

ARDMS AB-Abdomen Exam Guide & AB-Abdomen Latest Test Experience

Abdomen ARDMS Exam Questions and answers 2023/2024 complete guide

Transitional cell carcinoma is commonly found in all of the following locations except:

- A liver
- B renal pelvis
- C urinary bladder
- D ureter - ANS A liver.

Transitional cell carcinoma is the most common type of bladder cancer

A patient with cholecystitis most likely has an elevation in which of the following labs:

- A alpha-fetoprotein
 - B white blood cell count
 - C lactate dehydrogenase
 - D chromaffin - ANS B white blood cell count
- Inflammation

Hypoechoic lesion is

- A darker than the surrounding parenchyma
- B brighter than the surrounding parenchyma
- C cystic
- D Septated - ANS A darker than the surrounding parenchyma

All of the following are retroperitoneal organs except a

- A adrenal glands
- B liver
- C kidneys
- D pancreas - ANS B liver

Mnemonic to remember the retroperitoneal organs is abdominal viscera are retroperitoneal is SAD PUCKER:

- S = Suprarenal (adrenal) Glands
- A = Aorta/IVC
- D = Duodenum (except the proximal 2cm, the duodenal cap)
- P = Pancreas (except the tail)
- U = Ureters
- C = Colon (ascending and descending parts)
- K = Kidneys
- E = (O)esophagus
- R = Rectum

What is another name for renal cell carcinoma?

- A nephroblastoma
- B neuroblastoma

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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 2	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 (Q42-Q47):

NEW QUESTION # 42

A patient presents with ampulla of Vater obstruction, distention of the gallbladder, and painless jaundice. Which condition is most likely associated with these findings?

- A. Porcelain gallbladder
- B. Choledochal cyst
- C. Mirizzi syndrome
- **D. Courvoisier sign**

Answer: D

Explanation:

Courvoisier sign describes the clinical finding of painless jaundice combined with a palpable, distended gallbladder. This typically results from obstruction at the distal common bile duct, often due to pancreatic head carcinoma or cholangiocarcinoma, leading to bile accumulation and gallbladder distention. In contrast, Mirizzi syndrome involves compression of the common hepatic duct by an impacted stone in the cystic duct.

According to Rumack's Diagnostic Ultrasound and standard clinical references:

"Courvoisier sign refers to a palpable, enlarged gallbladder due to obstruction of the distal bile duct, often from malignancy."

Reference:

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

Moore KL. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

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NEW QUESTION # 43

Which vessel is indicated by the arrow on this image?

- A. Superior mesenteric artery
- B. Left renal vein
- C. Proper hepatic artery
- D. Right renal artery

Answer: A

Explanation:

The ultrasound image demonstrates a transverse view of the abdominal vasculature, where the arrow is pointing to a circular vascular structure anterior to the aorta and posterior to the body of the pancreas - consistent with the superior mesenteric artery (SMA).

The SMA originates from the anterior aspect of the abdominal aorta just below the level of the celiac trunk and courses anterior to the left renal vein and uncinate process of the pancreas. On transverse ultrasound, it is often seen in cross-section as a round, pulsatile structure with echogenic walls, situated just anterior to the aorta. This appearance is known as the "target sign" or "bull's-eye" appearance.

Vessel Position Landmarks (transverse plane):

- * Aorta: Posterior and central
 - * SMA: Just anterior to the aorta
 - * Left renal vein: Passes between the aorta and SMA (nutcracker location)
 - * Right renal artery: Courses posterior to the IVC toward the right kidney
- Differentiation from other options:
- * A. Proper hepatic artery: Typically visualized within the liver hilum (portal triad), not in this anatomic location.
 - * C. Left renal vein: Seen in transverse as a longer, oval structure crossing anterior to the aorta and posterior to the SMA.
 - * D. Right renal artery: Arises laterally from the aorta and courses posterior to the IVC - not visualized in this axial midline location.

References:

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

Chapter: Vascular Anatomy and Abdominal Vessels, pp. 471-475.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

Radiopaedia.org. Superior mesenteric artery: <https://radiopaedia.org/articles/superior-mesenteric-artery>

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NEW QUESTION # 44

Which change of the inferior vena cava spectral Doppler waveform is expected superior to a nonocclusive thrombus?

- A. Dampening
- B. Increased velocity
- C. Absence of flow
- D. Becomes multiphasic

Answer: A

Explanation:

In the presence of a nonocclusive thrombus, Doppler waveform above the thrombus typically shows dampened flow with loss of normal respiratory phasicity due to partial venous outflow obstruction. Complete absence of flow is typically seen with occlusive thrombus.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Partial obstruction produces dampened and continuous flow patterns superior to a nonocclusive thrombus." Reference:

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

AIUM Practice Parameter for Venous Ultrasound, 2020.

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NEW QUESTION # 45

Which scanning technique is most beneficial when imaging the appendix?

- A. Apply graded compression around the patient's area of pain
- B. Apply light pressure around the patient's area of pain
- C. Image small bowel transversely to evaluate for peristalsis

- D. Image in the longitudinal plane around the iliac vessels

Answer: A

Explanation:

Graded compression technique is the gold standard for ultrasound evaluation of the appendix. It displaces gas and compresses overlying bowel loops to visualize the noncompressible, blind-ending tubular appendix directly at the point of maximal tenderness.

According to Rumack's Diagnostic Ultrasound:

"Graded compression using steady, increasing pressure displaces gas and bowel to optimize visualization of the appendix."

Reference:

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

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen, 2020.

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NEW QUESTION # 46

A patient with hepatocellular carcinoma presents for a paracentesis. Which lab value is the most pertinent to the procedure?

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

Answer: C

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 # 47

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