

AB-Abdomen적중율높은인증덤프공부 - AB-Abdomen 완벽한시험덤프공부



2026 KoreaDumps 최신 AB-Abdomen PDF 버전 시험 문제집과 AB-Abdomen 시험 문제 및 답변 무료 공유:
<https://drive.google.com/open?id=1OQ7OpFm2VxgeJRTwKJn6JWQYybU8zRU->

인터넷에는 ARDMS인증 AB-Abdomen시험대비공부자료가 헤아릴수 없을 정도로 많습니다.이렇게 많은 ARDMS인
 증 AB-Abdomen공부자료중 대부분 분들께서 저희KoreaDumps를 선택하는 이유는 덤프 업데이트가 다른 사이트보
 다 빠르다는 것이 제일 큰 이유가 아닐까 싶습니다. KoreaDumps의 ARDMS인증 AB-Abdomen덤프를 구매하시면 덤
 프가 업데이트되면 무료로 업데이트된 버전을 제공받을 수 있습니다.

ARDMS AB-Abdomen 시험요강:

주제	소개
주제 1	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.

주제 2	• 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.
주제 3	• 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.
주제 4	• 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.

>> AB-Abdomen적중을 높은 인증덤프공부 <<

AB-Abdomen완벽한 시험덤프공부 & AB-Abdomen최신 덤프자료

많은 분들이 고난의도인 ARDMS관련인증시험을 응시하고 싶어 하는데 이런 시험은 많은 전문적인 관련지식이 필요합니다. 시험은 당연히 완전히 전문적인 AB-Abdomen관련지식을 터득하자만이 패스할 가능성이 높습니다. 하지만 지금은 많은 방법들로 여러분의 부족한 면을 보충해드릴 수 있으며 또 힘든 ARDMS시험도 패스하실 수 있습니다. 혹은 여러분은 전문적인 Abdomen Sonography Examination관련지식을 터득하자들보다 더 간단히 더 빨리 시험을 패스하실 수 있습니다.

최신 ARDMS RDMS AB-Abdomen 무료샘플문제 (Q84-Q89):

질문 # 84

Which parameter is most likely increased distal to a renal artery stenosis?

- A. Acceleration time
- B. Pulsatility index
- C. Resistive index
- D. Spectral broadening

정답: A

설명:

Downstream from a significant renal artery stenosis, the acceleration time is prolonged due to delayed systolic upstroke ("tardus-parvus waveform"). This is a sensitive Doppler parameter for detecting hemodynamically significant stenosis. Spectral broadening usually occurs at the stenotic site, not distal to it.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Prolonged acceleration time and reduced acceleration index characterize tardus-parvus waveforms distal to renal artery stenosis."

Reference:

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

AIUM Practice Parameter for Renal Artery Duplex Doppler Ultrasound, 2020.

질문 # 85

Which action should a sonographer take if the abdominal aorta measures 5.5 centimeters in the anteroposterior diameter?

- A. Release patient from care
- **B. Report the finding to the radiologist immediately**
- C. Disclose the diagnosis to the patient
- D. Follow the routine protocol for abdominal ultrasound

정답: B

설명:

An abdominal aortic aneurysm (AAA) measuring #5.5 cm represents a significantly increased risk of rupture and often requires surgical evaluation. The sonographer must report this critical finding immediately to the interpreting physician. The sonographer should never disclose a diagnosis directly to the patient.

According to AIUM and SRU Guidelines:

"An aortic diameter of 5.5 cm or greater should be promptly reported to the interpreting physician due to the high risk of rupture."

Reference:

AIUM Practice Parameter for Abdominal Aortic Ultrasound, 2020.

Society of Radiologists in Ultrasound (SRU) Consensus Statement, 2003.

질문 # 86

Which lymph node shape is concerning for malignancy in the post-thyroidectomy neck?

- A. Oval
- B. Wider than tall
- C. Taller than wide
- **D. Round**

정답: D

설명:

Malignant lymph nodes are often round in shape (short axis/long axis ratio approaches 1), while benign lymph nodes are typically oval (short axis/long axis ratio < 0.5). Rounded shape in post-thyroidectomy patients raises suspicion for metastatic disease.

