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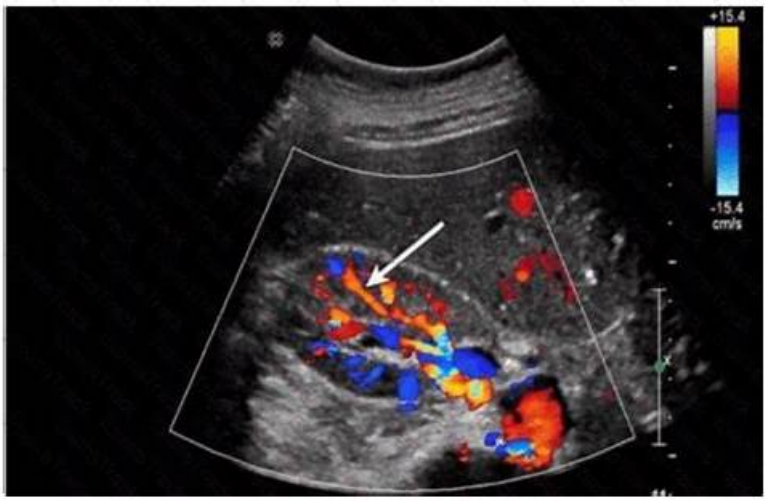

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The AB-Abdomen real questions are written and approved by our It experts, and tested by our senior professionals with many years' experience. The content of our AB-Abdomen pass guide covers the most of questions in the actual test and all you need to do is review our AB-Abdomen VCE Dumps carefully before taking the exam. Then you can pass the actual test quickly and get certification easily.

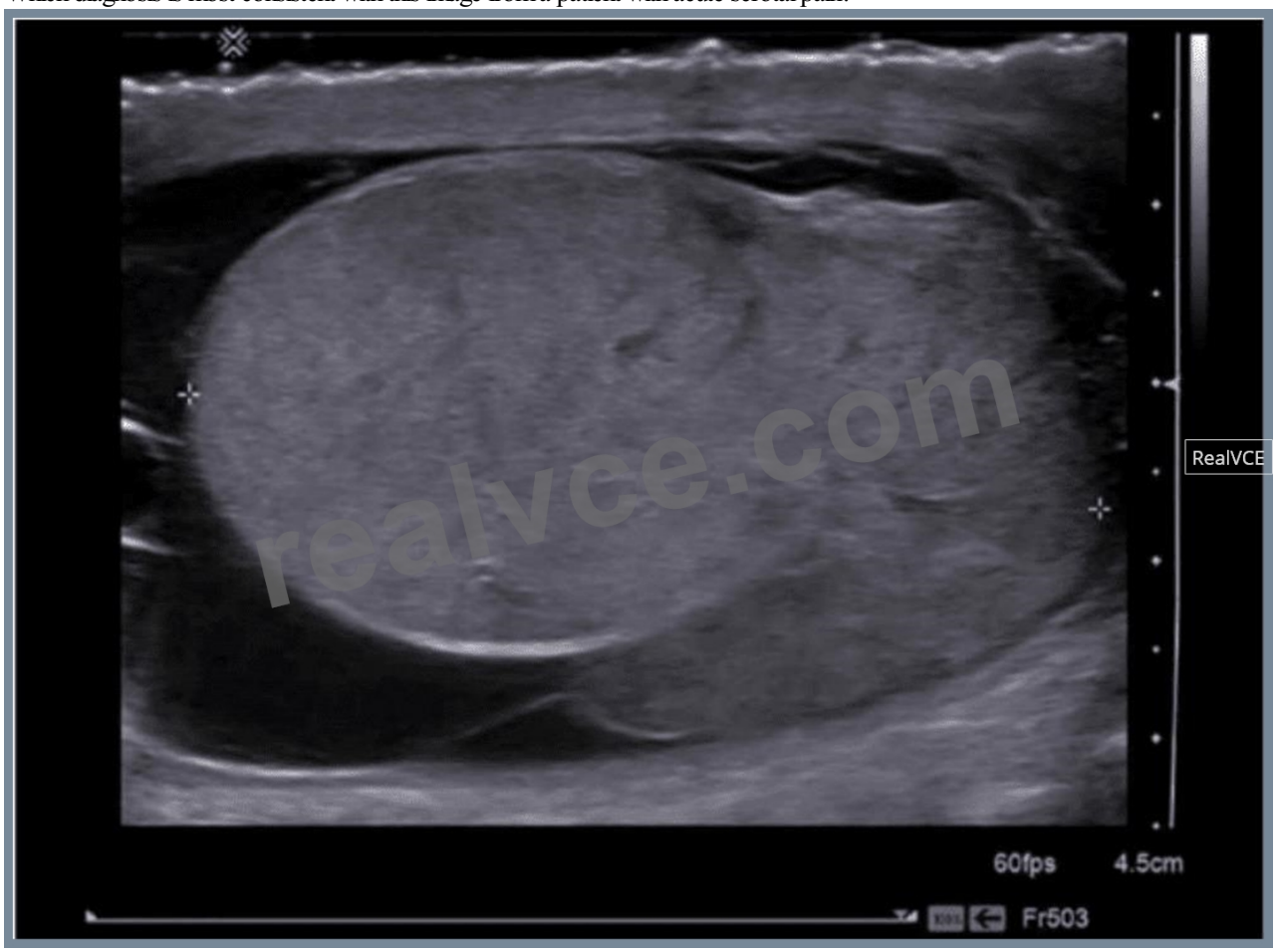
ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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 3	• 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 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.

