

ARDMS AB-Abdomen Practice Test with Latest AB-Abdomen Exam Questions [2026]

Abdomen ARDMS MOCK exam

1. Progression of which of the following abnormalities flattens the portal veins? **(Answer)** Biliary obstruction

2. The wall thickness in a normal fasting gallbladder should not exceed **(Answer)** 3 mm

3. This color Doppler sonogram is most likely demonstrating which of the following abnormalities? **(Answer)** Pseudoaneurysm

This color Doppler image demonstrates turbulent swirling blood flow within a fluid collection, classic sonographic findings of a common femoral artery pseudoaneurysm.

4. A patient presents with sudden onset of upper abdominal pain.

Ultrasound demonstrates prominence in the stomach rugae. These findings are most suspicious for which of the following conditions?

(Answer) Gastritis

Prominence of the stomach rugae in a patient with upper abdominal pain is most suspicious for gastritis. Hypervascular, thick gastric walls are sonographic findings associated with gastric ulcers.

5. Which of the following is a complication of acute pancreatitis? **(Answer)** Duodenal obstruction

Complications of acute pancreatitis may include abscess formation, duodenal obstruction, hemorrhage, phlegmon, and pseudocyst formation. Cholecystitis is a possible etiology of acute pancreatitis.

6. A patient presents with a history of hematuria. The findings in this duplex image are most suspicious for which of the following pathologies?

(Answer) Carcinoma

A vascular echogenic mass is identified protruding from the posterior

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy: This section of the exam evaluates the abilities of diagnostic medical sonographers and covers the detection and analysis of diseases, vascular issues, trauma-related damage, and surgical alterations in abdominal anatomy. Candidates are expected to identify abnormal growths, inflammations, obstructions, or vascular irregularities that may affect abdominal organs. They must also recognize post-surgical changes and assess healing or complications through imaging. The emphasis is on correlating pathological findings with clinical data to produce precise diagnostic reports that guide further medical management.

Topic 2	<ul style="list-style-type: none"> • Anatomy, Perfusion, and Function: This section of the exam measures the skills of abdominal sonographers and focuses on evaluating the physical characteristics, blood flow, and overall function of abdominal structures. Candidates must understand how to assess organs such as the liver, kidneys, pancreas, and spleen for size, shape, and movement. It also involves analyzing perfusion to determine how effectively blood circulates through these organs. The goal is to ensure accurate interpretation of both normal and abnormal functions within the abdominal cavity using sonographic imaging.
Topic 3	<ul style="list-style-type: none"> • Abdominal Physics: This section of the exam measures the knowledge of ultrasound technicians in applying imaging physics principles to abdominal sonography. It includes understanding how to optimize ultrasound equipment settings for the best image quality and how to identify and correct imaging artifacts that can distort interpretation. Candidates should demonstrate technical proficiency in handling transducers, adjusting frequency, and managing depth and gain to obtain clear, diagnostic-quality images while minimizing errors caused by acoustic artifacts.
Topic 4	<ul style="list-style-type: none"> • Clinical Care, Practice, and Quality Assurance: This section of the exam tests the competencies of clinical ultrasound specialists and focuses on integrating patient care standards, clinical data, and procedural accuracy in abdominal imaging. It assesses the candidate ability to follow established medical guidelines, ensure correct measurements, and provide assistance during interventional or diagnostic procedures. Additionally, this domain emphasizes maintaining high-quality imaging practices and ensuring patient safety. Effective communication, adherence to protocols, and continuous quality improvement are key aspects of this section.

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ARDMS Abdomen Sonography Examination Sample Questions (Q95-Q100):

NEW QUESTION # 95

Which description is associated with the normal sonographic appearance of a tendon?

- A. Hypoechoic with enhancement
- B. **Cord-like hyperechoic linear structure**
- C. Thin hypoechoic structure
- D. Hyperechoic with posterior shadowing

Answer: B

Explanation:

On ultrasound, tendons appear as cord-like hyperechoic structures with linear fibrillar echotexture when imaged in long axis. The fibrils are highly reflective, creating the typical hyperechoic appearance. Posterior shadowing is not typical unless there is calcification.

According to Rumack's Diagnostic Ultrasound:

"Tendons have a highly organized hyperechoic linear fibrillar pattern when examined along their long axis." Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

AIUM Practice Parameter for Musculoskeletal Ultrasound, 2020.

NEW QUESTION # 96

Which cause of transudative pleural effusion is most common?

- A. Lymphoma
- B. Congestive heart failure
- C. Empyema
- D. Pulmonary emboli

Answer: B

Explanation:

Transudative pleural effusions result from imbalances in hydrostatic and oncotic pressures, most commonly caused by congestive heart failure (CHF). In CHF, elevated hydrostatic pressure in the pulmonary capillaries leads to fluid leakage into the pleural space without significant protein or cellular content (hence, transudate).

Exudative effusions (associated with infections, malignancy, and inflammation) are more often seen with pulmonary emboli, lymphoma, or empyema.

According to Light's criteria (which differentiates transudates from exudates):

"Congestive heart failure remains the leading cause of transudative pleural effusions." (Light RW. Pleural Diseases, 6th ed.).

Reference:

Light RW. Pleural Diseases. 6th ed. Lippincott Williams & Wilkins, 2013.

American Thoracic Society Guidelines for Diagnosis and Management of Pleural Effusion, 2019.

NEW QUESTION # 97

Which congenital disorder is most consistent with the finding identified by the arrow on this image?

- A. Caroli disease
- B. Biliary atresia
- C. Alagille syndrome
- D. Sclerosing cholangitis

Answer: A

Explanation:

The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.

Key ultrasound features of Caroli disease:

- * Cystic or saccular dilations of the intrahepatic bile ducts
- * The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)
- * May show associated hepatosplenomegaly or signs of portal hypertension Differentiation from other options:
 - * A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.
 - * B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.
 - * D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.

Chapter: Biliary System, pp. 152-155.

Radiopaedia.org. Caroli disease. <https://radiopaedia.org/articles/caroli-disease> American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 98

Which finding is helpful to differentiate postsurgical breast scarring from a recurrent tumor?

- A. Architectural distortion
- B. Irregular hypoechoic area
- C. Absent Doppler signal

- D. Associated skin thickening

Answer: C

Explanation:

Postsurgical breast scarring may appear hypoechoic and irregular but typically shows no internal vascularity on Doppler imaging. In contrast, recurrent tumors generally exhibit increased internal vascular flow due to neovascularization. Therefore, absent Doppler signal helps suggest scar tissue rather than malignancy.

According to Stavros' Breast Ultrasound:

"The absence of internal Doppler flow favors scar tissue, whereas recurrent malignancy typically demonstrates internal vascularity."

Reference:

Stavros AT. Breast Ultrasound. Lippincott Williams & Wilkins, 2004.

AIUM Practice Parameter for Breast Ultrasound, 2020.

NEW QUESTION # 99

Which characteristic is associated with complex pleural effusion?

- A. Anechoic without locules
- B. Dependent layering echoes
- **C. Contains septa**
- D. Homogeneous hypoechoic

Answer: C

Explanation:

A complex pleural effusion often contains internal septations or fibrin strands, distinguishing it from simple anechoic effusion. These septations suggest exudative processes such as infection, malignancy, or hemothorax.

According to Rumack's Diagnostic Ultrasound:

"Complex pleural effusions demonstrate internal septations or loculations, often related to infection or malignancy." Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

AIUM Practice Parameter for Thoracic Ultrasound, 2020.

NEW QUESTION # 100

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