According to AIUM and ACR Thyroid Imaging Guidelines:

"A rounded lymph node shape is suspicious for malignancy, especially in patients with thyroid cancer." Reference:

AIUM Practice Parameter for Thyroid and Neck Ultrasound, 2020.

ACR Thyroid Imaging Reporting and Data System (TI-RADS), 2017.

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질문 # 87

Which structure is indicated by the arrow in this image?

□

- **A. Adrenal gland**
- B. Bowel loop
- C. Diaphragm
- D. Kidney

정답: A

설명:

The structure indicated by the arrow in the ultrasound image is the adrenal gland. On ultrasound, the adrenal gland in neonates and infants is relatively large and has a distinctive "Y" or "V" shape in the transverse view.

It is located superior and slightly medial to the upper pole of the kidney.

In this image, the arrow is pointing to a hypoechoic, curved structure with a thin echogenic central stripe, representing the fetal adrenal gland. This echogenic stripe corresponds to the adrenal medulla, while the surrounding hypoechoic area represents the cortex.

Differential features:

* A. Kidney: While the kidney is visualized posterior to the adrenal gland and shows a reniform shape with a central echogenic sinus and peripheral cortex, it is not the structure being directly pointed to by the arrow.

* B. Bowel loop: Bowel has variable echogenicity with peristalsis and shadowing from air. It does not have the consistent

morphology or location seen in the image.

* C. Diaphragm: Appears as a thin, hyperechoic linear structure separating the thoracic cavity from the abdomen. It is seen more superiorly than the indicated structure and lacks the "Y" or "V" adrenal configuration.

Key Anatomical Landmarks:

* The adrenal glands are located in the retroperitoneum, superior to the kidneys, and appear prominent on ultrasound in neonates.

* In transverse view, the right adrenal gland is anterior to the crus of the diaphragm and posterior to the inferior vena cava (IVC).

References:

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

Chapter: Adrenal Glands and Retroperitoneum, pp. 291-295.

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

질문 # 88

Which condition is a cause of intrahepatic dilatation with a normal common bile duct?

- A. Tumor at the porta hepatis
- B. Choledocholithiasis
- C. Portal vein thrombus
- D. Acute pancreatitis

정답: A

설명:

Intrahepatic biliary dilatation with a normal common bile duct (CBD) is typically caused by obstruction located at or above the level of the hepatic duct confluence. A tumor at the porta hepatis, such as cholangiocarcinoma (Klatskin tumor), is a classic cause of this pattern. The porta hepatis is the site where the right and left hepatic ducts join to form the common hepatic duct. A mass at this location can obstruct the intrahepatic ducts while leaving the distal CBD unaffected and of normal caliber.

By contrast:

* Portal vein thrombus (A) affects vascular flow but does not directly obstruct bile ducts.

* Choledocholithiasis (C) obstructs the CBD, typically resulting in both intrahepatic and extrahepatic duct dilatation.

* Acute pancreatitis (D) may cause distal CBD compression if there is associated inflammation or pseudocyst formation, but typically results in extrahepatic duct dilatation rather than isolated intrahepatic dilation.

Reference Extracts:

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

Chapter: Biliary Tract: "Klatskin tumors cause proximal (intrahepatic) biliary dilatation while the distal bile duct remains normal in caliber."

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

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질문 # 89

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ARDMS인증 AB-Abdomen시험을 패스하는 지름길은KoreaDumps에서 연구제작한 ARDMS 인증AB-Abdomen시험대비 덤프를 마련하여 충분한 시험준비를 하는것입니다. 덤프는 ARDMS 인증AB-Abdomen시험의 모든 범위가 포함 되어 있어 시험적중율이 높습니다. ARDMS 인증AB-Abdomen시험패는 바로 눈앞에 있습니다. 링크를 클릭하시고 KoreaDumps의ARDMS 인증AB-Abdomen시험대비 덤프를 장바구니에 담고 결제마친후 덤프를 받아 공부하는것입니다.

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