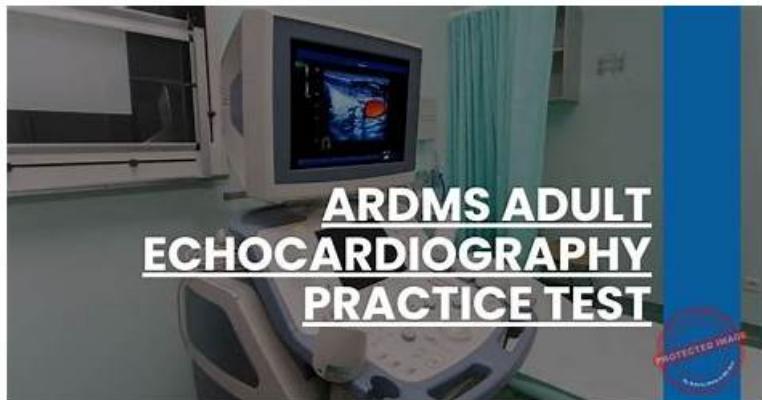


# ARDMS - Newest AE-Adult-Echocardiography - Test Certification AE Adult Echocardiography Examination Cost



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## 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>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.</li></ul>

Topic 4	<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 5	<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>

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## **ARDMS AE Adult Echocardiography Examination Sample Questions (Q90-Q95):**

### **NEW QUESTION # 90**

Which parameter is expected to increase in the presence of cardiac tamponade?

- A. Systolic blood pressure
- B. Diastolic blood pressure
- **C. Heart rate**
- D. Oxygen saturation

**Answer: C**

Explanation:

In cardiac tamponade, pericardial fluid accumulation restricts cardiac filling leading to decreased stroke volume and cardiac output. As a compensatory mechanism, the heart rate increases (tachycardia) to maintain cardiac output.

Oxygen saturation typically does not increase; it may be normal or decreased if tamponade leads to hypoperfusion. Systolic and diastolic blood pressures often decrease due to reduced cardiac output.

This physiological response is well described in clinical cardiology texts and ASE pericardial disease guidelines#12:ASE Pericardial Disease Guidelinesp.300-305##16:Textbook of Clinical Echocardiography, 6ep.280-285#

### **NEW QUESTION # 91**

What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Left ventricular outflow tract (LVOT) time velocity integral
- B. Right ventricular outflow tract (RVOT) time velocity integral
- **C. Stroke volume of the RVOT**
- D. Stroke volume of the LVOT

**Answer: C**

Explanation:

In the calculation of the shunt ratio  $Qp/Qs$ ,  $Qp$  represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time velocity integral (VTI).

$Qp$  (pulmonary flow) divided by  $Qs$  (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.

This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

**NEW QUESTION # 92**

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

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

**Answer: C**

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 # 93**

Which sonographic views allow visualization of a patent ductus arteriosus (PDA)?

- A. Parasternal long axis and apical long axis
- B. Suprasternal notch and basal parasternal short axis
- C. Parasternal long axis and apical five-chamber
- D. Basal parasternal short axis and right ventricular inflow tract

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Visualization of a patent ductus arteriosus (PDA) typically requires imaging planes that include the aortic arch and pulmonary artery, which are well seen from the suprasternal notch window and the basal parasternal short axis view.

The suprasternal notch window provides a longitudinal view of the aortic arch and adjacent pulmonary artery, where the PDA is located. The basal parasternal short axis at the level of the great vessels can also visualize flow through the PDA using color Doppler.

Other views like parasternal long axis and apical views are less optimal for direct PDA visualization.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Heart Defects and PDA Imaging#20:370-375Textbook of Clinical Echocardiography#.

**NEW QUESTION # 94**

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

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

## Answer: A

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 # 95

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