# ARDMS AB-Abdomen Exam | Latest AB-Abdomen Exam Vce - Ensure You Pass AB-Abdomen Exam For Sure

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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. |

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| 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 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 (Q164-Q169):

**NEW QUESTION # 164**
Elevation of alpha-fetoprotein levels is a characteristic finding in which tumor?

- A. Adenoma
- B. Cholangiocarcinoma
- C. Focal nodular hyperplasia
- D. Hepatoma

**Answer: D**

Explanation:
Alpha-fetoprotein (AFP) is commonly elevated in patients with hepatocellular carcinoma (hepatoma), particularly in those with underlying cirrhosis or chronic hepatitis B/C. AFP is not typically elevated in adenomas, cholangiocarcinoma, or FNH.
According to Rumack's Diagnostic Ultrasound:
"Serum AFP levels are elevated in 50-70% of patients with hepatocellular carcinoma." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AASLD Guidelines for HCC Surveillance, 2018.
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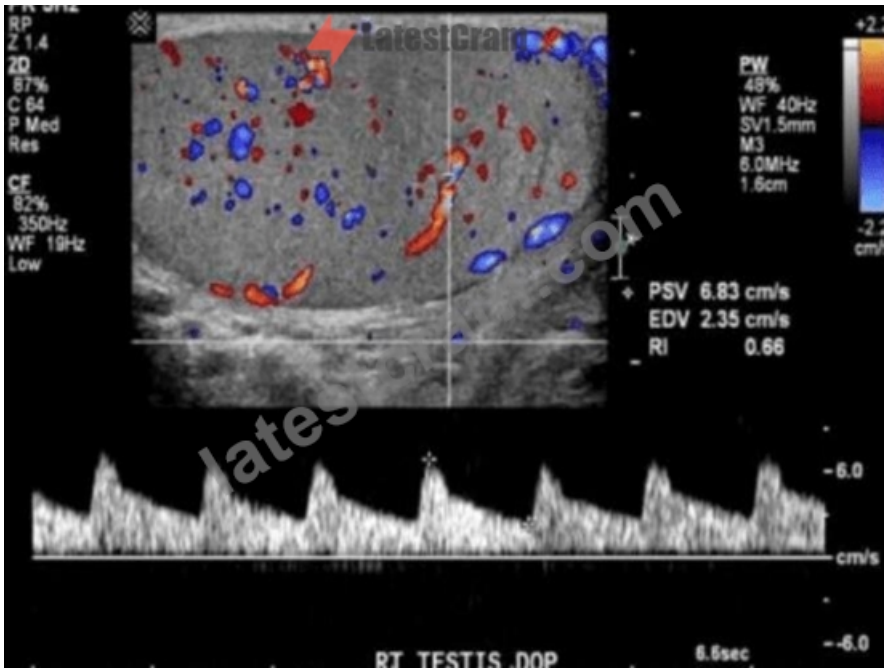
**NEW QUESTION # 165**
Which best describes the Doppler waveform findings in this image?




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

**Answer: D**

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 # 166**
Which probe frequency is most appropriate for imaging of the salivary glands?

- A. 4 MHz
- B. 12 MHz
- C. 2 MHz
- D. 8 MHz

**Answer: B**

Explanation:
Salivary glands are superficial structures, and high-frequency transducers (10-15 MHz) are optimal to obtain high spatial resolution. Lower frequencies are inappropriate as they lack sufficient resolution for superficial structures. A 12 MHz transducer provides excellent detail necessary for detecting small lesions, duct abnormalities, and vascular structures.
According to Rumack et al., Diagnostic Ultrasound:
"High-frequency linear transducers (10-15 MHz) are recommended for evaluating superficial structures such as salivary glands." (Rumack CM et al., Diagnostic Ultrasound, 5th ed.).
Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Head and Neck Ultrasound Examination, 2020.
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**NEW QUESTION # 167**
Which disease process causes exudative ascites?

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

**Answer: C**

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 # 168**
Which description best characterizes a normal systolic spectral waveform of the renal artery?

- A. Rapid acceleration
- B. Blunt peak
- C. Early reversal
- D. Slow acceleration

**Answer: A**

Explanation:
A normal renal artery waveform demonstrates rapid systolic upstroke (acceleration) with continuous forward flow in diastole due to the kidney's low-resistance vascular bed. Slow acceleration or blunted peaks may indicate significant renal artery stenosis.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Normal renal artery waveforms demonstrate a rapid systolic acceleration with a sharp systolic peak." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
ACR Practice Parameter for the Performance of a Duplex Doppler Examination, 2021.
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**NEW QUESTION # 169**
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