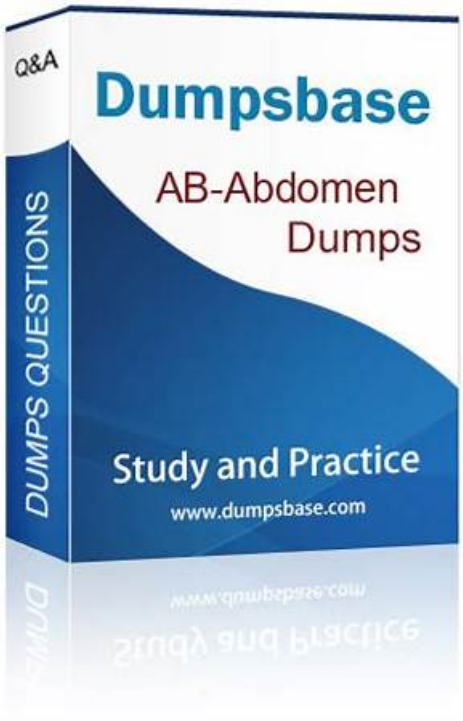
AB-Abdomen Valid Test Notes & AB-Abdomen Reliable Test Blueprint



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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	• 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	• 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's 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.

AB-Abdomen Reliable Test Blueprint - Actual AB-Abdomen Test Answers

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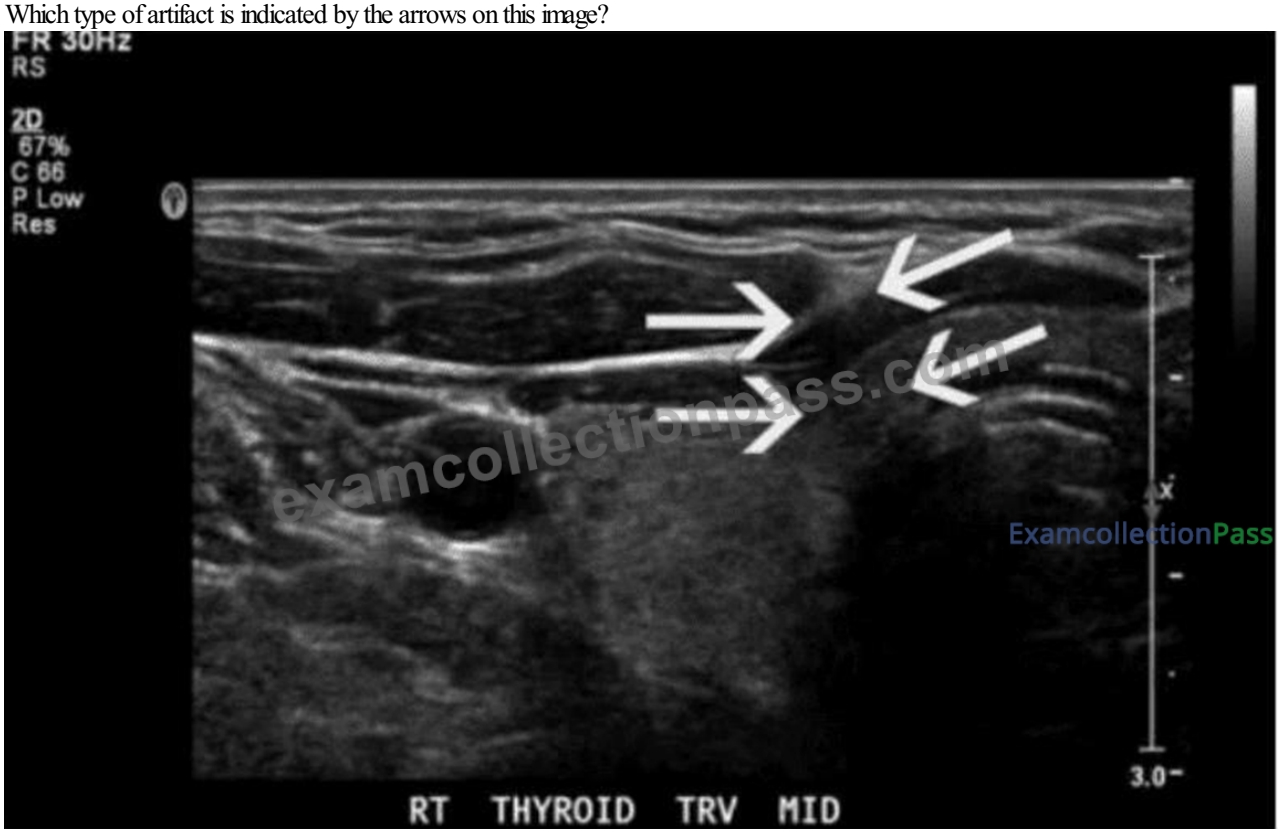
ARDMS Abdomen Sonography Examination Sample Questions (Q101-Q106):

NEW QUESTION # 101
Which type of artifact is indicated by the arrows on this image?



