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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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's 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 4

- 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q102-Q107):

NEW QUESTION # 102

Which thyroid condition is most likely caused by a viral infection?

- A. Abscess
- B. Graves
- **C. De Quervain**
- D. Hashimoto

Answer: C

Explanation:

De Quervain thyroiditis (subacute granulomatous thyroiditis) is often triggered by a viral infection. Patients may present with painful thyroid enlargement, elevated inflammatory markers, and transient hyperthyroidism.

Hashimoto's and Graves' diseases are autoimmune in nature.

According to Braverman's The Thyroid:

"Subacute (De Quervain) thyroiditis typically follows a viral upper respiratory tract infection and is characterized by thyroid pain and transient thyrotoxicosis." Reference:

Braverman LE, Cooper DS. The Thyroid: A Fundamental and Clinical Text. 11th ed. Wolters Kluwer, 2021.

American Thyroid Association Guidelines, 2016.

NEW QUESTION # 103

Which condition is most likely associated with this image of the common bile duct?

- A. Cystic duct stone
- B. Gallbladder stones
- C. Liver mass
- **D. Pancreatic head mass**

Answer: D

Explanation:

The ultrasound image demonstrates a dilated common bile duct (CBD), measuring approximately 7.7 mm in diameter. A normal CBD should generally measure less than 6 mm in a patient under 60 years old and may increase approximately 1 mm per decade thereafter or after cholecystectomy.

In the absence of gallstones within the CBD, one of the most concerning causes of CBD dilation is distal obstruction due to an extrinsic compressive lesion. The most common and clinically significant cause of distal CBD obstruction is a mass at the head of the pancreas.

A pancreatic head mass (e.g., adenocarcinoma) may compress the distal CBD and pancreatic duct simultaneously, resulting in the "double duct sign" - dilation of both the CBD and pancreatic duct. This is a classic finding in pancreatic cancer.

Comparison of answer choices:

- * A. Liver mass - unlikely to cause isolated CBD dilation unless invading the porta hepatis.
- * B. Cystic duct stone - may cause gallbladder hydrops but typically not CBD dilation unless Mirizzi syndrome is present.
- * C. Pancreatic head mass - Correct. This is the most likely cause of painless progressive CBD dilation without visible intraductal stones.
- * D. Gallbladder stones - These may be associated with biliary colic or cholecystitis but typically do not cause CBD dilation unless the stone has migrated and obstructed the distal duct.

References:

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

Lee JK, Sagel SS, Stanley RJ. Computed Body Tomography with MRI Correlation, 4th ed. Lippincott Williams & Wilkins; 2006. ACR Appropriateness Criteria Right Upper Quadrant Pain (2021).

NEW QUESTION # 104

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

□

- A. Gangrenous cholecystitis
- B. Porcelain gallbladder
- C. Adenomyomatosis
- D. **Emphysematous cholecystitis**

Answer: D

Explanation:

The ultrasound image shows echogenic foci with dirty shadowing and reverberation artifacts within the gallbladder wall and lumen. These features are characteristic of emphysematous cholecystitis, a severe, life-threatening variant of acute cholecystitis caused by gas-forming organisms (e.g., Clostridium or E. coli) infecting the gallbladder wall.

Sonographic features of emphysematous cholecystitis:

- * Echogenic gas within the gallbladder wall or lumen
- * Reverberation or "dirty" shadowing artifacts
- * May show intramural gas bubbles or "ring-down" artifact
- * Often seen in diabetic or immunocompromised patients
- * No gallstones may be present ("acalculous cholecystitis")

Clinical context:

- * More common in elderly men and diabetics
- * Presents with right upper quadrant pain, fever, and leukocytosis
- * Surgical emergency due to risk of perforation and sepsis

Differentiation from other options:

- * A. Adenomyomatosis: Involves gallbladder wall thickening with "comet tail" artifacts due to Rokitansky-Aschoff sinuses, not intramural gas.
- * B. Porcelain gallbladder: Shows curvilinear calcification of the gallbladder wall - dense echogenic rim with posterior shadowing.
- * C. Gangrenous cholecystitis: May show wall irregularity, intraluminal membranes, and absence of Doppler flow but lacks intramural gas.

References:

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

Chapter: Gallbladder and Biliary System, pp. 155-160.

American College of Radiology (ACR). Appropriateness Criteria for Right Upper Quadrant Pain, 2022.

Radiopaedia.org. Emphysematous cholecystitis: <https://radiopaedia.org/articles/emphysematous-cholecystitis>

NEW QUESTION # 105

Which vessel lies anterior to the uncinate process?

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

Answer: B

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 # 106

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.

NEW QUESTION # 107

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