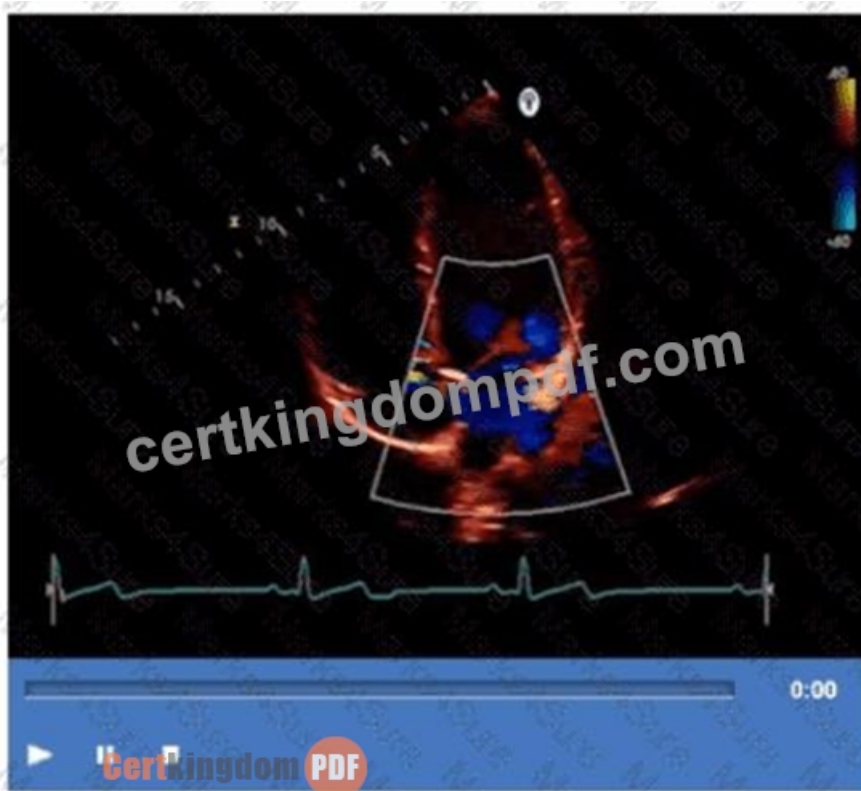
Prolonged deceleration time (>200 ms)

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 # 12



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

Answer: B

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 # 13

Which view best demonstrates a wall thickening abnormality of the apical lateral segment?

- A. Four-chamber
- B. Parasternal long axis
- **C. Two-chamber**
- D. Mid-parasternal short axis

Answer: C

Explanation:

The two-chamber apical view allows visualization of the left ventricle's anterior and inferior walls, including the apical lateral segment. It is ideal for assessing wall thickness and segmental wall motion abnormalities in this region.

The four-chamber view visualizes septal and lateral walls but does not optimally display the apical lateral segment. Parasternal long axis primarily visualizes the anterior septum and posterior wall but is limited for lateral apex. The mid-parasternal short axis focuses on mid-ventricular segments and does not visualize the apex.

This anatomical and echocardiographic detail is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Left Ventricular Segmental Analysis#20:120-125Textbook of Clinical Echocardiography#.

NEW QUESTION # 14

Which statement is considered true regarding tricuspid annular plane systolic excursion (TAPSE)?

- A. The lower reference value is 13 mm.
- B. It is angle dependent.
- C. It is a measure of right ventricular diastolic function.
- D. It is an indirect measure of left ventricular systolic function.

Answer: A

Explanation:

TAPSE measures the longitudinal systolic excursion of the tricuspid annulus towards the apex and is a widely used echocardiographic parameter of right ventricular systolic function. It is not a measure of diastolic function nor an indirect measure of left ventricular function.

TAPSE is relatively angle independent because it is measured in M-mode from the apical four-chamber view aligned with annular motion.

The lower normal limit for TAPSE is generally accepted as 16 mm, but 13 mm is sometimes cited as a threshold below which right ventricular systolic dysfunction is suggested.

This information is presented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Function Assessment#20:320-325Textbook of Clinical Echocardiography

NEW QUESTION # 15

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