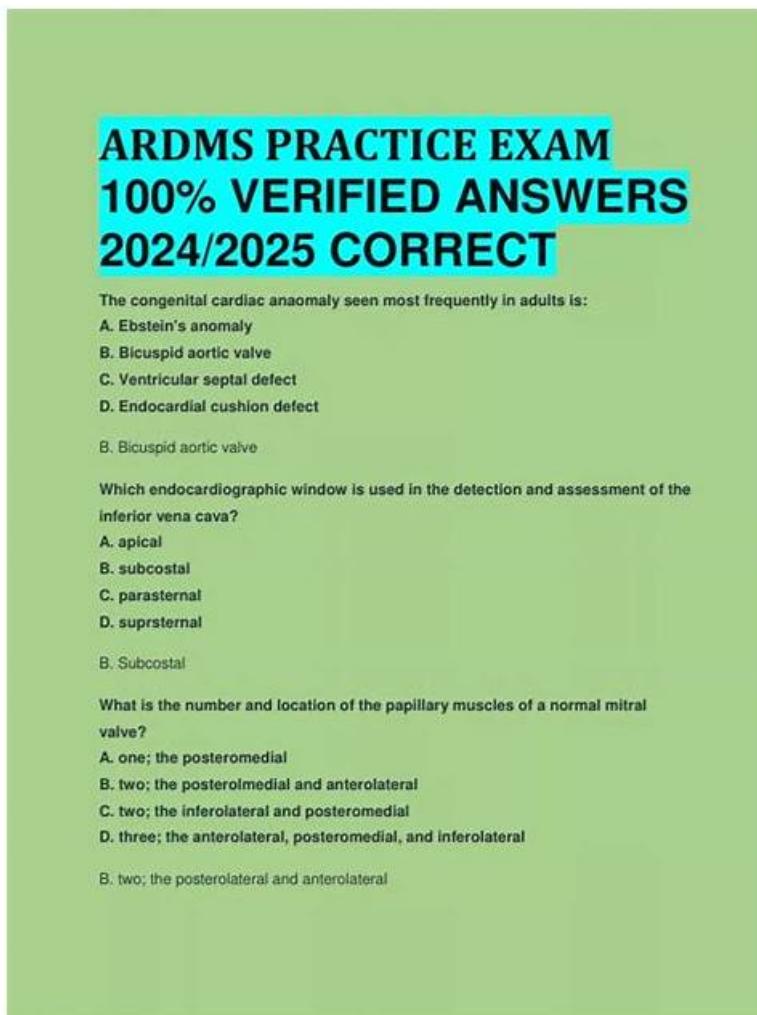


# 100% Pass 2025 ARDMS Pass-Sure Exam AB-Abdomen Testking



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The congenital cardiac anomaly seen most frequently in adults is:

- A. Ebstein's anomaly
- B. Bicuspid aortic valve
- C. Ventricular septal defect
- D. Endocardial cushion defect

B. Bicuspid aortic valve

Which endocardiographic window is used in the detection and assessment of the inferior vena cava?

- A. apical
- B. subcostal
- C. parasternal
- D. suprasternal

B. Subcostal

What is the number and location of the papillary muscles of a normal mitral valve?

- A. one; the posteromedial
- B. two; the posterolateral and anterolateral
- C. two; the inferolateral and posteromedial
- D. three; the anterolateral, posteromedial, and inferolateral

B. two; the posterolateral and anterolateral

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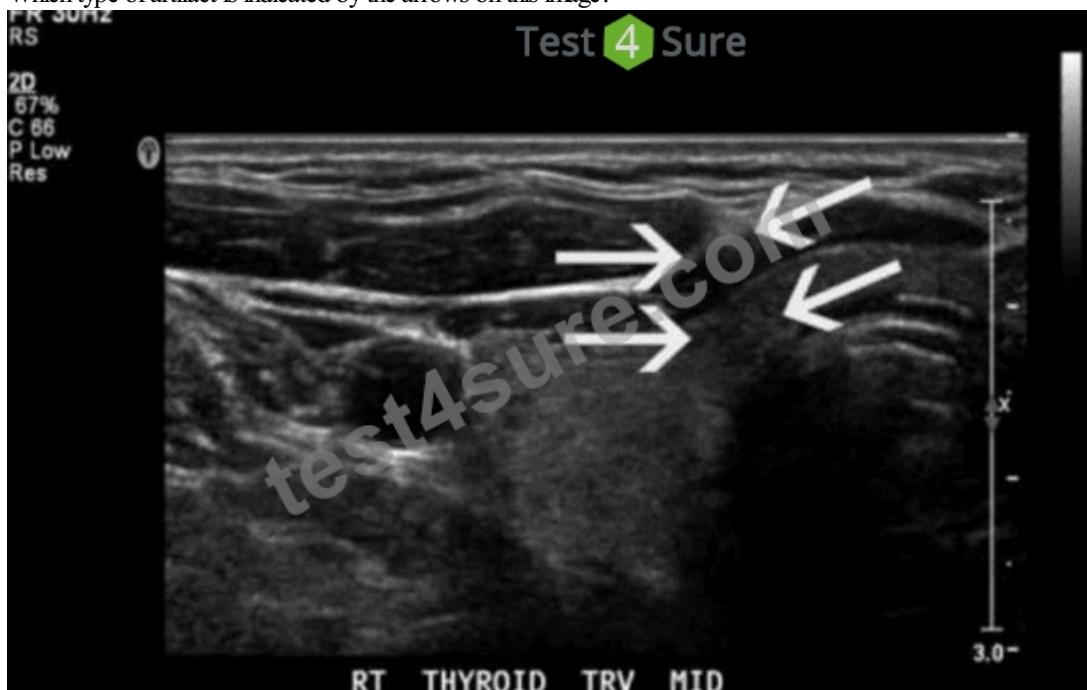
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## ARDMS Abdomen Sonography Examination Sample Questions (Q19-Q24):

### NEW QUESTION # 19

Which type of artifact is indicated by the arrows on this image?



