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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 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"> • 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 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 (Q22-Q27):

NEW QUESTION # 22

During which phase of the cardiac cycle does mitral valve prolapse occur?

- A. Diastasis
- B. Ventricular filling
- C. Atrial systole
- **D. Ventricular contraction**

Answer: D

Explanation:

Mitral valve prolapse (MVP) occurs during ventricular contraction (systole). Specifically, during systole, the increased pressure in the left ventricle causes the mitral valve leaflets to billow or prolapse back into the left atrium. This abnormal systolic displacement of the mitral leaflets beyond the annular plane leads to mitral regurgitation in many cases.

The echocardiographic hallmark of MVP is systolic bowing or displacement of the mitral leaflets into the left atrium, best visualized in

parasternal long-axis or apical views during ventricular contraction. MVP is not seen during ventricular filling phases such as early filling, atrial systole, or diastasis because the leaflets are normally open or positioned differently. This is well-documented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Disease, explaining the pathophysiology of MVP and its timing during the cardiac cycle#20:390-395Textbook of Clinical Echocardiography#.

NEW QUESTION # 23

In cardiac tamponade, how do transvalvular pressure gradients change during expiration?

- A. Transmitral decreases and transtricuspid decreases
- B. Transmitral increases and transtricuspid increases
- C. **Transmitral decreases and transtricuspid increases**
- D. Transmitral increases and transtricuspid decreases

Answer: C

Explanation:

In cardiac tamponade, there is a characteristic reciprocal respiratory variation in transvalvular flow velocities due to ventricular interdependence and impaired cardiac filling. During expiration, the intrathoracic pressure increases, which leads to decreased right ventricular filling and thus decreased transtricuspid flow velocity.

Simultaneously, left ventricular filling increases, causing an increase in transmitral flow velocity.

Therefore, during expiration, the transmitral gradient increases while the transtricuspid gradient decreases.

This phenomenon reverses during inspiration, where transtricuspid flow increases and transmitral flow decreases. These respiratory variations are diagnostic hallmarks of tamponade physiology and help distinguish it from other conditions.

This principle is illustrated in Doppler echocardiographic studies of ventricular inflow and is described with diagrams in the "Textbook of Clinical Echocardiography, 6e" (Chapter 10: Pericardial Disease), highlighting the changes in transmitral and transtricuspid velocities during the respiratory cycle in tamponade .

NEW QUESTION # 24

How must the sonographer angle the transducer from the apical four-chamber view in order to visualize the aortic valve in the apical five-chamber view?

- A. Posteriorly
- B. **Anteriorly**
- C. Medially
- D. Laterally

Answer: B

Explanation:

To obtain the apical five-chamber view from the apical four-chamber, the transducer is angled anteriorly (towards the patient's chest). This brings the left ventricular outflow tract and aortic valve into the imaging plane anterior to the left ventricle and mitral valve seen in the four-chamber view.

Posterior, medial, or lateral angulations do not adequately visualize the aortic valve in this context.

This technique is described in adult echocardiography imaging protocols and ASE chamber quantification guidelines#12:ASE Imaging Protocolsp.30-35##16:Textbook of Clinical Echocardiography, 6ep.70-75#.

NEW QUESTION # 25

Which critical finding is most likely to require immediate surgical intervention?

- A. True aneurysm
- B. Severe mitral stenosis
- C. Severe aortic stenosis
- D. **Pseudoaneurysm**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

A pseudoaneurysm (false aneurysm) of the heart or great vessels is a contained rupture of the vessel or myocardial wall with a narrow neck and high risk of rupture, making it a surgical emergency. Unlike true aneurysms, pseudoaneurysms lack all vessel wall layers and have a fragile wall prone to catastrophic rupture.

True aneurysms involve all wall layers and generally have a lower immediate risk. Severe aortic or mitral stenosis are serious conditions often requiring intervention but not immediate emergency surgery unless complicated.

Therefore, pseudoaneurysm is the critical finding that mandates urgent surgical repair.

This distinction and management urgency are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aneurysms and Cardiac Emergencies#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 26

Which finding does peak mitral valve regurgitant Doppler velocity reflect?

- A. Pressure gradient between the left ventricle and left atrium
- B. Pressure gradient between the left ventricle and aorta
- C. Mechanism of regurgitation
- D. Severity of regurgitation

Answer: A

Explanation:

The peak Doppler velocity of mitral regurgitation (MR) reflects the instantaneous pressure gradient between the left ventricle (LV) and left atrium (LA) during systole. The higher the velocity, the greater the pressure difference.

However, the velocity itself does not quantify severity directly; severity depends on the size and volume of the regurgitant jet. The mechanism is determined by valve morphology and motion, not velocity. The LV to aorta gradient relates to aortic valve pathology. This principle is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Regurgitation and Doppler Evaluation#20:390-395Textbook of Clinical Echocardiography#.

NEW QUESTION # 27

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