

# Quiz ARDMS - AB-Abdomen - Abdomen Sonography Examination Latest Valid Test Testking

**ARDMS ABDOMEN MOCK Exam**  
**with 247 Questions and Answers**  
**Latest Update 2023**

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**ARDMS Abdomen MOCK exam**  
**Questions and Answers**

**(2022/2023)**

**REAL EXAM 2023/2024 ..LATEST UPDATE**

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) 3mm
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

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## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• 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.</li></ul>

Topic 2	<ul style="list-style-type: none"> <li>• <b>Anatomy, Perfusion, and Function:</b> 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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Abdominal Physics:</b> 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.</li> </ul>

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## ARDMS Abdomen Sonography Examination Sample Questions (Q117-Q122):

### NEW QUESTION # 117

Which type of hernia is located medial to the inferior epigastric artery?

- A. Femoral
- B. Spigelian
- **C. Direct inguinal**
- D. Indirect inguinal

**Answer: C**

Explanation:

Direct inguinal hernias protrude through Hesselbach's triangle, which lies medial to the inferior epigastric artery. In contrast, indirect inguinal hernias pass lateral to the inferior epigastric artery via the deep inguinal ring.

According to Moore's Clinically Oriented Anatomy:

"Direct inguinal hernias occur medial to the inferior epigastric vessels, within Hesselbach's triangle." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 118

Which sonographic finding is most consistent with scrotal inflammation?

- **A. Hyperemia**

- B. Abscess
- C. Hydrocele
- D. Granuloma

**Answer: A**

Explanation:

Scrotal inflammation, such as epididymitis or orchitis, typically presents with increased blood flow (hyperemia) on color Doppler sonography. This finding reflects the inflammatory process and vascular dilation. Abscesses, granulomas, or hydroceles may be present but are not as consistent or specific for inflammation.

According to AIUM Practice Parameters and Rumack's Diagnostic Ultrasound:

"In acute inflammation, color Doppler ultrasound demonstrates prominent hyperemia of the epididymis or testis." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

AIUM Practice Parameter for Scrotal Ultrasound, 2020.

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### NEW QUESTION # 119

Which area of the spleen is not covered by visceral peritoneum?

- A. Capsule
- B. Inferior border
- **C. Hilum**
- D. Gastric surface

**Answer: C**

Explanation:

The spleen is almost entirely covered by visceral peritoneum, except at the hilum where vessels, nerves, and lymphatics enter and exit. This area lacks peritoneal covering to allow vascular connection to the splenic artery and vein.

According to Moore's Clinically Oriented Anatomy:

"The spleen is entirely covered by visceral peritoneum except at its hilum where the vascular structures enter." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 120

Which action should a sonographer take if the abdominal aorta measures 5.5 centimeters in the anteroposterior diameter?

- A. Follow the routine protocol for abdominal ultrasound
- **B. Report the finding to the radiologist immediately**
- C. Release patient from care
- D. Disclose the diagnosis to the patient

**Answer: B**

Explanation:

An abdominal aortic aneurysm (AAA) measuring 5.5 cm represents a significantly increased risk of rupture and often requires surgical evaluation. The sonographer must report this critical finding immediately to the interpreting physician. The sonographer should never disclose a diagnosis directly to the patient.

According to AIUM and SRU Guidelines:

"An aortic diameter of 5.5 cm or greater should be promptly reported to the interpreting physician due to the high risk of rupture."

Reference:

AIUM Practice Parameter for Abdominal Aortic Ultrasound, 2020.

Society of Radiologists in Ultrasound (SRU) Consensus Statement, 2003.

### NEW QUESTION # 121

Which condition is most consistent with the sonographic appearance in this image of the abdominal wall?



- A. Desmoid
- **B. Lipoma**
- C. Fibroma
- D. Metastasis

**Answer: B**

Explanation:

The ultrasound image demonstrates a well-defined, ovoid, hypoechoic to isoechoic mass within the subcutaneous tissue of the abdominal wall. The lesion appears compressible and shows linear striations parallel to the skin surface - a classic appearance of a lipoma.

Lipomas are the most common benign soft tissue tumors and frequently arise in the subcutaneous tissue. They are composed of mature adipose tissue and are typically asymptomatic unless large or compressing adjacent structures.

Sonographic features of a lipoma:

- \* Isoechoic to mildly hyperechoic or hypoechoic relative to subcutaneous fat
- \* Oval or elliptical in shape with well-defined margins
- \* Internal linear striations or "feathered" echotexture
- \* Compressible and non-vascular on Doppler imaging
- \* Located in subcutaneous fat plane parallel to the skin surface

Differentiation from other options:

- \* B. Fibroma: Typically appears as a homogeneous, hypoechoic mass but is far less common in the abdominal wall.
- \* C. Desmoid: Appears as an ill-defined or infiltrative mass within deeper soft tissues; more heterogeneous and may distort surrounding tissue planes.
- \* D. Metastasis: Often more irregular, heterogeneous, and may show increased vascularity or invasion into adjacent structures.

References:

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

Chapter: Musculoskeletal and Soft Tissue Ultrasound, pp. 1448-1450.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of a Diagnostic Ultrasound Examination of Soft Tissue Structures, 2020.

Radiopaedia.org. Lipoma (ultrasound): <https://radiopaedia.org/articles/lipoma-ultrasound>

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