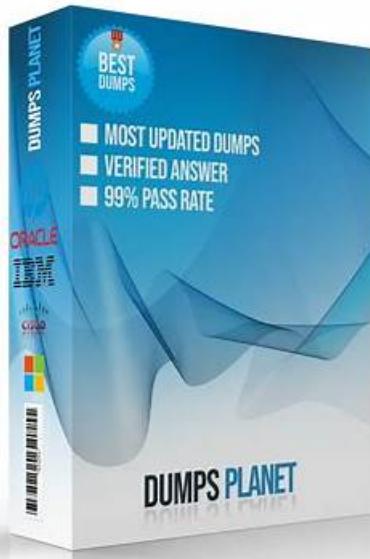


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ARDMS Abdomen Sonography Examination Sample Questions (Q156-Q161):

NEW QUESTION # 156

Which normal anatomical structure is also known as the accessory pancreatic duct?

- A. Common pancreatic duct
- B. Duct of Vater
- C. Duct of Wirsung
- D. Duct of Santorini

Answer: D

Explanation:

The Duct of Santorini is the accessory pancreatic duct that drains the superior portion of the pancreatic head into the minor duodenal papilla. The main pancreatic duct (Duct of Wirsung) drains into the major papilla, often joining the common bile duct at the Ampulla of Vater.

According to Moore's Clinically Oriented Anatomy:

"The accessory pancreatic duct (Duct of Santorini) may be present and drains into the minor duodenal papilla." 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 # 157

Which artifact is seen within the gallbladder in this image?



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- A. Reverberation
- B. Shadowing
- C. Banding
- D. Attenuation

Answer: A

Explanation:

The ultrasound image demonstrates multiple parallel echogenic lines within the gallbladder lumen, extending distally and diminishing in intensity. These equidistant lines are classic for a reverberation artifact.

Reverberation occurs when the ultrasound beam reflects multiple times between two strong reflectors (such as the anterior gallbladder wall and the transducer), creating repeating echoes that appear as equally spaced lines.

This is frequently seen in:

- * The gallbladder (especially when collapsed or near the wall)
- * Near air-filled structures
- * With metallic objects or surgical clips

Reverberation does not represent a true anatomical structure and should be distinguished from real pathology.

Comparison of answer choices:

- * A. Banding refers to speed displacement or slice-thickness artifacts and typically does not appear as repetitive lines.
- * B. Shadowing is a dark band posterior to highly attenuating structures like gallstones or bone, not present here.
- * C. Attenuation is a general term for the reduction in sound energy as it travels-posterior acoustic shadowing is one type.
- * D. Reverberation - Correct. The characteristic bright, parallel lines within the gallbladder lumen confirm this artifact.

References:

Kremkau FW. Sonography Principles and Instruments, 9th ed. Elsevier; 2015.

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.

NEW QUESTION # 158

Which finding is most likely demonstrated in this abdominal wall image of a patient with a history of atrial fibrillation?



- A. Hematoma
- B. Hernia
- C. Abscess
- D. Lipoma

Answer: A

Explanation:

The ultrasound image demonstrates a complex, heterogeneous hypoechoic collection within the abdominal wall, with mixed echogenicity and ill-defined margins. The lesion appears to contain internal debris but lacks definitive signs of vascularity or air

(which would be seen in an abscess). There is no peristalsis, herniated bowel, or fat to suggest hernia. Given the history of atrial fibrillation - a condition commonly treated with anticoagulation therapy (e.g., warfarin, apixaban) - this clinical background raises high suspicion for a rectus sheath or abdominal wall hematoma.

Key ultrasound features of hematomas:

- * Early (acute): hyperechoic or heterogeneous
- * Chronic/resolving: complex or cystic with fluid-debris levels
- * No internal vascularity on Doppler
- * May be confined to muscle or fascial planes

This is consistent with a hematoma, particularly in patients on anticoagulation therapy.

Comparison of answer choices:

- * A. Hernia - typically shows bowel or fat with movement/peristalsis passing through a fascial defect.
- * B. Lipoma - usually homogeneous and echogenic, not complex or fluid-filled.
- * C. Abscess - often presents as a complex fluid collection with peripheral hyperemia and possibly air, plus systemic signs of infection.
- * D. Hematoma - Correct. The image and clinical history (anticoagulation due to atrial fibrillation) strongly support this diagnosis.

References:

Berman L, et al. Sonographic appearance and evolution of rectus sheath hematomas. *AJR Am J Roentgenol*. 1996.

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

AIUM Practice Parameter for the Performance of Diagnostic Ultrasound Examinations of the Abdomen and Retroperitoneum (2020).

NEW QUESTION # 159

Which arteries are the immediate branches of the celiac trunk?

- A. Proper hepatic, splenic, and supraduodenal
- B. Proper hepatic, splenic, and gastroduodenal
- C. Common hepatic, splenic, and right gastric
- D. Common hepatic, splenic, and left gastric

Answer: D

Explanation:

The celiac trunk arises from the abdominal aorta and immediately divides into three primary branches:

- * Left gastric artery
- * Common hepatic artery
- * Splenic artery

The proper hepatic and gastroduodenal arteries are secondary branches of the common hepatic artery.

According to Moore's Clinically Oriented Anatomy:

"The celiac trunk trifurcates into the left gastric, common hepatic, and splenic arteries." 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 # 160

Which condition is most likely depicted in this image?



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- A. Intussusception
- B. Appendicitis
- C. Diverticulitis
- D. Bowel obstruction

Answer: A

Explanation:

The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.

Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years. It commonly presents with intermittent abdominal pain, vomiting, and sometimes "red currant jelly" stools.

Key ultrasound features of intussusception:

- * Target sign in transverse view (concentric rings of bowel layers)
- * Pseudokidney or sandwich sign in longitudinal view
- * May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum

Comparison of answer choices:

- * A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.
- * B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding, not the concentric target appearance.
- * C. Appendicitis may appear as a blind-ending tubular structure (>6 mm), not with concentric ring pattern.
- * D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.

References:

Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.

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

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

NEW QUESTION # 161

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