ARDMS Abdomen Sonography Examination Sample Questions (Q13-Q18):

NEW QUESTION # 13
Which diagnosis is most consistent with this image from a patient with acute scrotal pain?



- A. Testicular rupture

- B. Testicular torsion
- C. Epididymitis
- D. Scrotal abscess

Answer: B

Explanation:
The grayscale ultrasound image demonstrates a uniformly enlarged, hypoechoic (dark), and heterogeneous testis without signs of surrounding scrotal wall thickening or a discrete fluid collection. This pattern is highly suggestive of testicular torsion in the setting of acute scrotal pain.
Sonographic features of testicular torsion on grayscale imaging:
* Enlarged testis
* Diffusely hypoechoic parenchyma
* Loss of normal homogeneity
* Absence of internal vascular flow on Doppler imaging (not shown here but critical in confirming diagnosis) Testicular torsion occurs due to twisting of the spermatic cord, leading to vascular compromise and eventual infarction if not promptly corrected. It is a surgical emergency and typically presents in adolescent males with sudden-onset, severe unilateral testicular pain.
Comparison of answer choices:
* A. Scrotal abscess appears as a complex fluid collection with irregular margins and posterior enhancement.
* B. Testicular rupture would show discontinuity of the tunica albuginea, heterogeneous texture, and often a hematocele.
* C. Testicular torsion - Correct. The enlarged, hypoechoic, heterogeneous testis is characteristic, particularly in the acute phase.
* D. Epididymitis typically shows an enlarged, hypervascular epididymis and may extend to the testis (epididymo-orchitis), but vascularity is usually increased rather than absent.
References:
Dogra VS, Gottlieb RH, Oka M, Rubens DJ. Sonography of the scrotum. Radiology. 2003;227(1):18-36.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Scrotal Ultrasound Examination (2021).

NEW QUESTION # 14
Which sonographic appearance of the normal epididymis is the most common?

- A. Anechoic with hyperechoic borders
- B. Isoechoic to the testis
- C. Homogeneous compared to the testis
- D. Hypoechoic with irregular borders

