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ARDMS Abdomen Exam With 100% Correct Answers 2024

Left lobe of the liver is divided into medial and lateral segments by what? - Correct Answer-Left hepatic vein

Left lobe of the liver is separated from the caudate lobe by what? - Correct Answer-ligamentum venosum

Right lobe of the liver is divided into anterior and posterior segments by what? - Correct Answer-Right hepatic vein

Main lobar fissure - Correct Answer-The main lobar fissure separates the right and left lobes of the liver.

It is visualized sonographically as an echogenic linear structure extending from the portal vein to the neck of the gallbladder

**landmark for identifying the gallbladder

Falciform ligament - Correct Answer-Attaches the liver to the anterior abdominal wall

Extends from the diaphragm to the umbilicus

Separate the right and left subphrenic spaces

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ARDMS Abdomen Sonography Examination Sample Questions (Q83-Q88):

NEW QUESTION # 83

Which sonographic finding distinguishes focal nodular hyperplasia from hepatic adenoma?

- A. Target pattern
- B. Central calcifications
- C. Stellate area within the central portion of the mass
- D. Thin peripheral hypoechoic halo

Answer: C

Explanation:

The hallmark feature of focal nodular hyperplasia (FNH) is a central stellate scar seen on imaging. This fibrous scar may not always be seen on ultrasound but is a classic distinguishing feature from hepatic adenomas, which usually lack a central scar.

According to Rumack's Diagnostic Ultrasound:

"Focal nodular hyperplasia often demonstrates a central stellate scar, which may be echogenic or isoechoic." Reference:

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

WHO Classification of Digestive System Tumors, 5th ed., IARC, 2019.

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NEW QUESTION # 84

A patient presents with right lower quadrant pain and fever. Which condition is most likely indicated by the arrow on this image?



- A. Ruptured appendix
- B. Enlarged lymph node
- C. Bowel obstruction
- D. Intussusception

Answer: A

Explanation:

The ultrasound image demonstrates a tubular, non-compressible, blind-ending structure located in the right lower quadrant (RLQ) with associated echogenic periappendiceal fat and possibly adjacent fluid or phlegmon.

These features are consistent with appendicitis. Given the clinical history of fever and RLQ pain, along with the irregular borders and

complex periappendiceal findings, the diagnosis of a ruptured appendix is most likely.

Key sonographic features of ruptured appendicitis include:

- * Non-visualization or distortion of the normal appendiceal wall architecture
- * Periappendiceal fluid collection or abscess
- * Disruption of the echogenic submucosal layer
- * Surrounding fat stranding (hyperechoic inflammatory changes)
- * Clinical correlation with fever and peritonitis

Comparison of answer choices:

- * A. Bowel obstruction typically shows dilated bowel loops with air-fluid levels, not a tubular structure like the appendix.
- * B. Intussusception presents with a target or "donut" sign in a transverse view, not a linear tubular structure.
- * C. Enlarged lymph nodes are usually round or oval and hypoechoic with a central echogenic hilum, without a tubular appearance.
- * D. Ruptured appendix - Correct. The ultrasound features and clinical presentation match.

References:

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

Jeffrey RB, Laing FC, Townsend RR. Acute appendicitis: sonographic criteria based on 250 cases. Radiology. 1988;167(2):327-329.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of the Ultrasound Examination for Appendicitis (2020).

NEW QUESTION # 85

During a renal artery Doppler study, which vessel should also be sampled to verify patency?

- A. Iliac vein
- B. Portal vein
- C. Main renal vein
- D. Inferior vena cava

Answer: C

Explanation:

The main renal vein should be assessed in addition to the renal arteries during renal Doppler exams. Venous thrombosis may coexist with arterial abnormalities and can impact renal perfusion. Evaluation of both arterial inflow and venous outflow ensures a comprehensive assessment of renal vascular patency.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Renal vein assessment should be performed during renal artery Doppler studies to exclude venous thrombosis or outflow obstruction." Reference:

Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

AIUM Practice Parameter for Renal Artery Duplex Sonography, 2020.

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NEW QUESTION # 86

When measuring the abdominal aorta, where should the calipers be placed?

- A. Inner wall to inner wall
- B. Outer wall to outer wall
- C. Inner wall to outer wall
- D. Outer wall to inner wall

Answer: B

Explanation:

When measuring the abdominal aorta (or any vessel diameter for aneurysm evaluation), calipers should be placed from outer wall to outer wall to ensure inclusion of the full vessel diameter, including any mural thrombus. This is the standard method accepted by professional societies.

According to AIUM and SRU Guidelines:

"Vessel diameter measurements should be performed from outer wall to outer wall to avoid underestimation of aneurysm size."

Reference:

AIUM Practice Parameter for the Performance of Abdominal Aortic Ultrasound, 2020.

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

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NEW QUESTION # 87

Which lymph node shape is concerning for malignancy in the post-thyroidectomy neck?

- **A. Round**
- B. Taller than wide
- C. Oval
- D. Wider than tall

Answer: A

Explanation:

Malignant lymph nodes are often round in shape (short axis/long axis ratio approaches 1), while benign lymph nodes are typically oval (short axis/long axis ratio < 0.5). Rounded shape in post-thyroidectomy patients raises suspicion for metastatic disease.

According to AIUM and ACR Thyroid Imaging Guidelines:

"A rounded lymph node shape is suspicious for malignancy, especially in patients with thyroid cancer." Reference:

AIUM Practice Parameter for Thyroid and Neck Ultrasound, 2020.

ACR Thyroid Imaging Reporting and Data System (TI-RADS), 2017.

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NEW QUESTION # 88

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