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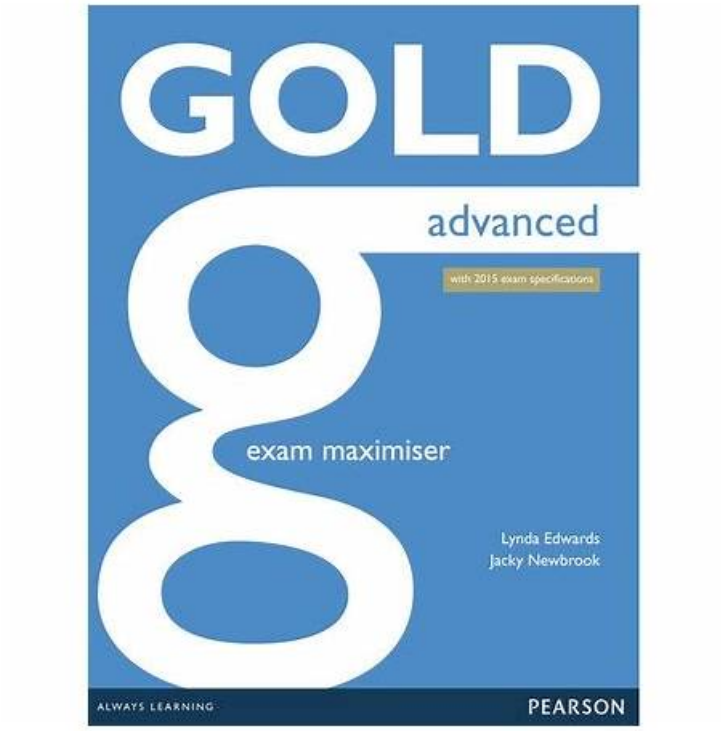

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

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	• 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 3	• 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 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	• 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.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q51-Q56):

NEW QUESTION # 51
Which diagnosis is most consistent with the findings in these images?

- A. Restrictive cardiomyopathy from amyloidosis
- B. Takotsubo cardiomyopathy
- C. Apical hypertrophic cardiomyopathy
- D. Hypertrophic obstructive cardiomyopathy

Answer: B

Explanation:

The first image shows a bullseye plot of global longitudinal strain (GLS) with marked reduction in strain values (less negative numbers) most prominently in the apical segments (central red zone), with an overall GLS of -8.2% (normal is about -20%) and a reduced ejection fraction of 41%. This pattern is characteristic of Takotsubo cardiomyopathy, which typically demonstrates regional wall motion abnormalities that predominantly involve the apex and mid segments of the left ventricle with basal sparing.
The 2D echocardiographic images show apical ballooning, a hallmark of Takotsubo cardiomyopathy, where the apex is akinetic or dyskinetic and the basal segments contract normally or hypercontract. Doppler images show findings consistent with impaired ventricular function.
In contrast:
Apical hypertrophic cardiomyopathy (HCM) would show increased wall thickness localized to the apex but not apical ballooning or reduced strain in that typical pattern.
Hypertrophic obstructive cardiomyopathy (HOCM) involves basal septal hypertrophy with outflow obstruction, not apical akinesis or ballooning.
Restrictive cardiomyopathy from amyloidosis involves diffuse infiltration and generally a different strain pattern with more uniform reduction and "apical sparing" rather than apical involvement.
This interpretation aligns with the diagnostic criteria and echocardiographic features described in the adult echocardiography literature, including the "Textbook of Clinical Echocardiography" (Chapter on Cardiomyopathies) and ASE guidelines, which highlight apical ballooning and regional strain abnormalities as diagnostic features of Takotsubo cardiomyopathy#16:Cardiomyopathy ChapterTextbook of Clinical Echocardiography, 6e##12:ASE Guidelines on Strain Imagingp.130-135#.

NEW QUESTION # 52
Which parameter is necessary to calculate a 2D left atrial volume index?

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

Answer: C

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 # 53
What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Left ventricular outflow tract (LVOT) time velocity integral
- B. Right ventricular outflow tract (RVOT) time velocity integral
- C. Stroke volume of the RVOT
- D. Stroke volume of the LVOT

Answer: C

Explanation:
In the calculation of the shunt ratio Qp/Qs, Qp represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time velocity integral (VTI).
Qp (pulmonary flow) divided by Qs (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.
This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 54
Which finding is demonstrated in this video?

- A. Native valve with extensive calcification
- B. Annuloplasty ring repair
- C. Bioprosthetic valve replacement
- D. Mechanical valve replacement

Answer: B

Explanation:
The echocardiographic video shows a prosthetic ring-like structure attached to the mitral annulus with preserved native leaflet motion, consistent with an annuloplasty ring repair. Annuloplasty rings are used to reduce the mitral annulus size and improve leaflet coaptation in mitral regurgitation without replacing the valve.
Bioprosthetic or mechanical valve replacements would show distinctly different echogenic valve structures with leaflet or disc motion replacing the native valve. Extensive calcification of a native valve appears as echogenic, thickened leaflets without a discrete ring.
This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Valve Repair Techniques#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 55
What is the range of the aortic valve area in normal adults?

- A. 7- 8cm2
- B. 3 - 4cm2
- C. 1 - 2 cm2
- D. 5 - 6cm2

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
The normal aortic valve area (AVA) in adults typically ranges from 3 to 4 cm^2. This measurement is important for assessing aortic stenosis severity; values below this range suggest valve narrowing.
AVA values of 1-2 cm^2 indicate mild to moderate stenosis, while less than 1 cm^2 reflects severe stenosis.
Larger areas like 5-6 or 7-8 cm^2 are not physiologically typical.
This normal range is documented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Anatomy and Function#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 56
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