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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">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 3	<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 4	<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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q75-Q80):

NEW QUESTION # 75

Which renal condition is commonly associated with pyuria and leukocytosis?

- A. Acute pyelonephritis
- B. Staghorn calculus
- C. Nephrocalcinosis
- D. Renal cell carcinoma

Answer: A

Explanation:

Acute pyelonephritis is a bacterial infection of the renal parenchyma and collecting system. Classic clinical findings include fever, flank pain, leukocytosis (elevated white blood cells), and pyuria (white blood cells in urine). Ultrasound may demonstrate renal enlargement, decreased echogenicity, and loss of corticomedullary differentiation.

* Nephrocalcinosis (A) involves calcium deposition without infection.

* Staghorn calculus (B) may lead to infection but is primarily characterized by obstructive uropathy.

* Renal cell carcinoma (C) presents with hematuria and mass formation rather than infection symptoms.

Reference Extracts:

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

Chapter: Kidneys.

* Middleton WD, Kurtz AB, Hertzberg BS. Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.

NEW QUESTION # 76

Which outcome would be present if the sample volume gate is larger than the examined vessel?

- A. Spike turbulence
- B. Spectral noise
- C. Aliasing
- D. Indeterminate flow direction

Answer: B

Explanation:

When the sample volume (gate) is too large, it captures signals from both the vessel and surrounding tissues or adjacent flows. This leads to a broadening of the spectral waveform and produces "spectral noise" or "spectral broadening," reducing the accuracy of velocity measurements and waveform analysis. Aliasing results from high velocity relative to the Nyquist limit, not from gate size.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Increasing the sample volume beyond the vessel size causes spectral broadening, resulting in spectral noise and inaccurate Doppler measurements." Reference:

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

AIUM Practice Parameter for Spectral Doppler Ultrasound, 2021.

NEW QUESTION # 77

Which type of choledochal cyst is the most common?

- A. Type III: Duodenal choledochocoele
- B. Type II: Diverticula extending off of the common bile duct
- C. Type IV: Multiple cystic dilatations of the hepatic ducts
- D. **Type I: Fusiform dilatation of the common bile duct**

Answer: D

Explanation:

Type I choledochal cyst, characterized by fusiform dilatation of the common bile duct, is the most common form, accounting for 80-90% of cases. Other types are much less frequent.

According to Rumack's Diagnostic Ultrasound:

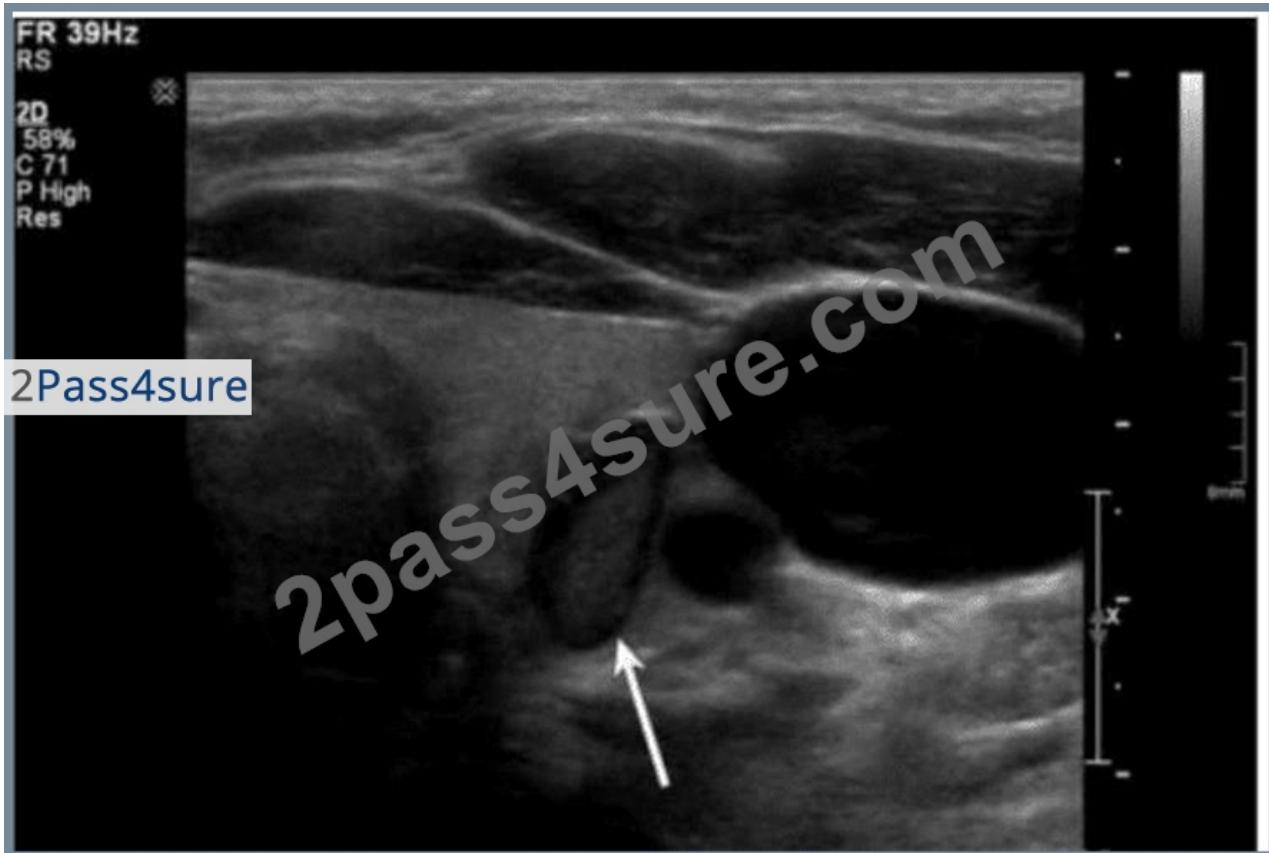
"Type I fusiform dilatation of the extrahepatic bile duct is the most common type of choledochal cyst." Reference:

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

AIUM Practice Parameter for Hepatobiliary Ultrasound, 2020.

NEW QUESTION # 78

Which structure is indicated by the arrow on this image?



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

Answer: C

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 # 79

Which malignancy most commonly metastasizes to the testes?

- A. Bladder cancer
- B. Non-Hodgkin lymphoma
- C. Hodgkin lymphoma
- D. Prostate cancer

Answer: D

Explanation:

Testicular metastases are rare and usually identified in older patients. The most frequent primary site of malignancies metastasizing to the testes is the prostate. Studies (Ulbright and Young, 2008; Mosharafa et al, 2003) indicate that prostatic adenocarcinoma accounts for the highest number of testicular metastases, with lung and gastrointestinal tract malignancies also contributing less frequently. These metastases can be unilateral or bilateral and are often discovered incidentally during surgical intervention for prostate cancer.

The metastatic route involves retrograde venous extension, arterial embolism, or lymphatic dissemination.

Histologically, prostatic adenocarcinoma in the testis can be confirmed via immunohistochemical markers like prostate-specific antigen (PSA), supporting its prostatic origin.

References:

Ulbright TM, Young RH. Tumors of the Testis, Adnexa, Spermatic Cord, and Scrotum. AFIP Atlas of Tumor Pathology, 4th Series, Fascicle 18. Armed Forces Institute of Pathology, 2008.

Mosharafa AA, Foster RS, Bhrle R, et al. Clinical and pathologic features of testicular metastases from solid tumors: a 40-year review. *Urology*. 2003;61(5): 1064-1068.

NEW QUESTION # 80

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