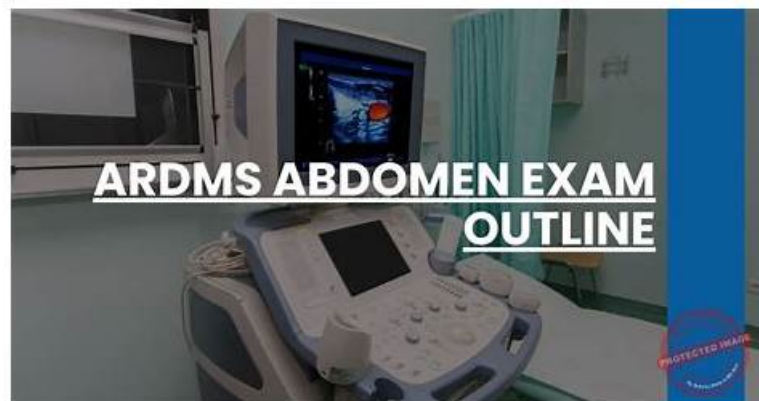


# ARDMS AB-Abdomen Formal Test - Exam AB-Abdomen Tips



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## Exam ARDMS AB-Abdomen Tips - Exam AB-Abdomen Registration

New questions will be added into the study materials, unnecessary questions will be deleted from the AB-Abdomen exam simulation. Our new compilation will make sure that you can have the greatest chance to pass the exam. If you compare our AB-Abdomen training engine with the real exam, you will find that our study materials are highly similar to the real exam questions. So you just need to memorize our questions and answers of the AB-Abdomen Exam simulation, you are bound to pass the exam.

## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• 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.</li></ul>

Topic 2	<ul style="list-style-type: none"> <li>• <b>Clinical Care, Practice, and Quality Assurance:</b> 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>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy:</b> 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>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Abdominal Physics:</b> 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>

## ARDMS Abdomen Sonography Examination Sample Questions (Q137-Q142):

### NEW QUESTION # 137

Which sonographic finding indicates the need for immediate surgical intervention following testicular trauma?

- A. Heterogeneity of the testicular parenchyma
- **B. Discontinuity of the tunica albuginea**
- C. Increased testicular vascularity
- D. Intratesticular hematoma

**Answer: B**

Explanation:

The tunica albuginea is a dense fibrous capsule surrounding the testis. Discontinuity of the tunica albuginea on ultrasound is diagnostic of testicular rupture - a urologic emergency that requires immediate surgical repair to preserve testicular function and viability. Early surgical intervention within 72 hours has a high success rate for testicular salvage (up to 90%).

\* Intratesticular hematoma (A) may be managed conservatively if the tunica albuginea is intact.

\* Heterogeneity of the parenchyma (C) indicates injury but not necessarily rupture.

\* Increased vascularity (D) may be seen with inflammation or reperfusion but does not mandate surgery unless rupture is present.

Reference Extracts:

\* Dogra VS, Bhatt S. "Acute painful scrotum: ultrasound evaluation." Radiologic Clinics of North America. 2004; 42(2):349-363.

\* Middleton WD, Kurtz AB, Hertzberg BS. Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.

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### NEW QUESTION # 138

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

□

- **A. Medullary sponge kidney**
- B. Acute pyelonephritis
- C. Fungal balls
- D. Renal cell carcinoma

**Answer: A**

Explanation:

The ultrasound image demonstrates a longitudinal view of the right kidney. Within the renal pyramids, there are multiple echogenic foci, some showing posterior acoustic shadowing-findings characteristic of medullary nephrocalcinosis. This sonographic appearance is strongly associated with medullary sponge kidney (MSK).

Medullary sponge kidney is a congenital disorder of the renal tubules that results in ectatic (dilated) collecting ducts in the renal medulla. The dilated ducts frequently become calcified, leading to the "paintbrush" or "bouquet of flowers" appearance seen in the renal pyramids on ultrasound. These calcifications are most often bilateral and symmetrical, further aiding the diagnosis.

Comparison of answer choices:

- \* A. Fungal balls (mycetomas) typically appear as mobile, non-shadowing echogenic masses within the collecting system, often in immunocompromised patients.
- \* B. Renal cell carcinoma usually presents as a solid mass with irregular borders and variable echogenicity-this image does not show a mass.
- \* C. Acute pyelonephritis may show renal enlargement, decreased echogenicity, or loss of corticomedullary differentiation-but not calcification of the pyramids.
- \* D. Medullary sponge kidney is correct due to the punctate echogenic foci within the medullary pyramids, consistent with nephrocalcinosis.

References:

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

Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

Babcock DS. Sonographic findings in medullary sponge kidney. AJR Am J Roentgenol. 1981;137(6):1239-1243.

### NEW QUESTION # 139

Which structures converge to form the inferior vena cava?

- A. Superior mesenteric and splenic veins
- B. Right atrium and superior vena cava
- C. Right and left common iliac veins
- D. Right, left, and middle hepatic veins

**Answer: C**

Explanation:

The inferior vena cava (IVC) is formed by the confluence of the right and left common iliac veins at the level of approximately L5. The hepatic veins drain into the IVC superiorly but do not form it. The superior mesenteric and splenic veins join to form the portal vein, not the IVC.

According to Moore's Clinically Oriented Anatomy:

"The IVC begins at the level of L5 by the union of the right and left common iliac veins." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 140

Which condition is most consistent with thinning of the renal cortex, reduction in renal length, and prominence of the renal sinus fat in a patient presenting four months after renal transplant with slightly reduced renal function?

- A. Arterial stricture
- B. Normal findings
- C. Chronic rejection
- D. Acute rejection

**Answer: C**

Explanation:

Chronic rejection presents sonographically as cortical thinning, decreased renal size, and increased echogenicity of the renal sinus fat. Acute rejection typically causes an enlarged, edematous kidney with increased parenchymal echogenicity but preserved size early on.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In chronic rejection, the allograft becomes smaller with cortical thinning, increased echogenicity, and prominence of the central sinus

fat." Reference:

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

AIUM Practice Parameter for Renal Transplant Ultrasound, 2020.

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### NEW QUESTION # 141

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

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

**Answer: C**

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 # 142

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