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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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's 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.

Topic 4

- 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q134-Q139):

NEW QUESTION # 134

Which renal finding is often present in patients with tuberous sclerosis?

- A. Angiomyolipoma
- B. Multilocular cystic nephroma
- C. Renal cell carcinoma
- D. Sinus lipomatosis

Answer: A

Explanation:

Angiomyolipomas are benign renal tumors composed of fat, smooth muscle, and blood vessels. They are strongly associated with tuberous sclerosis and may be multiple and bilateral in these patients. While RCC may occur, angiomyolipomas are much more characteristic.

According to Rumack's Diagnostic Ultrasound:

"Angiomyolipomas are frequently multiple and bilateral in patients with tuberous sclerosis." Reference:

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

AIUM Practice Parameter for Renal Ultrasound, 2020.

NEW QUESTION # 135

Which structure is indicated by the arrow in this image?

□

- A. Adrenal gland
- B. Kidney
- C. Bowel loop
- D. Diaphragm

Answer: A

Explanation:

The structure indicated by the arrow in the ultrasound image is the adrenal gland. On ultrasound, the adrenal gland in neonates and infants is relatively large and has a distinctive "Y" or "V" shape in the transverse view.

It is located superior and slightly medial to the upper pole of the kidney.

In this image, the arrow is pointing to a hypoechoic, curved structure with a thin echogenic central stripe, representing the fetal adrenal gland. This echogenic stripe corresponds to the adrenal medulla, while the surrounding hypoechoic area represents the cortex.

Differential features:

- * A. Kidney: While the kidney is visualized posterior to the adrenal gland and shows a reniform shape with a central echogenic sinus and peripheral cortex, it is not the structure being directly pointed to by the arrow.
- * B. Bowel loop: Bowel has variable echogenicity with peristalsis and shadowing from air. It does not have the consistent morphology or location seen in the image.
- * C. Diaphragm: Appears as a thin, hyperechoic linear structure separating the thoracic cavity from the abdomen. It is seen more superiorly than the indicated structure and lacks the "Y" or "V" adrenal configuration.

Key Anatomical Landmarks:

- * The adrenal glands are located in the retroperitoneum, superior to the kidneys, and appear prominent on ultrasound in neonates.
- * In transverse view, the right adrenal gland is anterior to the crus of the diaphragm and posterior to the inferior vena cava (IVC).

References:

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

Chapter: Adrenal Glands and Retroperitoneum, pp. 291-295.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum. 2020.

NEW QUESTION # 136

How are portal veins differentiated from hepatic veins?

- A. Portal veins vary in size during respiration
- B. Hepatic veins have more echogenic walls
- C. Hepatic veins are oriented towards the porta hepatis
- D. Portal veins branch horizontally

Answer: D

Explanation:

Portal veins course horizontally within the liver and have echogenic walls due to their fibrous sheath. In contrast, hepatic veins course vertically toward the IVC and lack echogenic walls. Hepatic veins also demonstrate a triphasic waveform.

According to Rumack's Diagnostic Ultrasound:

"Portal veins course horizontally within the liver and are easily recognized by their echogenic walls." Reference:

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

AIUM Practice Parameter for Liver Ultrasound, 2020.

NEW QUESTION # 137

Which condition is characterized by abnormal dilatation of veins of the pampiniform plexus and most commonly affects the left testicle?

- A. Hematocele
- B. Hydrocele
- C. Varicocele
- D. Spermatocele

Answer: C

Explanation:

A varicocele is an abnormal dilatation of the pampiniform plexus veins, usually seen on the left side due to the perpendicular insertion of the left testicular vein into the left renal vein, making it more susceptible to elevated venous pressure. Sonographically, varicoceles appear as multiple serpiginous anechoic tubular structures that show venous flow on color Doppler, often accentuated with Valsalva maneuver.

Hydrocele (A) is a fluid collection surrounding the testis.

Hematocele (C) is blood within the tunica vaginalis.

Spermatocele (D) is a cystic lesion arising from the epididymis.

Reference Extracts:

Dogra VS, Bhatt S. "Sonographic evaluation of testicular varicoceles." Journal of Ultrasound in Medicine. 2004;23(6): 829-838.

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

NEW QUESTION # 138

Which finding is demonstrated in this image?

□

- A. Acute hepatitis
- B. Acute medical renal disease
- C. Medullary sponge kidney
- D. **Hepatic steatosis**

Answer: D

Explanation:

The ultrasound image demonstrates diffuse increased echogenicity of the liver parenchyma with posterior beam attenuation (acoustic shadowing), findings that are consistent with hepatic steatosis (fatty liver disease).

The liver appears brighter than normal, and the vascular markings, particularly of the portal veins, are obscured due to the increased parenchymal echogenicity.

Hepatic steatosis refers to the abnormal accumulation of fat within hepatocytes and is commonly associated with obesity, diabetes, alcohol use, and metabolic syndrome.

Classic sonographic features of hepatic steatosis include:

- * Diffuse hyperechogenicity ("bright liver")
- * Poor visualization of intrahepatic vessels and diaphragm
- * Posterior acoustic attenuation
- * Increased hepatic echogenicity relative to the renal cortex

Differentiation from other options:

- * A. Acute hepatitis: Usually presents with normal or slightly decreased echogenicity, "starry sky" appearance due to prominent portal triads and periportal edema.
- * C. Medullary sponge kidney: A renal condition with echogenic medullary pyramids, not hepatic.
- * D. Acute medical renal disease: Affects the kidneys, often with bilateral renal enlargement and increased cortical echogenicity- again not related to liver imaging.

References:

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

Chapter: Liver, pp. 93-97.

American College of Radiology (ACR) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2021.

Radiopaedia.org. Fatty liver (ultrasound): <https://radiopaedia.org/articles/fatty-liver-ultrasound>

NEW QUESTION # 139

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