- A. Focal enhancement
- B. Speed error

- C. Comet tail
- D. Edge shadow

Answer: D

Explanation:
The ultrasound image of the thyroid clearly shows posterior shadowing originating from the lateral edges of a rounded structure, which is indicative of edge shadow artifact. Edge shadowing occurs when an ultrasound beam passes tangentially to a rounded or curved structure, such as a cyst or blood vessel. The difference in sound wave refraction and beam divergence at the edges leads to decreased echo signals deep to the edges, creating linear hypoechoic bands - which is exactly what the arrows are pointing to in the image.
Edge shadow artifact is purely a result of beam physics and not a real anatomic or pathologic finding.
Key characteristics of edge shadowing:
* Appears as a narrow, linear hypoechoic (dark) shadow extending deep to the edge of a curved interface (e.g., cyst, vessel, thyroid nodule)
* Caused by refraction and beam deflection, leading to reduced beam intensity distal to the edges
* Most commonly seen adjacent to cysts or fluid-filled structures
Differentiation from other options:
* A. Focal enhancement: Appears as increased echogenicity distal to a fluid-filled structure due to lower attenuation of the sound beam through fluid (opposite of shadowing).
* C. Speed error: A less common artifact that results in displacement of structures due to variation in assumed sound speed.
* D. Comet tail: A reverberation artifact that appears as a series of closely spaced bright echoes, often associated with metallic objects or cholesterol crystals in adenomyomatosis.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Ultrasound Physics and Artifacts, pp. 38-42.
Kremkau FW. Sonography Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Image Artifacts, pp. 132-136.

NEW QUESTION # 102
Which of the following must be sterile for a percutaneous procedure?

- A. Gel within transducer cover
- B. Transducer
- C. Machine controls
- D. Transducer cover