Answer: C

Explanation:
The normal epididymis typically appears as a homogeneous structure that is either isoechoic or slightly hypoechoic compared to the testis. The most accurate description is "homogeneous compared to the testis," meaning the texture is uniform. It is not anechoic, nor does it typically show irregular borders unless pathology is present.
According to Rumack's Diagnostic Ultrasound:
"The normal epididymis appears homogeneous and is isoechoic or slightly hypoechoic relative to the testis." (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 Scrotal Ultrasound, 2020.
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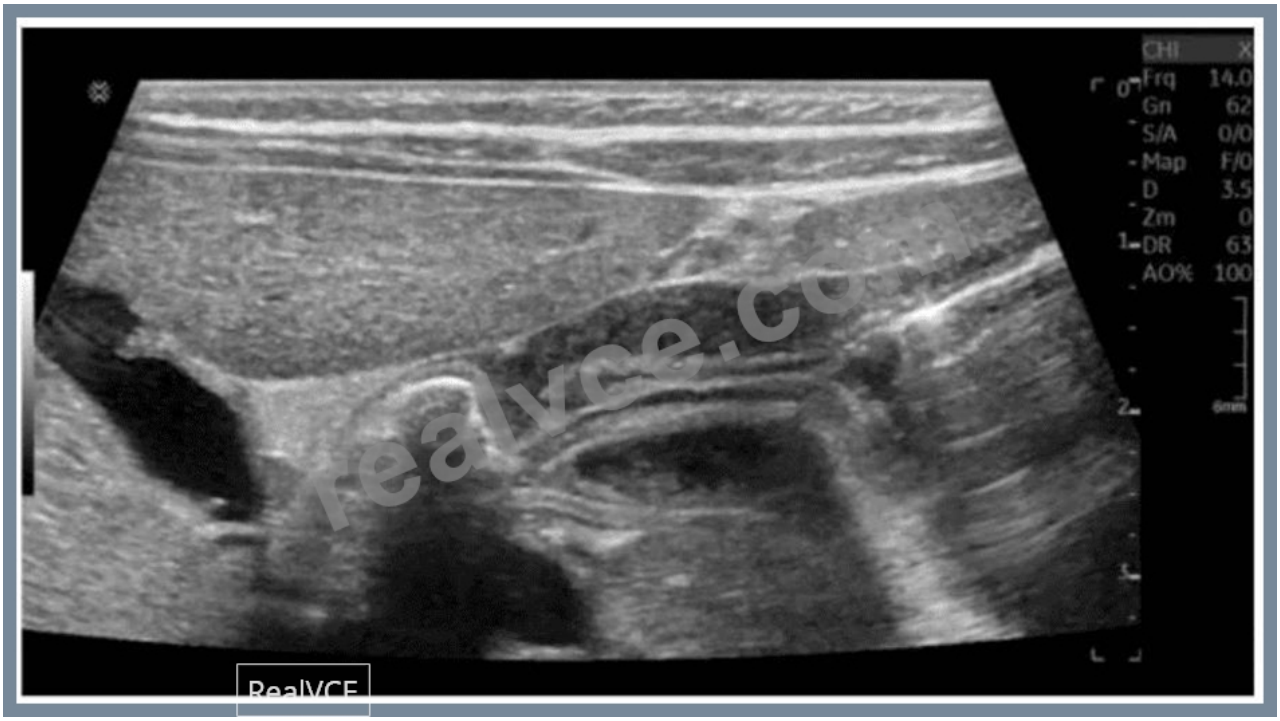
NEW QUESTION # 15
Which clinical finding is most likely associated with the pathology in this image?



- A. Red currant jelly stools
- B. Olive-shaped palpable mass
- C. Fever of unknown origin
- D. Bilious vomiting

Answer: B

Explanation:
The ultrasound image shows a classic longitudinal view of a markedly thickened pyloric muscle with an elongated pyloric channel. This finding is consistent with hypertrophic pyloric stenosis (HPS), a condition most commonly seen in male infants between 2 and 8 weeks of age.
The most characteristic clinical finding associated with HPS is an "olive-shaped" palpable mass in the right upper quadrant or epigastric region, which represents the hypertrophied pylorus.
Clinical presentation of HPS includes:
* Non-bilious projectile vomiting (due to gastric outlet obstruction)
* Dehydration and weight loss
* A palpable "olive" mass on physical exam
* Visible peristalsis may be noted on the abdominal wall
Sonographic diagnostic criteria for HPS:
* Pyloric muscle thickness # 3 mm
* Pyloric channel length # 15-17 mm
* "Cervix sign" or "target sign" (transverse view)
* Failure of gastric contents to pass through the pylorus on real-time imaging Differentiation from other options:
* B. Fever of unknown origin: Not characteristic of HPS.
* C. Red currant jelly stools: Classic for intussusception.
* D. Bilious vomiting: Seen in distal duodenal or jejunal obstruction, not in pyloric stenosis (vomiting is non-bilious in HPS).
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Gastrointestinal Tract, pp. 474-479.
American College of Radiology (ACR). Appropriateness Criteria - Vomiting in Infants Up to 3 Months of Age.
Radiopaedia.org. Hypertrophic pyloric stenosis:https://radiopaedia.org/articles/hypertrophic-pyloric-stenosis

NEW QUESTION # 16
Which gray scale artifact is caused by the oscillation of gas bubbles?

