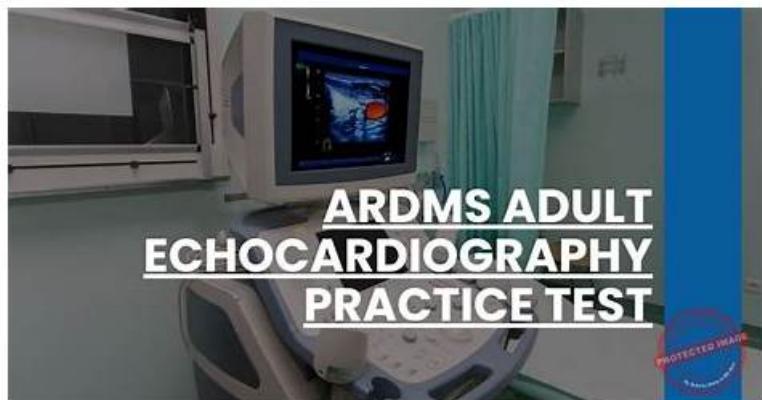


# Exam-Killer provides to ARDMS AE-Adult-Echocardiography test materials



After successful competition of the ARDMS AE-Adult-Echocardiography certification, the certified candidates can put their career on the right track and achieve their professional career objectives in a short time period. For the recognition of skills and knowledge, more career opportunities, professional development, and higher salary potential, the AE Adult Echocardiography Examination (AE-Adult-Echocardiography) certification exam is the proven way to achieve these tasks quickly.

## ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 2	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 3	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 4	<ul style="list-style-type: none"><li>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.</li></ul>

Topic 5

- 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.

>> Accurate AE-Adult-Echocardiography Prep Material <<

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## **ARDMS AE Adult Echocardiography Examination Sample Questions (Q55-Q60):**

### **NEW QUESTION # 55**

Which finding occurs initially as the severity of aortic stenosis progresses?

- A. Concentric remodeling
- B. Concentric hypertrophy
- C. Global systolic dysfunction
- D. Eccentric hypertrophy

**Answer: A**

Explanation:

In the early stages of aortic stenosis, the left ventricle adapts to increased afterload by concentric remodeling, which is characterized by increased wall thickness without a proportional increase in chamber size. This adaptation helps normalize wall stress.

As the disease progresses, concentric hypertrophy develops with thickened walls and decreased compliance.

Eccentric hypertrophy and global systolic dysfunction occur later with decompensation and ventricular dilation.

This progression is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Left Ventricular Adaptations to Pressure Overload#20:365-370Textbook of Clinical Echocardiography#.

### **NEW QUESTION # 56**

Which wall is indicated by the arrow on this image?



- A. Inferior
- B. Inferolateral
- C. Anterior
- D. Anterolateral

**Answer: A**

Explanation:

The echocardiographic image is a parasternal long axis or apical view showing the left ventricle. The arrow points to the wall segment located inferiorly, corresponding to the inferior wall of the left ventricle. The inferior wall is typically visualized in parasternal long axis and apical views as the posterior aspect of the ventricle.

Other options correspond to different walls: anterior is anterior septal wall, anterolateral and inferolateral refer to the lateral wall regions. Accurate wall identification is critical for regional wall motion analysis and coronary artery territory correlation.

This segmental wall identification is detailed in adult echocardiography and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

#### NEW QUESTION # 57

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

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

**Answer: C**

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 # 58

Which condition is most likely suggested by an apically sparing "cherry on top" left ventricular strain pattern?

- A. Hypertrophic cardiomyopathy
- B. **Amyloidosis**
- C. Athlete's heart
- D. Hypertension

**Answer: B**

Explanation:

The apical sparing pattern of global longitudinal strain (GLS) is a characteristic echocardiographic finding in cardiac amyloidosis. This pattern appears as a relative preservation of longitudinal strain in the apical segments compared to markedly reduced strain in basal and mid-ventricular segments, resulting in a "cherry on top" bullseye plot appearance.

This distinctive pattern helps differentiate amyloidosis from other causes of left ventricular hypertrophy and dysfunction, such as hypertensive heart disease, hypertrophic cardiomyopathy, or athlete's heart, which generally show more uniform or different regional strain impairments.

This diagnostic feature has been validated in numerous studies and is included in the ASE guidelines on strain imaging and the "Textbook of Clinical Echocardiography," providing a sensitive and specific noninvasive marker for amyloid infiltration of the myocardium#12:ASE Strain Imaging Guidelinesp.130-140##16:

Textbook of Clinical Echocardiography, 6ep.320-325#.

### NEW QUESTION # 59

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

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

**Answer: D**

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, 6ep.300-305##12:ASE Doppler Guidelinesp.110-115#.

### NEW QUESTION # 60

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