Answer: A

Explanation:
In percutaneous procedures such as biopsies or drainages, maintaining a sterile field is critical to avoid introducing infection. While the transducer is covered by a sterile cover, the gel placed inside this cover (between the probe and the cover) must also be sterile, as it contacts the sterile field. The transducer itself and machine controls are not sterile but are handled appropriately to avoid field contamination.
According to the AIUM Guidelines:
"Sterile coupling gel must be used inside the sterile probe cover during all invasive or percutaneous procedures." (AIUM Guidelines for Cleaning and Preparing Ultrasound Transducers, 2021).
Reference:
AIUM Guidelines for Cleaning and Preparing Ultrasound Transducers and Equipment for Reuse, 2021.
ACR Practice Parameter for Performing Ultrasound-Guided Procedures, 2020.
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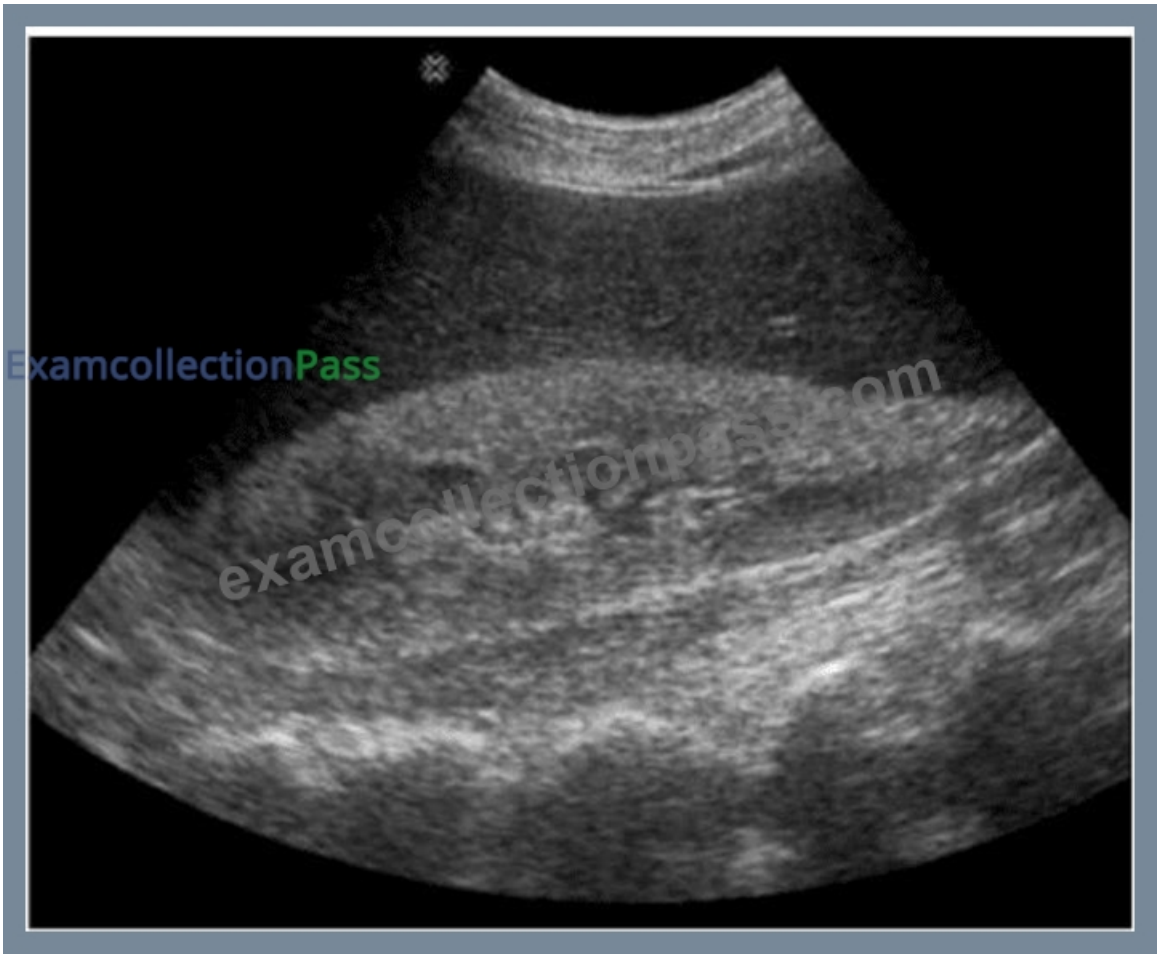
NEW QUESTION # 103
Which finding is demonstrated in this image?



- A. Acute medical renal disease
- B. Medullary sponge kidney
- C. Hepatic steatosis
- D. Acute hepatitis

Answer: C

Explanation:
The ultrasound image demonstrates diffuse increased echogenicity of the liver parenchyma with posterior beam attenuation (acoustic shadowing), findings that are consistent with hepatic steatosis (fatty liver disease).
The liver appears brighter than normal, and the vascular markings, particularly of the portal veins, are obscured due to the increased parenchymal echogenicity.
Hepatic steatosis refers to the abnormal accumulation of fat within hepatocytes and is commonly associated with obesity, diabetes, alcohol use, and metabolic syndrome.
Classic sonographic features of hepatic steatosis include:
* Diffuse hyperechogenicity ("bright liver")
* Poor visualization of intrahepatic vessels and diaphragm
* Posterior acoustic attenuation
* Increased hepatic echogenicity relative to the renal cortex
Differentiation from other options:
* A. Acute hepatitis: Usually presents with normal or slightly decreased echogenicity, "starry sky" appearance due to prominent portal triads and periportal edema.
* C. Medullary sponge kidney: A renal condition with echogenic medullary pyramids, not hepatic.
* D. Acute medical renal disease: Affects the kidneys, often with bilateral renal enlargement and increased cortical echogenicity-again not related to liver imaging.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Liver, pp. 93-97.
American College of Radiology (ACR) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2021.
Radiopaedia.org. Fatty liver (ultrasound): https://radiopaedia.org/articles/fatty-liver-ultrasound

