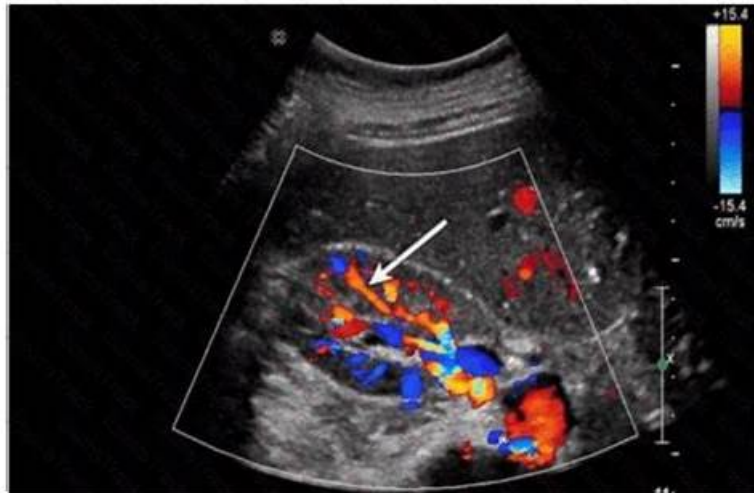


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## ARDMS Abdomen Sonography Examination Sample Questions (Q144-Q149):

### NEW QUESTION # 144

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

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

**Answer: A**

Explanation:

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.

#### NEW QUESTION # 145

Which structure is most likely shown in this image of the right lower quadrant?



- A. Appendix
- B. Fallopian tube
- C. Ureter
- D. Jejunum

**Answer: A**

Explanation:

The ultrasound image shows a blind-ending, non-compressible, tubular structure in the right lower quadrant with a target or bullseye appearance in transverse section - highly suggestive of the appendix.

Sonographic features of the appendix (especially in suspected appendicitis):

- \* Blind-ending tubular structure arising from the cecum
  - \* Non-compressible on graded compression
  - \* Diameter >6 mm is suggestive of appendicitis
  - \* May demonstrate a "target sign" in transverse view (concentric ring-like appearance)
  - \* Increased echogenicity of surrounding fat in cases of inflammation
  - \* May contain an appendicolith or show hyperemia on color Doppler if inflamed
- The location (right lower quadrant) and appearance in this case are classic for the normal or potentially inflamed appendix.

Differentiation from other options:

- \* A. Fallopian tube: Located more in the adnexal regions and usually not visible unless distended (e.g., hydrosalpinx).
- \* B. Ureter: Usually not visualized on ultrasound unless dilated due to obstruction.
- \* D. Jejunum: Has valvulae conniventes ("keyboard sign") and peristalsis; does not present with a blind- ending tubular appearance from the cecum.

References:

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

Chapter: Gastrointestinal Tract, pp. 460-468.

American College of Radiology (ACR). ACR Appropriateness Criteria - Right Lower Quadrant Pain - Suspected Appendicitis.

AIUM Practice Parameter for the Performance of a Pediatric Abdominal and/or Retroperitoneal Ultrasound Examination, 2020.

### NEW QUESTION # 146

Which sonographic finding is commonly associated with transitional cell cancer of urinary bladder?

- A. Flat sessile lesion
- B. Ulcerated solid infiltrative lesion
- **C. Polypoidal non-mobile focal mass**
- D. Diffuse wall thickening

**Answer: C**

Explanation:

Transitional cell carcinoma (TCC) typically presents as a non-mobile, polypoidal, focal intraluminal mass projecting from the bladder wall. Mobility of the lesion helps differentiate TCC from blood clots or debris.

According to Rumack's Diagnostic Ultrasound:

"Bladder TCC most often appears as a non-mobile, polypoid mass attached to the bladder wall." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

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### NEW QUESTION # 147

Which disease process causes exudative ascites?

- **A. Infection**
- B. Liver failure
- C. Hypoproteinemia
- D. Renal failure

**Answer: A**

Explanation:

Exudative ascites is characterized by high protein content and cellular debris, typically resulting from infections (e.g., peritonitis, tuberculosis), malignancy, or inflammatory conditions. Transudative ascites is more commonly seen in conditions such as liver failure, renal failure, and hypoproteinemia due to changes in hydrostatic or oncotic pressure.

According to Light's Criteria:

"Infection and malignancy are common causes of exudative ascites, distinguished by high protein content and elevated LDH."

Reference:

Light RW. Pleural Diseases. 6th ed. Lippincott Williams & Wilkins, 2013.

AASLD Guidelines for the Evaluation of Ascites, 2021.

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### NEW QUESTION # 148

A lactating female presents with a tender, swollen breast, erythema, and fever. Which condition is most likely present in this image?



- A. Galactocele
- B. Abscess
- **C. Mastitis**
- D. Ductal carcinoma

**Answer: C**

**Explanation:**

The clinical presentation-tender, swollen breast with erythema and fever-in a lactating female strongly suggests acute mastitis. The sonographic findings support this diagnosis. In the image, the breast parenchyma shows diffuse, hypoechoic, and heterogeneous echotexture with increased vascularity, which is consistent with inflammatory changes typical of mastitis.

Mastitis is a common complication during lactation, particularly in the first few weeks postpartum. It results from milk stasis and subsequent bacterial infection, commonly due to *Staphylococcus aureus*. Ultrasound features of mastitis include:

- \* Ill-defined, hypoechoic, edematous areas in the breast parenchyma
- \* Increased Doppler flow due to hyperemia
- \* Skin thickening
- \* Ductal dilatation may also be present

If left untreated, mastitis may progress to abscess formation, which would appear as a localized, complex fluid collection with peripheral hyperemia and internal debris. However, the image does not show a well- formed fluid collection consistent with abscess. Option B (Ductal carcinoma): Inappropriate here due to the acute clinical scenario and patient age. Ductal carcinoma typically presents as a hypoechoic mass with irregular margins and posterior shadowing, not diffuse edema or inflammatory changes.

Option D (Galactocele): This benign milk-filled retention cyst typically appears anechoic or with fluid-fluid levels but lacks signs of inflammation and systemic symptoms such as fever.

Option A (Abscess): This could be a differential, but abscesses usually present with a well-defined anechoic or complex mass. The absence of a discrete collection and the diffuse appearance makes mastitis more likely.

**References:**

Mendelson EB. Practical Ultrasound: An Illustrated Guide. Springer, 2004. Chapter: Breast Ultrasound.

American College of Radiology (ACR). ACR Practice Parameter for the Performance of a Breast Ultrasound Examination, 2022.

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

Chapter: Breast, pp. 1169-1175.

**NEW QUESTION # 149**

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