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

Topic	Details

Topic 1	<ul style="list-style-type: none"> <li>• <b>Clinical Care and Safety:</b> 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Pathology:</b> 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 3	<ul style="list-style-type: none"> <li>• <b>Measurement Techniques, Maneuvers, and Sonographic Views:</b> 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 4	<ul style="list-style-type: none"> <li>• <b>Instrumentation, Optimization, and Contrast:</b> 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 5	<ul style="list-style-type: none"> <li>• <b>Anatomy and Physiology:</b> 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>

## ARDMS AE Adult Echocardiography Examination Sample Questions (Q100-Q105):

### NEW QUESTION # 100

Which Doppler signal is most consistent with significant aortic valve regurgitation?

- A. Color Doppler vena contracta / Left ventricular outflow tract diameter ratio less than 25%
- **B. Continuous wave Doppler pressure half-time less than 250 ms**
- C. Pulsed wave Doppler forward flow in abdominal aorta
- D. Continuous wave Doppler peak velocity equal to or greater than 4.5 m/s

**Answer: B**

Explanation:

In significant aortic valve regurgitation (AR), the continuous wave Doppler signal across the valve demonstrates a rapid decline in regurgitant jet velocity, resulting in a pressure half-time (PHT) less than 250 milliseconds. A short PHT indicates severe AR with rapid equalization of aortic and left ventricular pressures during diastole.

Pulsed wave Doppler forward flow in the abdominal aorta evaluates stroke volume but does not directly indicate AR severity. Vena

contracta to LVOT diameter ratio less than 25% would indicate mild AR, not significant. Peak velocity #4.5 m/s is more characteristic of aortic stenosis rather than regurgitation.

This criterion for AR severity using CW Doppler PHT is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Regurgitation Doppler Assessment#20:375-380Textbook of Clinical Echocardiography#.

### NEW QUESTION # 101

Which phase of the cardiac cycle is indicated by the arrow on this image?

- A. Isovolumic relaxation
- B. Early diastole
- C. Isovolumic contraction
- **D. Systolic ejection**

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The Doppler waveform shows a typical left ventricular outflow tract or aortic valve velocity pattern. The arrow points to the steep rise and peak velocity of the jet, which corresponds to systolic ejection - the phase of the cardiac cycle when blood is rapidly ejected from the left ventricle into the aorta.

Isovolumic contraction precedes ejection and is represented by a flat baseline with no flow as ventricles build pressure. Isovolumic relaxation occurs after ejection before the mitral valve opens. Early diastole corresponds to mitral inflow, not aortic outflow.

This timing and flow pattern are standard in echocardiographic Doppler interpretation as described in the "Textbook of Clinical Echocardiography" and ASE Doppler imaging guidelines#16:Textbook of Clinical Echocardiography, 6ep.100-105##12:ASE Doppler Guidelinesp.50-55#.

### NEW QUESTION # 102

What is indicated by the arrow on this video clip?

- A. Eustachian valve
- B. False tendon
- C. Chiari network
- **D. Moderator band**

**Answer: D**

Explanation:

The structure indicated by the arrow in the right ventricle is the moderator band. The moderator band is a muscular band of tissue that crosses the right ventricular cavity from the interventricular septum to the anterior papillary muscle. It contains part of the right bundle branch of the conduction system and is a normal anatomical structure identifiable on echocardiography.

False tendons are fibrous or muscular strands within the left ventricle, not the right. The Chiari network is a mobile, net-like structure in the right atrium near the inferior vena cava and atrial septum. The Eustachian valve is a crescent-shaped ridge at the entrance of the inferior vena cava into the right atrium.

The moderator band is important to recognize to avoid misinterpretation as a pathological mass or thrombus.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Anatomy and Echocardiographic Landmarks#20:150-155Textbook of Clinical Echocardiography#.

### NEW QUESTION # 103

Which method is appropriate for measuring the left atrial diameter in parasternal long axis?

- **A. Inner edge to inner edge, perpendicular to the aortic root, at end-diastole**
- B. Inner edge to inner edge, parallel to the aortic root, at end-diastole
- C. Outer edge to outer edge, perpendicular to the aortic root, at end-systole
- D. Inner edge to inner edge, perpendicular to the aortic root, at end-systole

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The recommended method to measure left atrial diameter in the parasternal long axis view is the inner edge to inner edge technique, perpendicular to the aortic root, measured at end-diastole. This approach provides the most reproducible and standardized measurement.

Measurement parallel to the aortic root or at end-systole is less accurate. Outer edge measurements overestimate size.

ASE chamber quantification guidelines specify this method for standardization and reproducibility in adult echocardiography practice#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

#### NEW QUESTION # 104

Which patient body positioning and respiration technique is optimal for obtaining the subcostal view?

- A. Left lateral decubitus; legs extended and normal breathing
- B. Supine; legs extended and breath exhaled
- C. Left lateral decubitus; knees bent and shallow breathing
- D. Supine; knees bent and breath inhaled

**Answer: D**

Explanation:

The subcostal echocardiographic view is best obtained with the patient supine, knees bent to relax abdominal muscles, and the patient holding a deep breath at the end of inhalation to lower the diaphragm and improve acoustic window through the subxiphoid area.

Left lateral decubitus position is used for parasternal and apical views but is not optimal for subcostal imaging.

This patient positioning and respiration technique are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Windows and Imaging Techniques#20:90-95Textbook of Clinical Echocardiography#.

#### NEW QUESTION # 105

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