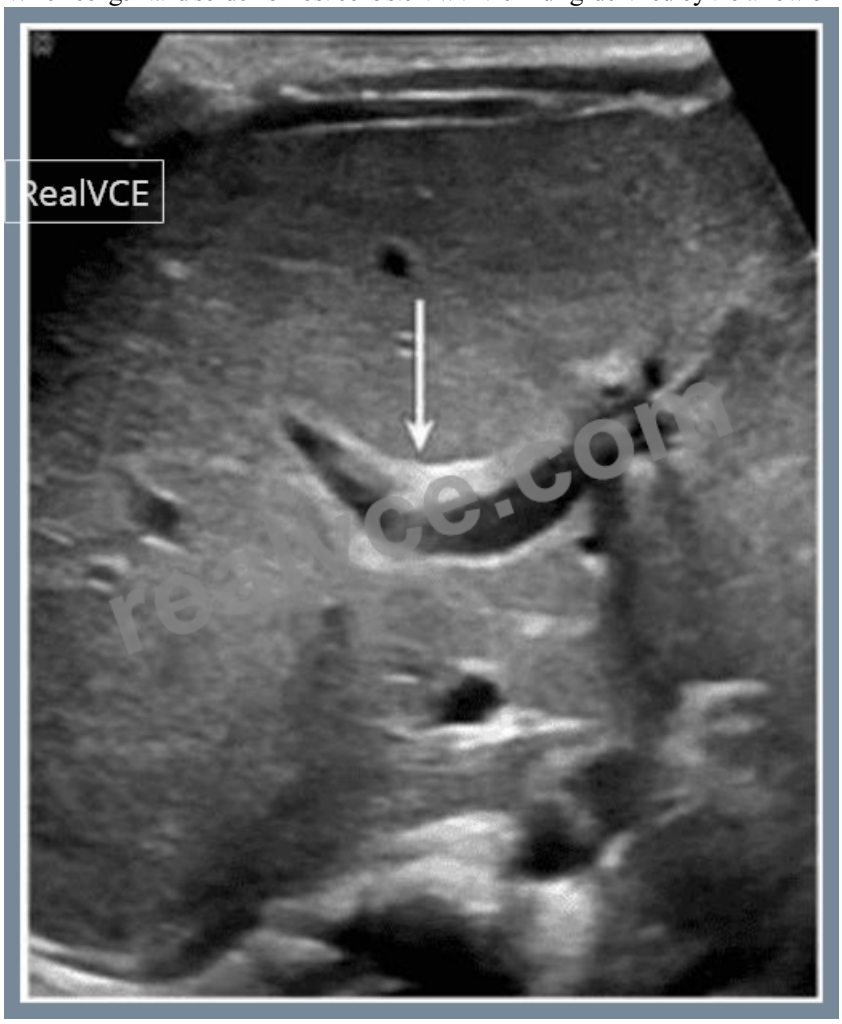
- A. Mirror image
- B. Refraction

- C. Ring down
- D. Reverberation

Answer: C

Explanation:
Ring-down artifact occurs when gas bubbles resonate or oscillate, creating continuous echoes distal to the structure that appear as a vertical, echogenic band extending posteriorly. This is distinct from reverberation, which produces multiple discrete reflections.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Ring-down artifact results from resonance of gas bubbles, producing a continuous, echogenic tail distal to the reflecting interface."
Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
AIUM Practice Parameter for Abdominal Ultrasound, 2020.
-

NEW QUESTION # 17
Which congenital disorder is most consistent with the finding identified by the arrow on this image?



- A. Biliary atresia
- B. Sclerosing cholangitis
- C. Alagille syndrome
- D. Caroli disease

Answer: D

Explanation:
The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.
Key ultrasound features of Caroli disease:
* Cystic or saccular dilations of the intrahepatic bile ducts
* The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)
* May show associated hepatosplenomegaly or signs of portal hypertension Differentiation from other options:
* A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.
* B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.
* D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Biliary System, pp. 152-155.
Radiopaedia.org. Caroli disease. https://radiopaedia.org/articles/caroli-disease American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 18
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