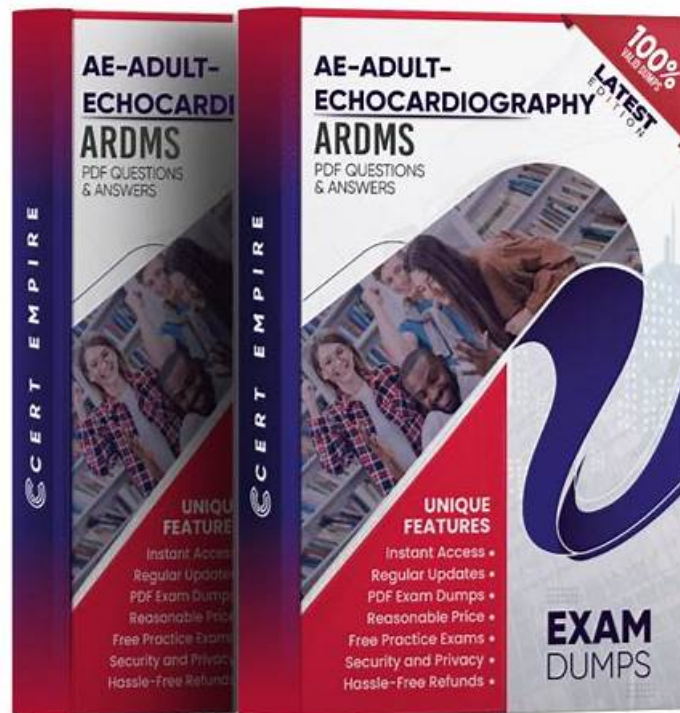


# 2026 AE-Adult-Echocardiography: Latest AE Adult Echocardiography Examination New Study Plan



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

| Topic   | Details  |
|---------|--|
| Topic 1 | <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> |
| 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>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>  |

## ARDMS AE Adult Echocardiography Examination Sample Questions (Q106-Q111):

### NEW QUESTION # 106

Which of the following is the most likely cause for the findings demonstrated in this video?

- A. Drug-induced valvulopathy
- B. Infective endocarditis
- C. Systemic lupus
- D. Rheumatic fever

**Answer: A**

Explanation:

The video shows thickened, retracted, and possibly regurgitant valve leaflets with a characteristic appearance seen in drug-induced valvulopathy. Drugs such as ergot derivatives (e.g., methysergide) and appetite suppressants (e.g., fen-phen) can cause fibrotic thickening of valve leaflets mimicking carcinoid heart disease or rheumatic valve disease.

Infective endocarditis presents with vegetations and potentially valve destruction but typically not the diffuse thickening seen here. Rheumatic fever causes leaflet thickening but has a different chronic clinical course.

Systemic lupus may cause valve thickening but often involves Libman-Sacks vegetations rather than diffuse fibrosis.

This is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Valvular Heart Disease - Drug Induced and Secondary Causes#20:400-405Textbook of Clinical Echocardiography#.

### NEW QUESTION # 107

Which finding is indicated by the arrow on this image?

□

- A. Left pleural effusion
- **B. Hiatal hernia**
- C. Pericardial effusion
- D. Ascites

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The echocardiographic image shows a structure posterior to the left atrium, pointed to by the arrow. This is consistent with a hiatal hernia, which often appears as an echolucent or mixed echogenicity structure behind the left atrium in the parasternal or apical views. Hiatal hernias occur when part of the stomach herniates through the esophageal hiatus of the diaphragm into the thoracic cavity and may mimic pericardial or pleural effusions on echocardiography.

Pericardial effusions appear as an anechoic (dark) space surrounding the heart but usually anterior or around the entire heart rather than posterior localized structure. Left pleural effusions also appear posteriorly but typically have different echogenicity and anatomical location. Ascites refers to free fluid in the abdomen and would not appear in this thoracic echocardiographic window.

Recognition of hiatal hernia on echocardiography is important to avoid misdiagnosis, as it may cause artifacts or false-positive effusions. The presence of swirling or movement of echogenic material with respiration and positional changes helps in diagnosis.

This finding is described in the "Textbook of Clinical Echocardiography, 6e" (Catherine M. Otto), Chapter on Pericardial Disease and Miscellaneous Echocardiographic Findings, including differential diagnosis of echolucent areas around the heart#20:280-285Textbook of Clinical Echocardiography#.

### NEW QUESTION # 108

Which vessel is indicated by the arrow on this video?

□

- **A. Right upper pulmonary vein**
- B. Left upper pulmonary vein
- C. Left pulmonary artery
- D. Right pulmonary artery

**Answer: A**

Explanation:

The video shows a transthoracic echocardiographic apical four-chamber or modified view focusing on the left atrium and adjacent structures. The arrow points to a vessel entering the left atrium from the right side of the image, which corresponds anatomically to the right upper pulmonary vein. The right upper pulmonary vein returns oxygenated blood from the right lung to the left atrium and is visualized in echocardiography as entering the superior-lateral aspect of the left atrium.

The left upper pulmonary vein enters the left atrium on the opposite side. The right and left pulmonary arteries are located anteriorly and superiorly in the mediastinum and are visualized mainly in the parasternal or suprasternal views, not the apical four-chamber.

This identification aligns with standard adult echocardiography anatomy as described in the "Textbook of Clinical Echocardiography" and ASE guidelines on pulmonary vein imaging#12:ASE Pulmonary Vein Imaging Guidelinesp.110-115##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

### NEW QUESTION # 109

Which wall is indicated by the arrow on this video?

- A. Anteroseptum
- B. Inferoseptum
- C. Inferolateral
- D. Anterolateral

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The apical two-chamber echocardiographic view displays the inferolateral wall (also called posterior lateral).

The arrow points to this inferolateral segment, which is located inferiorly and laterally in the left ventricle.

Anteroseptum and inferoseptum relate to the interventricular septum, while anterolateral is the anterior lateral wall, opposite the inferolateral wall. Correct regional wall motion assessment is essential for ischemic disease evaluation.

This identification and terminology are described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:Textbook of Clinical Echocardiography, 6ep.380-385#.

### NEW QUESTION # 110

The sonographer obtains this Doppler signal while using the non-imaging transducer in the apical position.

What is the best way to differentiate between mitral regurgitation and aortic stenosis signals in the waveform shown in this image?

- A. Aortic stenosis waveforms will always be denser
- B. Mitral regurgitation signal will be longer
- C. Mitral regurgitation only happens in diastole
- D. Aortic stenosis velocities will always be higher

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Mitral regurgitation (MR) Doppler signals tend to be longer in duration because MR occurs throughout systole, often spanning most or all of ventricular systole, resulting in a prolonged jet on continuous wave Doppler.

Aortic stenosis (AS) velocities can be high but may vary and are not necessarily always higher than MR velocities. The density of waveforms is not a reliable discriminator. MR only happens in systole, not diastole, which makes option C incorrect.

Therefore, the duration or length of the Doppler signal (longer for MR) is the best differentiating feature.

This differentiation is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Doppler Assessment of Valvular Disease#20:320-325Textbook of Clinical Echocardiography#.

### NEW QUESTION # 111

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