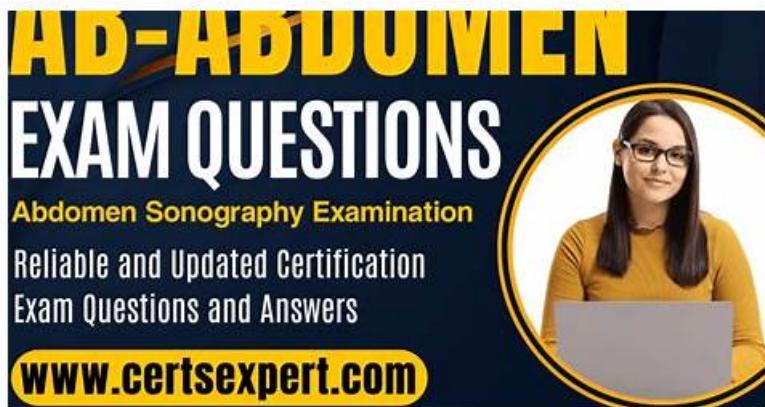


AB-Abdomen Real Dumps - Test AB-Abdomen Questions



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ARDMS AB-Abdomen Exam Syllabus Topics:

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

Test ARDMS AB-Abdomen Questions & New AB-Abdomen Test Experience

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

NEW QUESTION # 19

Which structures are located within the testes?

- A. Gubernacula
- B. Efferent ductules
- C. Aberrant ductules
- D. Seminiferous tubules

Answer: D

Explanation:

The seminiferous tubules are coiled structures located within the testes where spermatogenesis (sperm production) occurs. They are surrounded by Sertoli and Leydig cells that support spermatogenesis and testosterone production.

- * Gubernacula (A) are fetal structures involved in testicular descent.
- * Efferent ductules (B) connect the rete testis to the epididymis but are not located within the testicular parenchyma.
- * Aberrant ductules (C) are accessory ducts found outside the testis.

Reference Extracts:

- * Moore KL, Dalley AF, Agur AM. Clinically Oriented Anatomy. 7th ed. Lippincott Williams & Wilkins, 2013.
- * Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

NEW QUESTION # 20

Which abnormality is the most common adult adrenal tumor?

- A. Neuroblastoma
- B. Adenoma
- C. Pheochromocytoma
- D. Adrenal cortical carcinoma

Answer: B

Explanation:

Adrenal adenomas are the most common adrenal tumors in adults. They are often discovered incidentally (adrenal incidentalomas) and are usually nonfunctioning, though some may secrete cortisol or aldosterone.

Neuroblastoma is common in children, pheochromocytomas are rarer catecholamine-producing tumors, and adrenal cortical carcinoma is malignant but much less common than adenomas.

According to Rumack's Diagnostic Ultrasound:

"Adrenal adenomas are the most common adrenal masses in adults, frequently identified incidentally on imaging studies." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
ACR Incidental Findings Committee Guidelines for Adrenal Masses, 2017.

NEW QUESTION # 21

Which condition is most likely in a patient presenting with weight loss and fatigue along with elevated liver enzymes, elevated potassium, and decreased sodium?

- A. Hepatocellular carcinoma
- **B. Addison disease**
- C. Acute pancreatitis
- D. Conn syndrome

Answer: B

Explanation:

Addison disease (primary adrenal insufficiency) results in insufficient production of cortisol and aldosterone.

The hallmark laboratory findings include:

- * Hyponatremia (low sodium)
- * Hyperkalemia (high potassium)
- * Elevated liver enzymes (due to nonspecific hepatic involvement)
- * Fatigue, weight loss, and hypotension are common clinical features.
- * Conn syndrome (B) causes hyperaldosteronism, leading to hypokalemia (not hyperkalemia).
- * Acute pancreatitis (C) would typically show elevated amylase/lipase.
- * Hepatocellular carcinoma (D) may present with elevated liver enzymes but not the electrolyte pattern described.

Reference Extracts:

* Nieman LK. "Diagnosis and Treatment of Primary Adrenal Insufficiency." *J Clin Endocrinol Metab.* 2011;96(7):1957-1966.

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

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NEW QUESTION # 22

Identify the congenital anomaly.

Using your mouse, place the cursor on the appropriate region of the image and then left-click the mouse button to indicate your selection.

Answer:

Explanation:

Explanation:

An ultrasound of a fetus AI-generated content may be incorrect.

The ultrasound image shows a transverse (axial) view of the fetal abdomen. Notably, there is abnormal continuity of renal parenchyma across the midline anterior to the aorta, forming a U- or horseshoe-shaped structure. This is characteristic of a congenital anomaly known as a horseshoe kidney.

Horseshoe kidney is the most common fusion anomaly of the kidneys, occurring in approximately 1 in 400-600 live births. It results from fusion of the lower poles of both kidneys during fetal development. On prenatal ultrasound, this anomaly can be suspected when the kidneys appear closer to the midline than usual and are connected by an isthmus of renal tissue or fibrous band that crosses anterior to the spine and great vessels.

Typical sonographic findings include:

- * Abnormally located kidneys, often lower than expected
- * Renal fusion across the midline (usually at the lower poles)
- * Possible associated hydronephrosis or malrotation

Comparison to other anomalies:

* This is not consistent with polycystic kidney disease (which would show diffusely echogenic kidneys with poor corticomedullary differentiation).

* Duplex kidney would show duplicated collecting systems but not fusion across the midline.

* Renal agenesis would demonstrate absence of renal tissue.

* Posterior urethral valves would show a distended bladder with bilateral hydronephrosis, not midline fusion.

References:

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

Callen PW. *Ultrasonography in Obstetrics and Gynecology*, 6th ed. Elsevier; 2016.

Nyberg DA, McGahan JP, Pretorius DH, Pilu G. *Diagnostic Imaging of Fetal Anomalies*. Lippincott Williams & Wilkins; 2003.

NEW QUESTION # 23

Which condition is demonstrated in this image?

- A. Inguinal hernia
- B. Bell clapper deformity
- **C. Cryptorchidism**
- D. Pyocele

Answer: C

Explanation:

The ultrasound image shows an ovoid, homogeneously hypoechoic soft tissue structure located in the inguinal canal, surrounded by echogenic fat and soft tissue. This is consistent with an undescended testis, also known as cryptorchidism.

Cryptorchidism refers to the failure of one or both testes to descend into the scrotal sac. On ultrasound, the undescended testis typically appears:

- * Ovoid in shape
- * Homogeneous and hypoechoic compared to scrotal testis
- * Located in the inguinal canal or, less commonly, within the abdomen
- * Smaller in size than a normally descended testis

Comparison of answer choices:

- * A. Bell clapper deformity refers to an anatomic predisposition for testicular torsion where the tunica vaginalis surrounds the entire testis and epididymis-usually a clinical rather than directly sonographic diagnosis.
- * B. Inguinal hernia appears as bowel or omentum within the inguinal canal or scrotum with peristalsis or fat-no bowel loops are seen here.
- * C. Pyocele is a complex fluid collection around the testis (usually with septations and internal echoes)- not evident in this image.
- * D. Cryptorchidism - Correct. The findings match those of an undescended testis in the inguinal canal.

References:

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

Dogra VS, Gottlieb RH, Rubens DJ, Oka M. Sonography of the scrotum. Radiology. 2003;227(1):18-36.

AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations (2021).

NEW QUESTION # 24

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