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bulls eye sign - Ultrasound appearance of gastroesophageal junction?

rugae - irregular folds in stomach formed by mucosa and submucosal

5 mm's - the undistended wall should not exceed how many mm's

haustrae - what are the large sacculations of the colon called?

thickened loops with no change with compression - slow graded transducer pressure is applied with evaluation of gi tract, what would these findings reveal?

target sign and pseudo kidney sign - what is the classic appearance of adenocarcinoma?

6mm - normal appendix has a target appearance and should not measure more than-----mm in diameter?

adhesions - what is most common cause of intestinal obstruction?

Increased activity - Evaluation of motor activity with obstruction will reveal?

Chronic - Is hashimoto's thyroiditis an acute or chronic condition?

calcium levels - the parathyroid glands secrete PTH which is responsible for maintaining what levels?

Papillary - what is most common type of thyroid cancer?

Increased PTH levels, hypophosphatemia and hypercalcemia - The lab values with parathyroid adenoma's will reveal what?

Longus colli muscle - what is the muscle located posterior to the thyroid and adjacent to the trachea?

External carotid artery - The superior thyroid artery branches off what artery?

Thyroid enlargement, protruding eyeballs - Two features of Grave's disease?

Multinodular Goiter - What is the most common type of thyroid abnormality?

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ARDMS Abdomen Sonography Examination Sample Questions (Q54-Q59):

NEW QUESTION # 54

Which structure is indicated by the arrow on this image?



- A. Esophagus
- B. Lymph node
- C. Parathyroid
- D. Paraganglioma

Answer: A

Explanation:

The ultrasound image shows a transverse view of the lower neck region at the thyroid level. The arrow is pointing to a round-to-oval structure located posterior and slightly to the left of the thyroid gland. The structure has a characteristic "target" or "bull's-eye" appearance with a hypoechoic outer ring and echogenic central mucosal interface - this is classic for the esophagus when seen in transverse view.

Key sonographic features of the esophagus:

- * It lies posterior to the left lobe of the thyroid.
- * It demonstrates a layered wall structure ("target" or "bull's-eye" appearance).
- * It may change shape or move during swallowing, and occasionally air bubbles or movement of fluid may be observed.

Comparison of answer choices:

- * A. Parathyroid glands are small, homogeneous, hypoechoic, and located posterior to the thyroid - but do not have this layered target appearance.
- * B. Lymph nodes have a hypoechoic cortex and echogenic hilum and are typically oval or bean-shaped, without the concentric ring appearance.
- * C. Esophagus - Correct. The location, appearance, and structure are consistent with the cervical esophagus.
- * D. Paragangliomas are highly vascular and more commonly located in the carotid body or adrenal region, not in this location or with this sonographic pattern.

References:

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

Grant EG, Tessler FN, Hoang JK, et al. Thyroid Ultrasound Reporting Lexicon: White Paper of the ACR TI- RADS Committee. J Am Coll Radiol. 2015.

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

NEW QUESTION # 55

Which probe frequency is most appropriate for imaging of the salivary glands?

- A. 8 MHz
- **B. 12 MHz**
- C. 2 MHz
- D. 4 MHz

Answer: B

Explanation:

Salivary glands are superficial structures, and high-frequency transducers (10-15 MHz) are optimal to obtain high spatial resolution. Lower frequencies are inappropriate as they lack sufficient resolution for superficial structures. A 12 MHz transducer provides excellent detail necessary for detecting small lesions, duct abnormalities, and vascular structures.

According to Rumack et al, Diagnostic Ultrasound:

"High-frequency linear transducers (10-15 MHz) are recommended for evaluating superficial structures such as salivary glands."
(Rumack CM et al, Diagnostic Ultrasound, 5th ed.).

Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Head and Neck Ultrasound Examination, 2020.

NEW QUESTION # 56

Which is the most likely etiology of a spherical mass near the splenic hilum that is isoechoic to the normal spleen in a 55-year-old female?

- A. Lymph node
- B. Kidney mass
- **C. Accessory spleen**
- D. Pancreatic mass

Answer: C

Explanation:

An accessory spleen (splenule) is a congenital variant, commonly located near the splenic hilum, and has identical echogenicity to the native spleen. This finding is benign and often incidental.

According to Rumack's Diagnostic Ultrasound:

"Accessory spleens are typically found near the splenic hilum and are isoechoic to the normal splenic parenchyma." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Abdominal Ultrasound, 2020.

NEW QUESTION # 57

Which condition is demonstrated in this image?



- A. Tumor extension
- B. Cavernous transformation**
- C. Portal hypertension
- D. Portal vein thrombosis

Answer: B

Explanation:

The image shows a color Doppler ultrasound of the main portal vein (MPV), which appears irregular and replaced by multiple small, serpiginous vascular channels - a hallmark of cavernous transformation.

Cavernous transformation of the portal vein is a late complication of chronic portal vein thrombosis, in which collateral vessels develop around the thrombosed portal vein to bypass the obstruction.

Key Doppler ultrasound features of cavernous transformation:

- * Absence of a normal portal vein
- * Multiple tortuous vessels in the porta hepatis
- * Color Doppler shows hepatopetal flow in these channels
- * Low velocity, continuous waveform flow in collateral vessels

Differentiation from other options:

- * B. Portal vein thrombosis: Would show an absence of color flow within the portal vein lumen and possibly echogenic material within the vessel. There would be no serpiginous collateral vessels yet if it's an acute process.
- * C. Portal hypertension: Often diagnosed with other sonographic findings (e.g., splenomegaly, reversed portal flow, varices) but not characterized by the replacement of the portal vein by collateral vessels.
- * D. Tumor extension: Typically appears as echogenic intraluminal material within the portal vein with arterial waveforms on Doppler due to neovascularity. Tumor thrombus can be seen in hepatocellular carcinoma or pancreatic cancer, not multiple small collateral vessels.

References:

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

Chapter: Portal Venous System, pp. 107-110.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Vascular Ultrasound Examination, 2021.

Radiopaedia.org. Cavernous transformation of the portal vein: <https://radiopaedia.org/articles/cavernous-transformation-of-the-portal-vein>

NEW QUESTION # 58

Which pancreatic condition is commonly associated with complete or partial atresia of the duodenum?

- A. Pancreas divisum
- B. **Annular pancreas**
- C. Pancreatic agenesis
- D. Pancreatic cysts

Answer: B

Explanation:

Annular pancreas is a congenital anomaly in which pancreatic tissue encircles the second part of the duodenum, potentially causing partial or complete duodenal obstruction (atresia). It is due to abnormal migration of the ventral pancreatic bud.

According to Rumack's Diagnostic Ultrasound:

"Annular pancreas results from failure of the ventral pancreatic bud to rotate properly, leading to encirclement of the duodenum."

Reference:

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

Moore KL, Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

NEW QUESTION # 59

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