- A. Speed error
- B. Comet tail
- C. Focal enhancement
- D. Edge shadow

### Answer: D

Explanation:

The ultrasound image of the thyroid clearly shows posterior shadowing originating from the lateral edges of a rounded structure, which is indicative of edge shadow artifact. Edge shadowing occurs when an ultrasound beam passes tangentially to a rounded or curved structure, such as a cyst or blood vessel. The difference in sound wave refraction and beam divergence at the edges leads to decreased echo signals deep to the edges, creating linear hypoechoic bands - which is exactly what the arrows are pointing to in the image.

Edge shadow artifact is purely a result of beam physics and not a real anatomic or pathologic finding.

Key characteristics of edge shadowing:

- \* Appears as a narrow, linear hypoechoic (dark) shadow extending deep to the edge of a curved interface (e.g., cyst, vessel, thyroid nodule)
- \* Caused by refraction and beam deflection, leading to reduced beam intensity distal to the edges
- \* Most commonly seen adjacent to cysts or fluid-filled structures

Differentiation from other options:

- \* A. Focal enhancement: Appears as increased echogenicity distal to a fluid-filled structure due to lower attenuation of the sound beam through fluid (opposite of shadowing).
- \* C. Speed error: A less common artifact that results in displacement of structures due to variation in assumed sound speed.
- \* D. Comet tail: A reverberation artifact that appears as a series of closely spaced bright echoes, often associated with metallic objects or cholesterol crystals in adenomyomatosis.

References:

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

Chapter: Ultrasound Physics and Artifacts, pp. 38-42.

Kremkau FW. Sonography Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Image Artifacts, pp. 132-136.

**NEW QUESTION # 20**

Which scanning approach was utilized to obtain this image?



- A. Right coronal
- B. Anterior
- C. Left coronal
- D. Posterior

**Answer: A**

Explanation:

The ultrasound image provided shows the liver and diaphragm imaged in a coronal plane with characteristic rib shadows and costophrenic angles. The orientation of the image and the structures visualized suggest that the transducer is placed in the right mid-axillary line, with the sound beam directed coronally - this is a classic right coronal scanning approach.

Key features supporting this:

- \* The liver appears superiorly in the image.
- \* Multiple echogenic lines (representing the ribs) run obliquely, casting acoustic shadows.
- \* The diaphragm and adjacent lung base are seen clearly, which is commonly imaged through the right intercostal spaces in a coronal plane.

Comparison of answer choices:

- \* A. Anterior: Would show a more transverse view of the liver and not typically image the diaphragm and lung this way.
- \* B. Posterior: Not used for upper abdominal scanning due to shadowing from the spine and posterior ribs.
- \* C. Left coronal: Would show the spleen and left kidney - not the liver as seen here.
- \* D. Right coronal - Correct. This image was obtained using the right coronal (intercostal) approach through the right flank.

References:

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

Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

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

**NEW QUESTION # 21**

What is the main purpose for performing focused abdominal sonography for trauma (FAST) exams?

- A. Detection of free peritoneal fluid
- B. Confirmation of peritoneal lavage findings

- C. Detection of peritoneal air
- D. Diagnosis of organ laceration

**Answer: A**

Explanation:

The FAST exam is primarily used to detect free intraperitoneal or pericardial fluid in trauma patients, serving as a rapid, bedside assessment tool. While organ injuries may be suspected, the FAST exam is not primarily designed to assess for solid organ lacerations.

According to AIUM and ACEP guidelines:

"The primary goal of the FAST exam is to detect the presence of free fluid suggestive of hemorrhage in trauma patients." Reference: American College of Emergency Physicians (ACEP) Ultrasound Guidelines, 2016.

AIUM Practice Parameter for the Performance of the FAST Examination, 2020.

**NEW QUESTION # 22**

What is a major advantage of power Doppler over color flow Doppler?

- A. Decreased sensitivity to motion artifacts
- B. Improved signal-to-noise ratio
- C. Doppler angle independent
- D. Ease of determining flow direction

**Answer: B**

Explanation:

Power Doppler measures the amplitude (strength) of Doppler signals rather than frequency shift, making it more sensitive to low-velocity and small-vessel blood flow. Its primary advantage is an improved signal-to- noise ratio, allowing for better visualization of slow or weak flow.

- \* A: Power Doppler is more sensitive to motion artifacts, not less.
- \* B: It is still angle dependent, though somewhat less so than color Doppler.
- \* D: Power Doppler does not display flow direction (a limitation).

Reference Extracts:

\* Kremkau FW. Sonography Principles and Instruments. 9th ed. Elsevier, 2015.

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

**NEW QUESTION # 23**

Which gray scale artifact is caused by the oscillation of gas bubbles?

- A. Reverberation
- B. Refraction
- C. Mirror image
- D. Ring down

**Answer: D**

Explanation:

Ring-down artifact occurs when gas bubbles resonate or oscillate, creating continuous echoes distal to the structure that appear as a vertical, echogenic band extending posteriorly. This is distinct from reverberation, which produces multiple discrete reflections.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Ring-down artifact results from resonance of gas bubbles, producing a continuous, echogenic tail distal to the reflecting interface."

Reference:

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

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

**NEW QUESTION # 24**

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