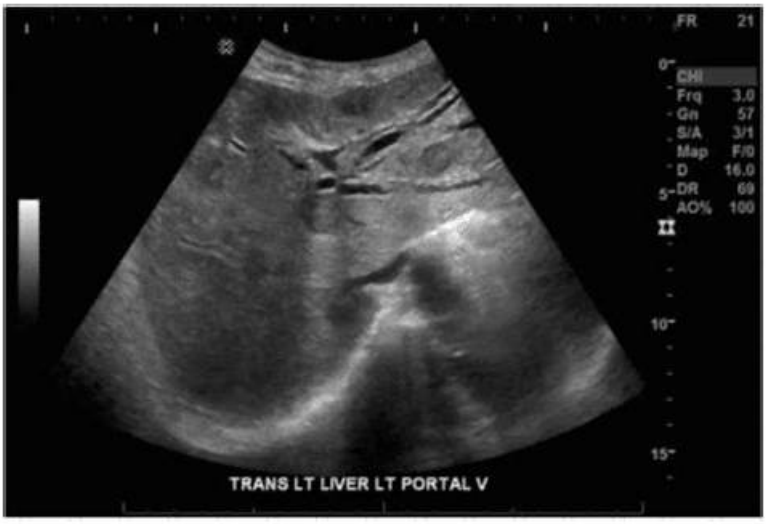
2026 AB-Abdomen: Realistic Latest Abdomen Sonography Examination Real Test 100% Pass Quiz



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.
Topic 2	• 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 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.

Topic 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-Abdomen Sure Pass & AB-Abdomen Reliable Test Question

The AB-Abdomen real questions are written and approved by our It experts, and tested by our senior professionals with many years' experience. The content of our AB-Abdomen pass guide covers the most of questions in the actual test and all you need to do is review our AB-Abdomen VCE Dumps carefully before taking the exam. Then you can pass the actual test quickly and get certification easily.

ARDMS Abdomen Sonography Examination Sample Questions (Q42-Q47):

NEW QUESTION # 42
Which structure is indicated by the arrow on this image?

- A. Parathyroid
- B. Lymph node
- C. Paraganglioma
- D. Esophagus

Answer: D

Explanation:
The ultrasound image shows a transverse view of the lower neck region at the thyroid level. The arrow is pointing to a round-to-oval structure located posterior and slightly to the left of the thyroid gland. The structure has a characteristic "target" or "bull's-eye" appearance with a hypoechoic outer ring and echogenic central mucosal interface - this is classic for the esophagus when seen in transverse view.
Key sonographic features of the esophagus:
* It lies posterior to the left lobe of the thyroid.
* It demonstrates a layered wall structure ("target" or "bull's-eye" appearance).
* It may change shape or move during swallowing, and occasionally air bubbles or movement of fluid may be observed.
Comparison of answer choices:
* A. Parathyroid glands are small, homogeneous, hypoechoic, and located posterior to the thyroid - but do not have this layered target appearance.
* B. Lymph nodes have a hypoechoic cortex and echogenic hilum and are typically oval or bean-shaped, without the concentric ring appearance.
* C. Esophagus - Correct. The location, appearance, and structure are consistent with the cervical esophagus.
* D. Paragangliomas are highly vascular and more commonly located in the carotid body or adrenal region, not in this location or with this sonographic pattern.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
Grant EG, Tessler FN, Hoang JK, et al. Thyroid Ultrasound Reporting Lexicon: White Paper of the ACR TI- RADS Committee. J Am Coll Radiol. 2015.
Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 43
Beginning at the renal artery, what is the correct sequence of arterial branching?

- A. Arcuate, segmental, interlobar
- B. Interlobar, arcuate, segmental

- C. Segmental, interlobar, arcuate
- D. Segmental, arcuate, interlobar

Answer: C

Explanation:
The correct sequence of renal arterial branching is: renal artery # segmental arteries # interlobar arteries # arcuate arteries # interlobular arteries. This branching pattern is important for understanding renal perfusion and evaluating vascular disorders.
According to Moore's Clinically Oriented Anatomy:
"Renal arteries divide into segmental branches, which give rise to interlobar arteries, then arcuate arteries, and finally interlobular arteries." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
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NEW QUESTION # 44
Which technique is best for demonstrating the characteristic of the small hepatic lesion identified by the arrow on this image?

