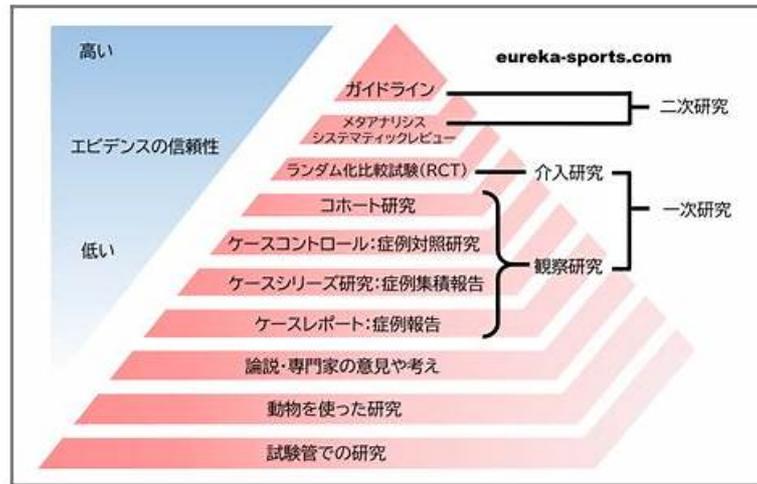


# AB-Abdomen試験の準備方法 | 信頼的なAB-Abdomen 認定内容試験 | 効率的なAbdomen Sonography Examination日本語解説集



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## ARDMS AB-Abdomen 認定試験の出題範囲：

トピック	出題範囲
トピック 1	<ul style="list-style-type: none"> <li>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.</li> </ul>
トピック 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
トピック 3	<ul style="list-style-type: none"> <li>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.</li> </ul>

トピック 4

- **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.

>> AB-Abdomen認定内容 <<

## AB-Abdomen認定内容 100% パス率, Abdomen Sonography Examination

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## ARDMS Abdomen Sonography Examination 認定 AB-Abdomen 試験問題 (Q97-Q102):

### 質問 #97

Which vessel is most likely to display hepatofugal flow in the presence of portal hypertension?

- **A. Coronary vein**
- B. Inferior epigastric vein
- C. Splenic vein
- D. Inferior vena cava

正解: A

解説:

The coronary vein (left gastric vein) is a common collateral pathway in portal hypertension. It often becomes dilated and may demonstrate hepatofugal (reversed) flow as blood diverts from the high-pressure portal system into systemic collaterals.

According to Zwiebel's Introduction to Vascular Ultrasound:

"The left gastric (coronary) vein is a frequent site of hepatofugal flow in portal hypertension, reflecting collateral development."

Reference:

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

AIUM Practice Parameter for Portal Venous Doppler Ultrasound, 2020.

### 質問 #98

Which condition is most consistent with the sonographic appearance indicated by the arrows on this image obtained post thyroidectomy?

- A. Reactive lymph node
- B. Residual glandular tissue
- C. Normal postsurgical lymph node
- **D. Recurring papillary thyroid cancer**

正解: D

解説:

The ultrasound image shows a hypoechoic, round structure with internal microcalcifications - hallmarks of recurrent papillary thyroid carcinoma (PTC) metastasis in a lymph node.

Key sonographic features supporting recurrent papillary thyroid cancer:

\* Hypoechoic round lymph node (loss of normal oval shape and hilum)

\* Microcalcifications (punctate echogenic foci) - highly suggestive of metastatic PTC

- \* Abnormal morphology (loss of fatty hilum, rounded shape, increased vascularity if Doppler used)
  - \* Seen in the thyroid bed or lateral neck post-thyroidectomy
- Why the other options are incorrect:
- \* B. Normal postsurgical lymph node - Would be oval with echogenic hilum and no microcalcifications
  - \* C. Residual glandular tissue - Would have a more homogeneous echotexture similar to thyroid tissue and be located at the thyroid bed, not necessarily nodal
  - \* D. Reactive lymph node - May be enlarged but retain a normal hilum and vascular pattern, and lack microcalcifications Reference: ACR TI-RADS Guidelines for Thyroid Nodule Assessment  
Radiopaedia: "Lymph node metastases from papillary thyroid carcinoma"  
Ahuja A, Ying M. "Sonographic Evaluation of Cervical Lymph Nodes." AJR, 2005

### 質問 # 99

Which condition is most consistent with the findings in the image below?

- A. Gangrenous cholecystitis
- B. Adenomyomatosis
- **C. Emphysematous cholecystitis**
- D. Porcelain gallbladder

正解: C

解説:

The ultrasound image shows echogenic foci with dirty shadowing and reverberation artifacts within the gallbladder wall and lumen. These features are characteristic of emphysematous cholecystitis, a severe, life-threatening variant of acute cholecystitis caused by gas-forming organisms (e.g., Clostridium or E. coli) infecting the gallbladder wall.

Sonographic features of emphysematous cholecystitis:

- \* Echogenic gas within the gallbladder wall or lumen
- \* Reverberation or "dirty" shadowing artifacts
- \* May show intramural gas bubbles or "ring-down" artifact
- \* Often seen in diabetic or immunocompromised patients
- \* No gallstones may be present ("acalculous cholecystitis")

Clinical context:

- \* More common in elderly men and diabetics
- \* Presents with right upper quadrant pain, fever, and leukocytosis
- \* Surgical emergency due to risk of perforation and sepsis

Differentiation from other options:

- \* A. Adenomyomatosis: Involves gallbladder wall thickening with "comet tail" artifacts due to Rokitansky-Aschoff sinuses, not intramural gas.
- \* B. Porcelain gallbladder: Shows curvilinear calcification of the gallbladder wall - dense echogenic rim with posterior shadowing.
- \* C. Gangrenous cholecystitis: May show wall irregularity, intraluminal membranes, and absence of Doppler flow but lacks intramural gas.

References:

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

Chapter: Gallbladder and Biliary System, pp. 155-160.

American College of Radiology (ACR). Appropriateness Criteria for Right Upper Quadrant Pain, 2022.

Radiopaedia.org. Emphysematous cholecystitis: <https://radiopaedia.org/articles/emphysematous-cholecystitis>

### 質問 # 100

Which characteristic is associated with complex pleural effusion?

- A. Anechoic without locules
- **B. Contains septa**
- C. Homogeneous hypoechoic
- D. Dependent layering echoes

正解: B

解説:

A complex pleural effusion often contains internal septations or fibrin strands, distinguishing it from simple anechoic effusion. These

septations suggest exudative processes such as infection, malignancy, or hemothorax.

According to Rumack's Diagnostic Ultrasound:

"Complex pleural effusions demonstrate internal septations or loculations, often related to infection or malignancy." Reference:

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

AIUM Practice Parameter for Thoracic Ultrasound, 2020.

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### 質問 # 101

Which condition is most likely depicted in this image?

□

- A. Intussusception
- B. Diverticulitis
- C. Appendicitis
- D. Bowel obstruction

正解: A

解説:

The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.

Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years.

It commonly presents with intermittent abdominal pain, vomiting, and sometimes

"red currant jelly" stools.

Key ultrasound features of intussusception:

\* Target sign in transverse view (concentric rings of bowel layers)

\* Pseudokidney or sandwich sign in longitudinal view

\* May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum Comparison of answer choices:

\* A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.

\* B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding; not the concentric target appearance.

\* C. Appendicitis may appear as a blind-ending tubular structure (>6 mm), not with concentric ring pattern.

\* D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.

References:

Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.

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

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

### 質問 # 102

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