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Abdominal Assessment

	Action	Advice/Diagram/Findings
1	Introduce yourself to the patient and gain consent for examination, wash/sanitize hands.	
2	Assist the patient to lie on the couch/bed. Expose the abdomen (remember dignity).	Ideally lay at 45° semi recumbent, head supported by one pillow, arms at sides. The patient may need lie more upright or with knees drawn up. Examine young children on parents' lap.
3	General observation of the patient (end of the bed).	Obvious signs of pain/discomfort, looks unwell, jaundice, pallor, cachexia. Check surroundings for signs of vomiting, urinary catheter, medications.
4	Inspect both hands and fingernails.	– Leuconychia – white nails caused by hypoalbuminurea in liver cirrhosis – Koilonychia – spoon shaped or flat nails caused by iron deficiency – Palmar erythema - liver disease, pregnancy – Dupytren's contracture – thickened palmar fascia, alcohol use, liver disease – Clubbing – cirrhosis, IBD, coeliac disease
5	Check for asterixis (flapping tremor).	Ask patient to hold both arms out straight with the hands/wrists cocked back – flapping tremor indicative of liver failure (encephalopathy).
6	Inspect for periorbital xanthelasma, sclera of the eyes for jaundice and the conjunctiva for anaemia.	Jaundice – e.g., liver disease, cirrhosis, alcohol, hepatitis, medications/overdose e.g. paracetamol. Conjunctival pallor may indicate anaemia (e.g., from GI bleeding). Xanthelasma indicate high cholesterol.
7	Examine the oral cavity for state of dentition/gum disease, ulcers, angular stomatitis and candidiasis. Examine the tongue.	– Glossitis – inflammation of the tongue – iron/B12 deficiency – Angular stomatitis – as above, nutritional/vitamin deficiency – Bleeding gums – sign of gum disease – Ulcers – poor nutrition, IBD
8	Inspect the abdomen from xiphisternum to symphysis pubis. Look for swelling/distension, hernia, scars, striae, stoma, pulsations, and distended veins. Grey Turner's / Cullen's signs, caput medusae Does the patient have abdominal pain? If so, where?	Striae signify stretching of the skin – e.g., from pregnancy, obesity, ascites or Cushing's syndrome. Pulsations are usually from the abdominal aorta - normal in very thin patients but possible aneurysm in larger patients. Hernias may appear as bulges in the groin (inguinal) or around the umbilicus. – Grey Turners – flank bruising – Cullen's – bruising around umbilicus Both Grey Turner's and Cullen's indicate retroperitoneal haemorrhage – Caput medusae – portal hypertension
9	Auscultate for bowel sounds (4 quadrants).	Gurgling sounds that are heard every 15 – 20 seconds. Listen for up to 2 minutes to confirm absent bowel sounds. Obstruction may produce a tinkling sound. 
10	Light palpation of the abdomen (4 quadrants or 9 regions).	Make sure your hands are warm. Roll fingers of one hand over the abdomen Observe for guarding or rigidity (peritonitis), mapping any areas

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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	• 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 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	• 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q68-Q73):

NEW QUESTION # 68
Which condition is demonstrated in this image?

- A. Portal hypertension
- B. Tumor extension
- C. Portal vein thrombosis
- D. Cavernous transformation

Answer: D

Explanation:
The image shows a color Doppler ultrasound of the main portal vein (MPV), which appears irregular and replaced by multiple small, serpiginous vascular channels - a hallmark of cavernous transformation.
Cavernous transformation of the portal vein is a late complication of chronic portal vein thrombosis, in which collateral vessels develop around the thrombosed portal vein to bypass the obstruction.
Key Doppler ultrasound features of cavernous transformation:
* Absence of a normal portal vein
* Multiple tortuous vessels in the porta hepatis
* Color Doppler shows hepatopetal flow in these channels
* Low velocity, continuous waveform flow in collateral vessels
Differentiation from other options:
* B. Portal vein thrombosis: Would show an absence of color flow within the portal vein lumen and possibly echogenic material within the vessel. There would be no serpiginous collateral vessels yet if it's an acute process.
* C. Portal hypertension: Often diagnosed with other sonographic findings (e.g., splenomegaly, reversed portal flow, varices) but not characterized by the replacement of the portal vein by collateral vessels.
* D. Tumor extension: Typically appears as echogenic intraluminal material within the portal vein with arterial waveforms on Doppler due to neovascularity. Tumor thrombus can be seen in hepatocellular carcinoma or pancreatic cancer, not multiple small collateral vessels.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Portal Venous System, pp. 107-110.
American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Vascular Ultrasound Examination, 2021.
Radiopaedia.org. Cavernous transformation of the portal vein: https://radiopaedia.org/articles/cavernous- transformation-of-the-portal-vein

NEW QUESTION # 69
Which sonographic finding is associated with normal postprocedural Doppler of a transjugular intrahepatic portosystemic shunt (TIPS)?

- A. Triphasic flow throughout stent
- B. Low-velocity flow throughout stent
- C. Hepatofugal flow in the intrahepatic portal venous branches
- D. Hepatopetal flow in the intrahepatic portal venous branches

Answer: D

Explanation:
After successful TIPS placement, the intrahepatic portal venous branches continue to exhibit hepatopetal (toward the liver) flow, while the stent itself shows continuous, relatively high-velocity monophasic flow.
Hepatofugal flow in intrahepatic branches may indicate shunt dysfunction.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Normal post-TIPS Doppler shows hepatopetal flow in the intrahepatic portal veins and continuous high- velocity flow within the stent." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
AIUM Practice Parameter for the Performance of Portal Venous Ultrasound, 2020.
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NEW QUESTION # 70
Which structure is located between the fundus of the stomach and the diaphragm?