- A. Decrease depth
- B. Move the transducer focus
- C. Scan in upright position
- D. Use a standoff pad

Answer: D

Explanation:
The image shows a small hepatic lesion located very close to the anterior liver capsule, as indicated by the arrow. When imaging very superficial or near-field structures like subcapsular hepatic lesions, using a standoff pad is the most effective technique for optimizing visualization.
A standoff pad (also known as an acoustic stand-off or gel pad) helps increase the distance between the transducer and the superficial target. This improves the focus and beam shape for near-field imaging and minimizes reverberation and ring-down artifacts. It allows better evaluation of superficial lesions by positioning them within the focal zone of the transducer, which is usually set a few millimeters below the probe surface.
Differentiation from other options:
* A. Decrease depth: While reducing depth can help center deeper lesions in the field of view, it does not address issues with near-field resolution.
* B. Scan in upright position: This may help in gallbladder or fluid positioning but is not optimal for improving visualization of superficial liver lesions.
* C. Move the transducer focus: Adjusting focus deeper into the image won't enhance resolution of very superficial structures unless a standoff is used to bring the lesion into the focal zone.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Liver, pp. 80-84.
Kremkau FW. Sonography: Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Image Formation and Optimization, pp. 114-117.
AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

NEW QUESTION # 45
Which finding is indicated by the arrow in this image of the right upper quadrant?

- A. Ascites
- B. Retroperitoneal hemorrhage
- C. Pleural effusion
- D. Mirror image

Answer: C

Explanation:
The image provided is a right upper quadrant (RUQ) ultrasound-typically performed during a FAST (Focused Assessment with

Sonography in Trauma) exam or for abdominal assessment. The arrow points to an anechoic (black) fluid collection seen above the diaphragm and posterior to the liver.
This fluid collection lies within the thoracic cavity, confirming the diagnosis of a pleural effusion. Pleural effusions are seen sonographically as an anechoic or hypoechoic area superior to the diaphragm in the thoracic cavity and often appear triangular or crescent-shaped. The diaphragm is visualized as a curvilinear echogenic structure separating the liver (or spleen) below from the lung space above.
Comparison of answer choices:
* A. Retroperitoneal hemorrhage would be seen in the posterior abdomen, not above the diaphragm.
* B. Pleural effusion is correct-anechoic fluid above the diaphragm is classic for this condition.
* C. Mirror image artifact occurs when liver echoes are mirrored across the diaphragm and lung-this is not a mirror artifact.
* D. Ascites collects inferior to the diaphragm and around the abdominal organs, not in the thoracic cavity.
References:
Ma OJ, Mateer JR, Blaivas M. Emergency Ultrasound, 3rd ed. McGraw-Hill; 2014.
Moore CL, Copel JA. Point-of-care ultrasonography. N Engl J Med. 2011;364(8):749-757.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.

NEW QUESTION # 46
Based on this image, what is the most likely clinical indication for the examination?

- A. Projectile vomiting
- B. Abnormal prenatal ultrasound
- C. Red currant jelly stools
- D. Neonatal hyperbilirubinemia

Answer: A

Explanation:
The ultrasound image demonstrates findings consistent with hypertrophic pyloric stenosis (HPS). This condition typically affects infants between 2 and 8 weeks of age and presents clinically with non-bilious projectile vomiting, weight loss, and dehydration.
In the ultrasound image, the classic "target" or "donut" sign can be seen in the transverse view of the hypertrophied pyloric muscle.
Key sonographic criteria for HPS include:
* Pyloric muscle thickness #3 mm
* Pyloric channel length #15-18 mm
This imaging appearance strongly correlates with the clinical presentation of projectile vomiting (Choice D), which is the hallmark symptom of HPS.
Comparison of answer choices:
* A. Abnormal prenatal ultrasound (Choice A) is not typically associated with HPS, which develops postnatally.
* B. Neonatal hyperbilirubinemia (Choice B) is not an indication for a pyloric ultrasound and affects liver /biliary imaging.
* C. Red currant jelly stools (Choice C) are indicative of intussusception, not HPS.
* D. Projectile vomiting (Choice D) is the most common clinical indication leading to an ultrasound exam that reveals HPS.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of Ultrasound of the Pyloric Region in Infants (2014).
Hernanz-Schulman M. Infantile hypertrophic pyloric stenosis. Radiology. 2003;227(2):319-331.

NEW QUESTION # 47
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