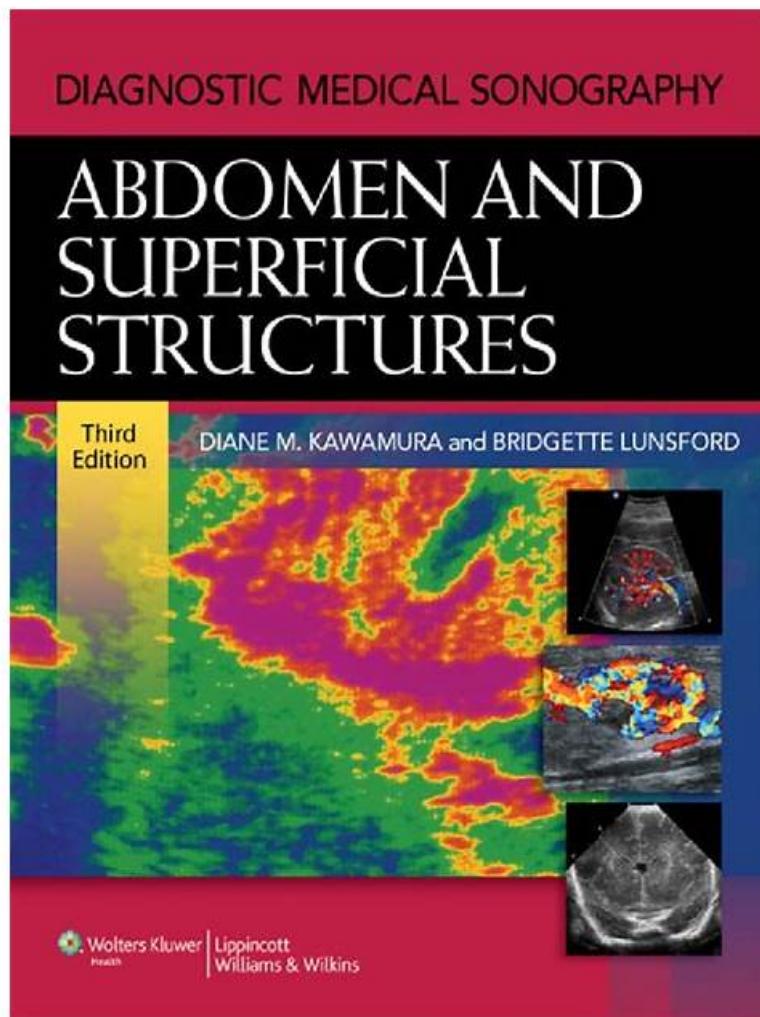


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ARDMS AB-Abdomen Exam Syllabus Topics:

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"> 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 4	<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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q121-Q126):

NEW QUESTION # 121

When measuring the abdominal aorta, where should the calipers be placed?

- A. Inner wall to inner wall
- B. Inner wall to outer wall
- C. Outer wall to outer wall**
- D. Outer wall to inner wall

Answer: C

Explanation:

When measuring the abdominal aorta (or any vessel diameter for aneurysm evaluation), calipers should be placed from outer wall to outer wall to ensure inclusion of the full vessel diameter, including any mural thrombus. This is the standard method accepted by professional societies.

According to AIUM and SRU Guidelines:

"Vessel diameter measurements should be performed from outer wall to outer wall to avoid underestimation of aneurysm size."

Reference:

AIUM Practice Parameter for the Performance of Abdominal Aortic Ultrasound, 2020.

Society of Radiologists in Ultrasound (SRU) Consensus Statement, 2003.

NEW QUESTION # 122

Which malignancy most commonly metastasizes to the testes?

- A. Bladder cancer
- B. Hodgkin lymphoma
- **C. Prostate cancer**
- D. Non-Hodgkin lymphoma

Answer: C

Explanation:

Testicular metastases are rare and usually identified in older patients. The most frequent primary site of malignancies metastasizing to the testes is the prostate. Studies (Ulbright and Young, 2008; Mosharafa et al., 2003) indicate that prostatic adenocarcinoma accounts for the highest number of testicular metastases, with lung and gastrointestinal tract malignancies also contributing less frequently. These metastases can be unilateral or bilateral and are often discovered incidentally during surgical intervention for prostate cancer.

The metastatic route involves retrograde venous extension, arterial embolism, or lymphatic dissemination.

Histologically, prostatic adenocarcinoma in the testis can be confirmed via immunohistochemical markers like prostate-specific antigen (PSA), supporting its prostatic origin.

References:

Ulbright TM, Young RH. Tumors of the Testis, Adnexa, Spermatic Cord, and Scrotum. AFIP Atlas of Tumor Pathology, 4th Series, Fascicle 18. Armed Forces Institute of Pathology, 2008.

Mosharafa AA, Foster RS, Bhrle R, et al. Clinical and pathologic features of testicular metastases from solid tumors: a 40-year review. *Urology*. 2003;61(5): 1064-1068.

NEW QUESTION # 123

Which measurement is the upper limit for a normal gallbladder wall?

- A. 4 mm
- B. 6 mm
- **C. 3 mm**
- D. 5 mm

Answer: C

Explanation:

The normal gallbladder wall measures up to 3 mm. Thickening beyond 3 mm may suggest cholecystitis, heart failure, hepatitis, or hypoalbuminemia. Measurements should be taken with the patient fasting, using the anterior gallbladder wall.

According to Rumack's Diagnostic Ultrasound:

"The gallbladder wall is considered thickened if it measures greater than 3 mm." Reference:

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

AIUM Practice Parameter for the Performance of Gallbladder Ultrasound Examinations, 2020.

NEW QUESTION # 124

Which of the following is the most common symptom of cholelithiasis?

- A. Flank pain
- B. Jaundice
- **C. Biliary colic**
- D. Hemoptysis

Answer: C

Explanation:

The most common symptom of cholelithiasis (gallstones) is biliary colic, characterized by intermittent right upper quadrant or epigastric pain often triggered by fatty meals. Jaundice occurs in complications such as choledocholithiasis.

According to Rumack's Diagnostic Ultrasound:

"Gallstones may cause biliary colic - episodic upper abdominal pain often related to food intake." Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
American College of Gastroenterology (ACG) Guidelines for Gallstone Disease, 2013.

NEW QUESTION # 125

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

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

Answer: A

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.

NEW QUESTION # 126

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