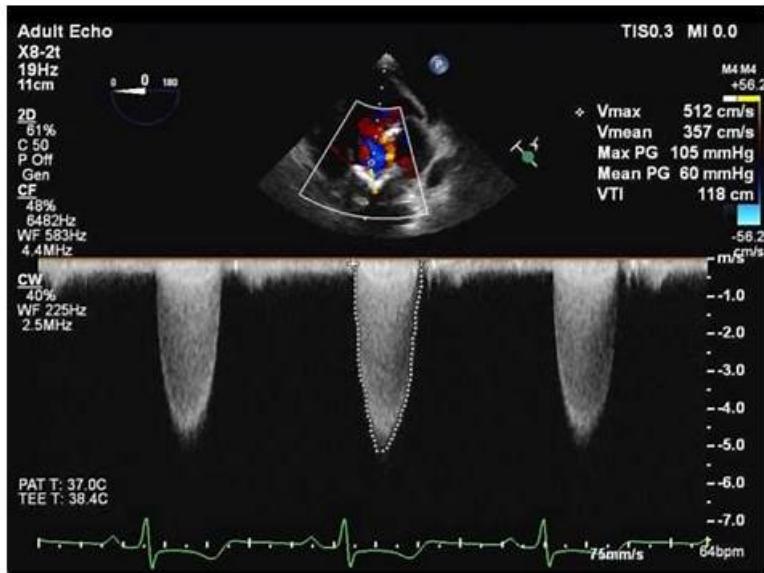


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2026 KoreaDumps 최신 AE-Adult-Echocardiography PDF 버전 시험 문제집과 AE-Adult-Echocardiography 시험 문제 및 답변 무료 공유: https://drive.google.com/open?id=1snW_SJKsZJ1vvx464hVdRgNmjuJSzRrx

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ARDMS AE-Adult-Echocardiography 시험요강:

주제	소개

주제 1	<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.
주제 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.
주제 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.
주제 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.
주제 5	<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.

최신 ARDMS RDCS AE-Adult-Echocardiography 무료샘플문제 (Q123-Q128):

질문 # 123

The variables necessary to calculate mitral regurgitant (MR) effective orifice area by the proximal isovelocity surface area (PISA) equation include MR aliasing hemispheric radius, the aliasing velocity, and which other parameter?

- A. Left ventricular outflow tract diameter
- B. Time velocity integral of pulsed wave at mitral annulus
- C. Maximum mitral regurgitant velocity
- D. Mitral annular diameter

정답: C

설명:

The proximal isovelocity surface area (PISA) method estimates the effective regurgitant orifice area (EROA) in mitral regurgitation by measuring the radius of the hemispheric flow convergence region (aliasing radius) and incorporating the aliasing velocity and the peak velocity of the MR jet.

The equation for EROA is:

$$\text{EROA} = (2\pi \times r^2 \times V_a) / V_{\text{max}}$$

Where:

r = radius of the PISA hemisphere (aliasing radius)

V_a = aliasing velocity (the velocity at which color aliasing occurs)

V_{max} = peak MR velocity obtained by continuous wave Doppler

This calculation does not involve the mitral annular diameter, time velocity integral of mitral annulus, or left ventricular outflow tract diameter.

Thus, the third necessary parameter after aliasing radius and velocity is the maximum MR velocity measured by continuous wave Doppler, which allows determination of flow rate through the regurgitant orifice.

This formula and its clinical application are well established in adult echocardiography literature and ASE valvular regurgitation guidelines#12:ASE Valvular Regurgitation Guidelinesp.210-220##16:Textbook of Clinical Echocardiography, 6eChapter on Mitral Regurgitation Assessment#.

질문 # 124

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. Impaired relaxation
- D. Normal

정답: C

설명:

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.

질문 # 125

An intravenous drug user presents with a fever of unknown origin, flu-like symptoms, dyspnea, and chest pain. Which ultrasound finding is mostly likely associated with this presentation?

- A. Hypertrophic cardiomyopathy
- B. Endocarditis
- C. Aortic dissection
- D. Mitral valve prolapse

정답: B

설명:

Intravenous drug use is a major risk factor for infective endocarditis, particularly involving the tricuspid valve and sometimes left-sided valves. Symptoms like fever, flu-like illness, dyspnea, and chest pain suggest possible septic emboli or valve destruction. Echocardiographic findings associated with endocarditis include mobile echogenic masses attached to valve leaflets (vegetations), valve thickening, or destruction. These findings are diagnostic and guide treatment.

Aortic dissection, hypertrophic cardiomyopathy, and mitral valve prolapse can present with different clinical features and echocardiographic findings not consistent with infectious vegetations.

These clinical and echocardiographic correlations are detailed in the ASE guidelines on infective endocarditis and the "Textbook of

질문 # 126

Identify the right pulmonary artery.

Using your mouse, place the cursor on the appropriate region of the image and then left click the mouse button to indicate your selection.

□ Which mitral regurgitation jet direction is most consistent with hypertrophic obstructive cardiomyopathy?

- A. Posterior
- B. Anterior
- C. Medial
- D. Central

정답: A

설명:

Comprehensive and Detailed Explanation From Exact Extract:

In hypertrophic obstructive cardiomyopathy (HOCM), systolic anterior motion (SAM) of the anterior mitral leaflet causes posteriorly directed mitral regurgitation (MR) jets. The abnormal anterior leaflet motion leads to incomplete leaflet coaptation and regurgitant flow directed toward the posterior left atrium.

Anterior jets are seen with posterior leaflet abnormalities. Central jets are seen in functional MR. Medial jets are less common and depend on leaflet pathology.

This jet direction is an important echocardiographic feature distinguishing HOCM-related MR and is outlined in ASE valvular heart disease and cardiomyopathy guidelines#12:ASE Valvular Regurgitation Guidelinesp.

220-225##16:Textbook of Clinical Echocardiography, 6ep.350-355#.

질문 # 127

Which two-dimensional method is recommended for assessing left ventricular ejection fraction when regional wall motion abnormalities are present?

- A. Tetcholz
- B. Simpson biplane
- C. Quinones
- D. Visual

정답: B

설명:

The Simpson biplane method (method of disks) is the recommended two-dimensional echocardiographic technique to quantify left ventricular ejection fraction (LVEF), especially when regional wall motion abnormalities are present. It involves tracing endocardial borders in apical two- and four-chamber views to calculate LV volumes and EF, accounting for segmental dysfunction.

Visual estimation is subjective and less accurate. The Quinones method (single plane area-length) and Teichholz method rely on geometric assumptions and are less accurate in abnormal ventricles.

ASE chamber quantification guidelines strongly endorse Simpson biplane for LVEF assessment in regional wall motion abnormalities#12:ASE Chamber Quantification Guidelinesp.70-75##16:Textbook of Clinical Echocardiography, 6ep.60-65#.

질문 # 128

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