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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 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"> • 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q27-Q32):

NEW QUESTION # 27

Which description best characterizes a normal systolic spectral waveform of the renal artery?

- A. Rapid acceleration
- B. Early reversal
- C. Slow acceleration
- D. Blunt peak

Answer: A

Explanation:

A normal renal artery waveform demonstrates rapid systolic upstroke (acceleration) with continuous forward flow in diastole due to the kidney's low-resistance vascular bed. Slow acceleration or blunted peaks may indicate significant renal artery stenosis.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Normal renal artery waveforms demonstrate a rapid systolic acceleration with a sharp systolic peak." Reference:

Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

ACR Practice Parameter for the Performance of a Duplex Doppler Examination, 2021.

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NEW QUESTION # 28

Which finding is expected in the contralateral kidney given the pathology depicted in this image?



- A. Parapelvic cysts
- B. Duplicated collecting system
- C. Atrophic kidney
- **D. Polycystic kidney**

Answer: D

Explanation:

The ultrasound image shows a sagittal view of the right kidney with multiple anechoic (black), non-communicating cysts of varying sizes distributed throughout the renal parenchyma, consistent with autosomal dominant polycystic kidney disease (ADPKD). ADPKD is a hereditary disorder characterized by the progressive development of multiple bilateral renal cysts, which leads to renal enlargement and eventual loss of function. This condition typically affects both kidneys, making bilateral polycystic involvement expected. Therefore, the same cystic appearance is anticipated in the contralateral (left) kidney as well.

Comparison of answer choices:

- * A. Duplicated collecting system: This is a congenital anomaly but does not result in diffusely cystic kidneys.
- * B. Polycystic kidney: Correct. Bilateral renal involvement is the hallmark of ADPKD.
- * C. Parapelvic cysts: These are simple cysts located in the renal sinus and do not exhibit the diffuse pattern seen here.
- * D. Atrophic kidney: Not typical in the contralateral side in ADPKD; the disease affects both kidneys symmetrically.

References:

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.

Torres VE, Harris PC, Pirson Y. Autosomal dominant polycystic kidney disease. Lancet. 2007;369(9569):1287-1301.

NEW QUESTION # 29

Which complication is of greatest concern with undescended testis?

- A. Torsion
- B. Hernia
- **C. Seminoma**
- D. Hydrocele

Answer: C

Explanation:

The most serious long-term complication of undescended testis (cryptorchidism) is an increased risk of testicular malignancy, especially seminoma. Although torsion and hernia may also occur, seminoma is the most concerning complication due to its life-threatening potential.

According to Rumack's Diagnostic Ultrasound:

"Cryptorchidism is associated with a significantly increased risk of seminoma, the most common malignancy in undescended testes."

Reference:

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

American Urological Association (AUA) Guidelines, 2019.

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NEW QUESTION # 30

Which sections of the liver are divided by the structure indicated by the arrow on this image?



- A. Right and left lobes
- B. Left medial and lateral
- C. Right anterior and posterior
- D. Left superior and inferior

Answer: A

Explanation:

The ultrasound image shows the liver in a transverse view with the arrow pointing to the middle hepatic vein (MHV). The MHV is a key sonographic landmark that anatomically divides the right and left lobes of the liver.

According to Couinaud's segmental anatomy, which is the basis for surgical and radiological liver segmentation:

- * The middle hepatic vein runs within the main lobar fissure.
- * It separates the right lobe (segments V-VIII) from the left lobe (segments II-IV).
- * This division is crucial in liver surgery and interventional procedures.

Comparison of answer choices:

- * A. Right anterior and posterior segments are divided by the right hepatic vein, not the middle hepatic vein.
- * B. Right and left lobes - Correct. The middle hepatic vein, shown by the arrow, defines this boundary.
- * C. Left medial and lateral segments are divided by the left hepatic vein or falciform ligament.
- * D. Left superior and inferior is not a standard anatomic division in liver segmentation.

References:

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

Couinaud C. Liver anatomy: portal (and hepatic) segmentation. In: Trans. Assoc. Am. Physicians. 1957.

Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 31

What is the most common location of a pancreatic pseudocyst?

- A. Right subdiaphragmatic space
- **B. Lesser sac**
- C. Left pericolic gutter
- D. Left anterior pararenal space

Answer: B

Explanation:

Pancreatic pseudocysts most commonly develop in the lesser sac, which lies between the posterior wall of the stomach and the anterior surface of the pancreas. This space allows for the accumulation of pancreatic fluid collections following pancreatitis or pancreatic ductal disruption.

* The left anterior pararenal space (B) is a secondary location.

* The right subdiaphragmatic space (C) and left pericolic gutter (D) are less common sites.

Reference Extracts:

* Morteale KJ, Wiesner W, et al. "Pancreatic pseudocysts: imaging features and diagnostic difficulties." Radiographics. 2004;24(4):1005-1020.

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

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NEW QUESTION # 32

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