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ARDMS
 American Registry for
 Diagnostic Medical Sonography

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> • 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 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 (Q15-Q20):

NEW QUESTION # 15

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

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

Answer: D

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 # 16

Left atrial dilation, concentric left ventricular hypertrophy, and aortic root dilation are echocardiography findings commonly associated with which condition?

- A. Systemic hypertension
- B. Hypertrophic cardiomyopathy
- C. Restrictive cardiomyopathy
- D. Pulmonary hypertension

Answer: A

Explanation:

Systemic hypertension leads to increased afterload, resulting in concentric left ventricular hypertrophy as an adaptive response.

Chronic hypertension also causes aortic root dilation and elevated filling pressures leading to left atrial enlargement.

Restrictive cardiomyopathy primarily shows normal wall thickness with impaired filling. Hypertrophic cardiomyopathy involves asymmetric septal hypertrophy. Pulmonary hypertension mainly affects the right heart.

This association is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Hypertensive Heart Disease#20:345-350Textbook of Clinical Echocardiography#.

NEW QUESTION # 17

Which of the following conditions will increase in severity with Valsalva maneuver?

- A. Mitral valve regurgitation
- B. Hypertrophic obstructive cardiomyopathy
- C. Aortic valve stenosis
- D. Aortic valve regurgitation

Answer: B

Explanation:

The Valsalva maneuver decreases preload and left ventricular volume, which exacerbates left ventricular outflow tract obstruction in hypertrophic obstructive cardiomyopathy (HOCM). This results in an increase in the gradient and severity of obstruction and symptoms during the maneuver.

Aortic valve stenosis, aortic regurgitation, and mitral regurgitation typically decrease or do not significantly change during Valsalva because of decreased flow and pressure.

This physiological response is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Dynamic Left Ventricular Outflow Obstruction and Maneuvers#20:370-375Textbook of Clinical Echocardiography#.

NEW QUESTION # 18

Which condition causes both tricuspid stenosis and tricuspid regurgitation?

- A. Carcinoid heart disease
- B. Amyloid heart disease
- C. Cor pulmonale
- D. Pulmonary hypertension

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Carcinoid heart disease results from the deposition of fibrous plaques on the endocardium of right-sided heart valves, predominantly affecting the tricuspid and pulmonary valves. This leads to both tricuspid stenosis (valve leaflet thickening and immobility causing obstruction) and tricuspid regurgitation (incomplete coaptation due to leaflet retraction).

Pulmonary hypertension and cor pulmonale cause primarily functional tricuspid regurgitation without stenosis. Amyloid heart disease can cause restrictive cardiomyopathy but rarely causes combined tricuspid valve stenosis and regurgitation.

These pathological changes are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Carcinoid Heart Disease and Right Heart Valve Disease#20:335-340Textbook of Clinical Echocardiography#.

NEW QUESTION # 19

Based on this video, what is the estimated right atrial pressure in millimeters of mercury (mmHg)?

- A. 0
- **B. 1**
- C. 2
- D. 3

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a subcostal IVC view with measurement of IVC diameter and respiratory collapsibility. The IVC appears dilated (>2.1 cm) with less than 50% collapse on inspiration, suggesting elevated right atrial pressure (RAP).

According to ASE guidelines for noninvasive RAP estimation, an IVC diameter >2.1 cm with <50% collapsibility corresponds to an RAP of approximately 10 mmHg.

Lower RAP values correspond to smaller IVC and greater collapsibility. This is a standard measurement in adult echocardiography practice and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6ep.115-120#.

NEW QUESTION # 20

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