- A. Right kidney
- B. Caudate lobe of the liver
- C. Left lobe of the liver
- D. Spleen

Answer: D

Explanation:
The spleen lies in the left hypochondrium, superior and lateral to the fundus of the stomach, and directly contacts the diaphragm. It occupies the space between the stomach and diaphragm. The liver and kidneys are located more medially or inferiorly.
According to Gray's Anatomy for Students:
"The spleen lies posterolateral to the fundus of the stomach, separated from the diaphragm by its fibrous capsule." Reference:
Gray's Anatomy for Students, 4th ed., Elsevier, 2019.
Moore KL, Clinically Oriented Anatomy, 8th ed.
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NEW QUESTION # 71
A patient with hepatocellular carcinoma presents for a paracentesis. Which lab value is the most pertinent to the procedure?

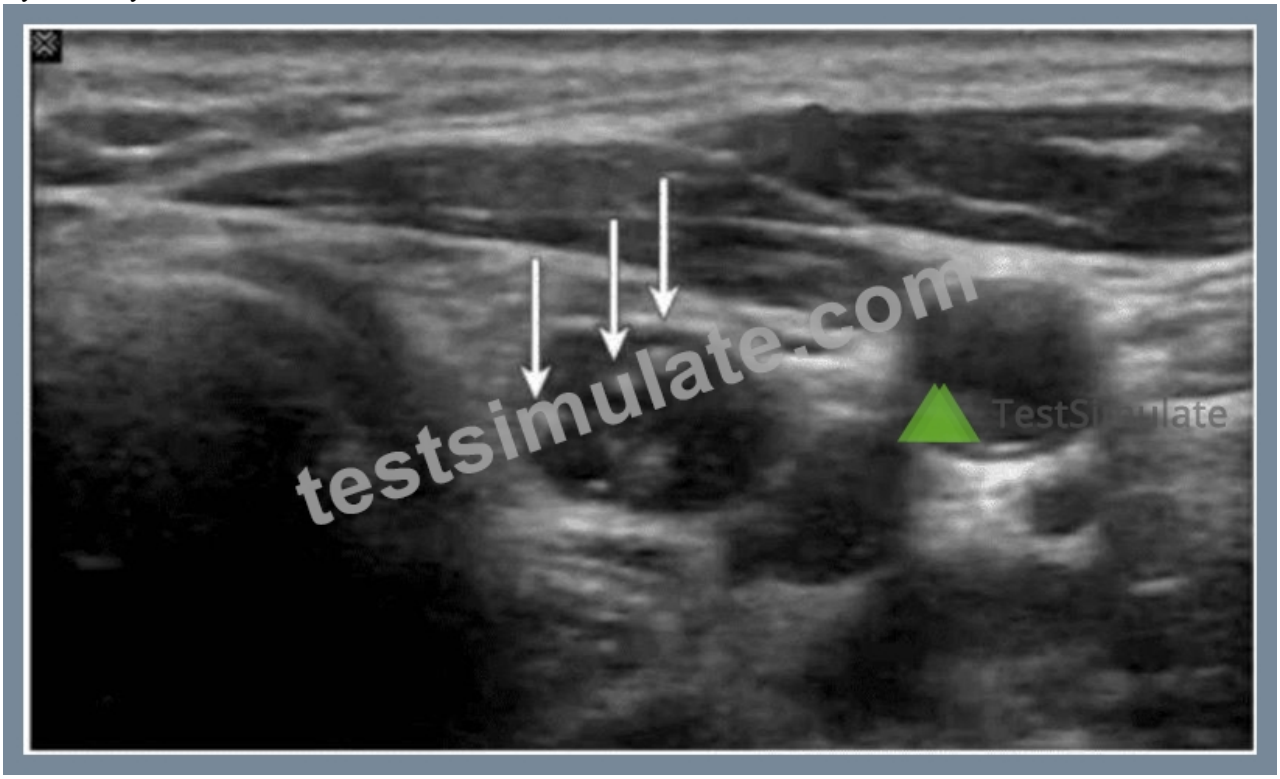
- A. Total bilirubin
- B. Alanine aminotransferase
- C. Alpha fetoprotein
- D. International normalized ratio

Answer: D

Explanation:
Before performing a paracentesis, assessment of the patient's coagulation status is crucial to minimize bleeding risk. The International Normalized Ratio (INR) is the standard lab value used to assess coagulation.
Elevated INR may increase the risk of bleeding complications during the procedure. ALT, AFP, and bilirubin levels evaluate liver function or cancer progression but are not directly relevant to bleeding risk for this procedure.
As per AASLD and SIR guidelines:
"An INR and platelet count should be evaluated before paracentesis to assess bleeding risk. Minor elevations in INR (<1.5) may not contraindicate the procedure." (AASLD Practice Guidance, 2021; SIR Consensus Guidelines, 2019).

Reference:
American Association for the Study of Liver Diseases (AASLD), Management of Ascites, 2021.
Society of Interventional Radiology (SIR) Consensus Guidelines for Coagulation Parameters in Image- Guided Procedures, 2019.

NEW QUESTION # 72
Which condition is most consistent with the sonographic appearance indicated by the arrows on this image obtained post thyroidectomy?



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

Answer: C

Explanation:
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

NEW QUESTION # 73
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