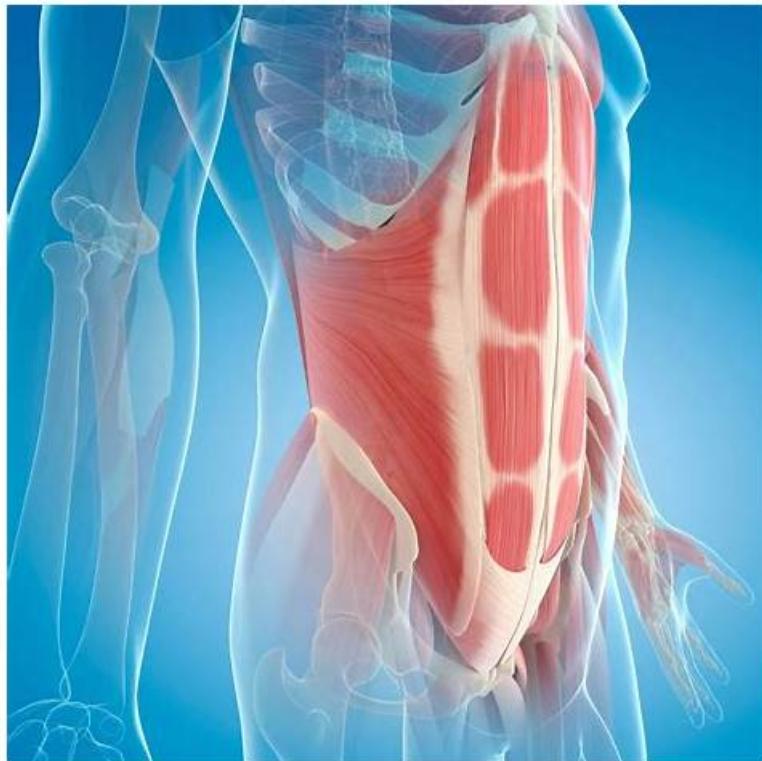


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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> • 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	<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 (Q107-Q112):

NEW QUESTION # 107

What is the normal Doppler waveform signature of the hepatic veins?

- A. Low resistant
- B. Turbulent
- **C. Triphasic**
- D. Monophasic

Answer: C

Explanation:

The normal hepatic vein Doppler waveform is triphasic, reflecting cardiac cycle variations in central venous pressure transmitted from the right atrium through the IVC. Loss of triphasicity may suggest elevated right atrial pressures or hepatic venous obstruction.

According to Rumack's Diagnostic Ultrasound:

"The normal hepatic vein waveform is triphasic due to transmitted right atrial pressure variations." Reference:

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

AIUM Practice Parameter for Abdominal Vascular Ultrasound, 2020.

NEW QUESTION # 108

Which vessel lies anterior to the uncinate process?

- **A. Superior mesenteric vein**
- B. Portal vein
- C. Left renal vein
- D. Inferior vena cava

Answer: A

Explanation:

The superior mesenteric vein (SMV) lies directly anterior to the uncinate process of the pancreas. The uncinate process wraps around the posterior aspect of the SMV and SMA. The portal vein and IVC lie more posteriorly in relation to the pancreatic head.

According to Moore's Clinically Oriented Anatomy:

"The superior mesenteric vein crosses anterior to the uncinate process of the pancreas." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

NEW QUESTION # 109

Which imaging technique best demonstrates ureteral patency?

- A. Gray scale
- B. Spectral Doppler
- C. Color Doppler
- D. Graded compression

Answer: C

Explanation:

Color Doppler imaging can detect ureteral jets, which represent urine entering the bladder from the ureters.

The presence of bilateral ureteral jets confirms ureteral patency. Gray scale may show hydronephrosis but does not directly assess flow.

According to Rumack's Diagnostic Ultrasound:

"Color Doppler demonstrates ureteral jets within the bladder, confirming ureteral patency." Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Renal Ultrasound, 2020.

NEW QUESTION # 110

Which condition is demonstrated in this image of the groin?

- A. Hematocele
- B. Orchiectomy
- C. Indirect hernia
- D. Testicular rupture

Answer: C

Explanation:

The ultrasound image demonstrates bowel loops with peristalsis visualized within the inguinal canal, which is diagnostic of an inguinal hernia-more specifically, an indirect inguinal hernia. Indirect hernias pass through the deep inguinal ring and may extend into the scrotum, appearing sonographically as bowel-containing masses adjacent to or within the scrotal sac. Peristaltic motion confirms the presence of viable bowel content.

This finding is typical in indirect inguinal hernias, which are more common in males and often congenital due to a patent processus vaginalis. The herniated bowel can be traced through the inguinal canal, as seen in this image.

Comparison of answer choices:

- * A. Hematocele presents as a complex fluid collection surrounding the testis, often due to trauma-no complex fluid or trauma is apparent here.
- * B. Testicular rupture shows discontinuity of the tunica albuginea and irregular testicular contour-none of which is seen.
- * C. Orchiectomy would show an absent testis-this is not the case here.
- * D. Indirect hernia is correct. The presence of bowel with peristalsis in the inguinal canal is diagnostic.

References:

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

AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations (2021).

Dogra VS, Gottlieb RH, Rubens DJ, Oka M. Sonography of the scrotum. Radiology. 2003;227(1):18-36

NEW QUESTION # 111

Which technique would best eliminate the spectral Doppler artifact in this image?

□

- A. Increase pulse repetition frequency
- B. Increase wall filter
- **C. Adjust gain**
- D. Adjust baseline

Answer: C

Explanation:

The spectral Doppler image demonstrates excessive noise along the baseline, including a "fuzzy" or filled-in spectral window. This artifact is known as spectral broadening or "blossoming," and it typically results from excessive Doppler gain.

When Doppler gain is set too high, it amplifies not only the true Doppler signal but also the background noise.

This results in a falsely broadened waveform that can obscure diagnostic information such as peak velocities or flow turbulence. The best way to correct this artifact is to reduce the Doppler gain (Option A).

Key points regarding gain-related artifact:

- * Excessive gain exaggerates spectral display by amplifying weak signals and noise.
- * Reducing gain restores the clarity of the spectral window and accurate envelope definition.
- * The goal is to optimize gain just enough to see the real flow signals without cluttering the display.

Differentiation from other options:

- * B. Adjust baseline: Useful in avoiding aliasing but does not affect gain-related noise.
- * C. Increase wall filter: Removes low-frequency signals from vessel wall motion but not background spectral noise.
- * D. Increase pulse repetition frequency (PRF): Used to reduce aliasing in high-velocity flow, not to address gain-related spectral clutter.

References:

Kremkau FW. Sonography: Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Doppler Principles, pp. 189-193.

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

Chapter: Doppler Artifacts, pp. 65-67.

American Institute of Ultrasound in Medicine (AIUM) Doppler Ultrasound Practice Guidelines, 2020.

NEW QUESTION # 112

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