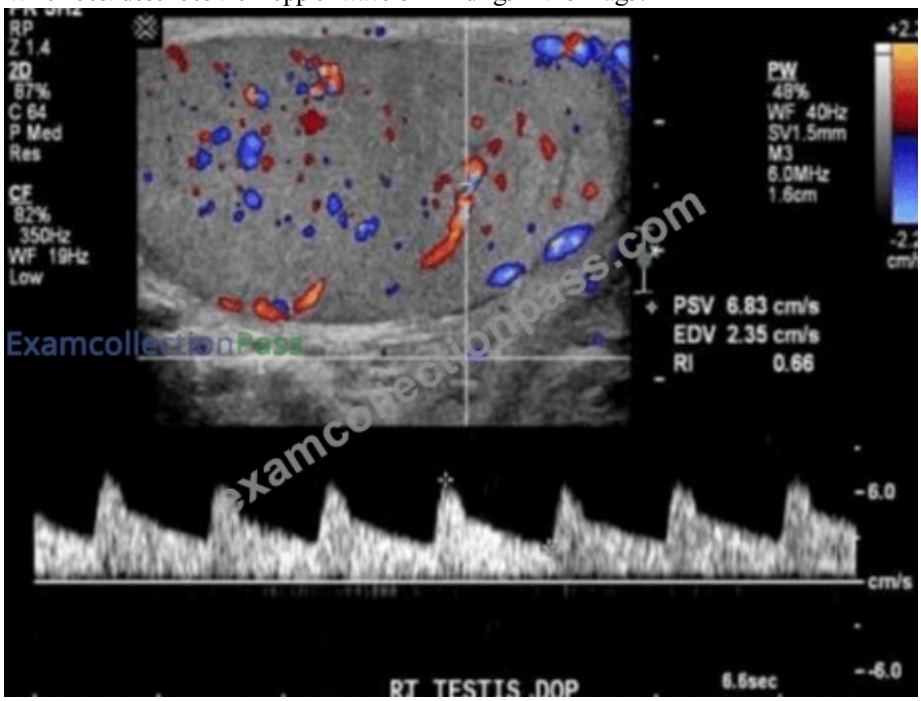
NEW QUESTION # 104
In which position should a patient be placed when internal echoes are seen within a fluid-filled bladder?

- A. Fowler
- B. Trendelenburg
- C. Erect
- D. Lateral decubitus

Answer: D

Explanation:
Lateral decubitus positioning allows shifting of internal echoes within the bladder, helping differentiate mobile debris (such as blood clots or sediment) from adherent masses like tumors. This technique is helpful in evaluating questionable bladder filling defects.
According to Rumack's Diagnostic Ultrasound:
"Changing the patient's position, such as turning to the lateral decubitus, can help distinguish mobile debris from attached bladder wall lesions." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Bladder Ultrasound, 2020.

NEW QUESTION # 105
Which best describes the Doppler waveform findings in this image?



- A. Tardus parvus
- B. Increased resistance
- C. Normal
- D. Triphasic

Answer: C

Explanation:
The Doppler spectral waveform shown in this image of the right testis demonstrates low-resistance, forward- flowing arterial waveforms with continuous diastolic flow - this is characteristic of normal testicular perfusion. The presence of both color Doppler flow and a resistive index (RI) of 0.66 further supports normal testicular arterial circulation.
Key Doppler features of a normal testicular waveform:
* Low-resistance waveform (RI typically 0.5-0.75)
* Continuous diastolic flow
* No reversal of flow or spectral broadening

* Color Doppler confirms uniform intratesticular vascularity
Clinical context:
* Normal testicular flow on Doppler imaging excludes testicular torsion, infarction, or significant inflammation.
* Testicular torsion would show either absent or very high-resistance (reduced or absent diastolic flow) waveform.
* Epididymo-orchitis may show hyperemia with low resistance but often presents with other gray-scale findings like heterogeneous echotexture or scrotal wall thickening.
Differentiation from other options:
* B. Increased resistance: RI >0.75 and reduced or reversed diastolic flow; may indicate impending torsion or ischemia.
* C. Tardus parvus: A slow systolic upstroke and diminished amplitude; indicates proximal arterial stenosis.
* D. Triphasic: Normal waveform in peripheral arteries, such as extremities, not seen in testicular circulation.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Male Pelvis - Testis and Scrotum, pp. 793-800.
AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations, 2020.
Radiopaedia.org. Testicular Doppler assessment: https://radiopaedia.org/articles/testicular-doppler-assessment

NEW QUESTION # 106
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