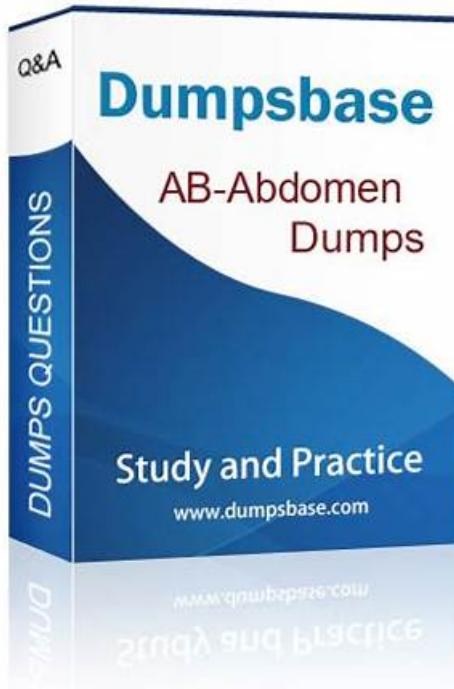


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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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.
Topic 3	<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 4	<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.

ARDMS Abdomen Sonography Examination Sample Questions (Q139-Q144):

NEW QUESTION # 139

Which syndrome is characterized by right upper quadrant pain, ascites, and hepatocellular dysfunction?

- A. Budd-Chiari
- B. Klippel-Trenaunay
- C. Ehlers-Danlos
- D. Calciphylaxis

Answer: A

Explanation:

Budd-Chiari syndrome is caused by hepatic venous outflow obstruction, resulting in hepatomegaly, ascites, right upper quadrant pain, and liver dysfunction. It may be due to thrombosis or compression of the hepatic veins or IVC.

According to Rumack's Diagnostic Ultrasound:

"Budd-Chiari syndrome results from hepatic venous outflow obstruction and presents with hepatomegaly, ascites, and right upper quadrant pain." Reference:

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

AIUM Practice Parameter for Liver Ultrasound, 2020.

NEW QUESTION # 140

Elevation of alpha-fetoprotein levels is a characteristic finding in which tumor?

- A. Cholangiocarcinoma

- B. Hepatoma
- C. Focal nodular hyperplasia
- D. Adenoma

Answer: B

Explanation:

Alpha-fetoprotein (AFP) is commonly elevated in patients with hepatocellular carcinoma (hepatoma), particularly in those with underlying cirrhosis or chronic hepatitis B/C. AFP is not typically elevated in adenomas, cholangiocarcinoma, or FNH.

According to Rumack's Diagnostic Ultrasound:

"Serum AFP levels are elevated in 50-70% of patients with hepatocellular carcinoma." Reference:

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

AASLD Guidelines for HCC Surveillance, 2018.

NEW QUESTION # 141

Which condition is most consistent with the sonographic appearance indicated by the arrows on this image obtained post thyroidectomy?

- A. Residual glandular tissue
- B. Recurring papillary thyroid cancer
- C. Normal postsurgical lymph node
- D. Reactive lymph node

Answer: B

Explanation:

The ultrasound image shows a hypoechoic, round structure with internal microcalcifications - hallmarks of recurrent papillary thyroid carcinoma (PTC) metastasis in a lymph node.

Key sonographic features supporting recurrent papillary thyroid cancer:

- * Hypoechoic round lymph node (loss of normal oval shape and hilum)
- * Microcalcifications (punctate echogenic foci) - highly suggestive of metastatic PTC
- * Abnormal morphology (loss of fatty hilum, rounded shape, increased vascularity if Doppler used)
- * Seen in the thyroid bed or lateral neck post-thyroidectomy

Why the other options are incorrect:

- * B. Normal postsurgical lymph node - Would be oval with echogenic hilum and no microcalcifications
- * C. Residual glandular tissue - Would have a more homogeneous echotexture similar to thyroid tissue and be located at the thyroid bed, not necessarily nodal
- * D. Reactive lymph node - May be enlarged but retain a normal hilum and vascular pattern, and lack microcalcifications Reference: ACR TI-RADS Guidelines for Thyroid Nodule Assessment

Radiopaedia: "Lymph node metastases from papillary thyroid carcinoma"

Ahuja A, Ying M. "Sonographic Evaluation of Cervical Lymph Nodes." AJR, 2005

NEW QUESTION # 142

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Coronary vein varices
- B. Esophageal varices
- C. Caput medusae
- D. Splenic vein varices

Answer: C

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

* Esophageal varices (B) are gastroesophageal collaterals.

* Coronary vein varices (C) involve gastric veins.

* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

NEW QUESTION # 143

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

- A. Detection of peritoneal air
- B. Confirmation of peritoneal lavage findings
- C. Diagnosis of organ laceration
- D. **Detection of free peritoneal fluid**

Answer: D

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 # 144

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The web-based ARDMS AB-Abdomen practice exam is compatible with all browsers like Chrome, Mozilla Firefox, MS Edge, Internet Explorer, Safari, Opera, and more. Unlike the desktop version, it requires an internet connection. The Abdomen Sonography Examination (AB-Abdomen) practice exam will ask real Abdomen Sonography Examination (AB-Abdomen) exam questions.

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