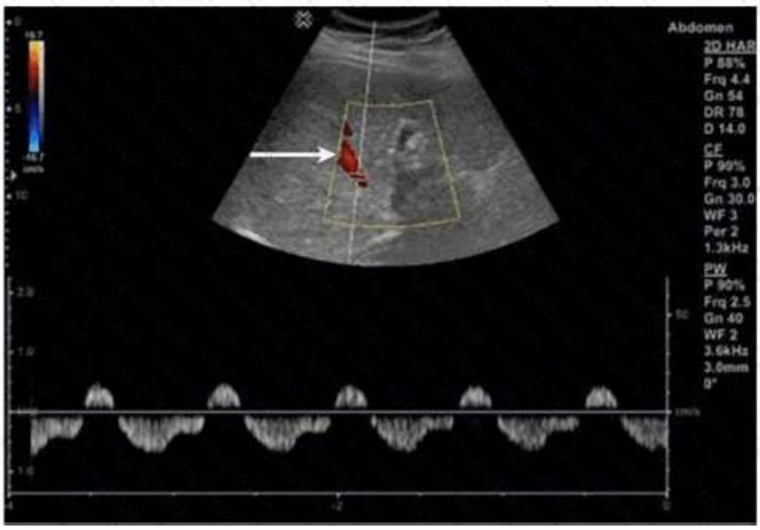
AB-Abdomen certification training: Abdomen Sonography Examination & AB-Abdomen study guide



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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	• 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 4	• 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.

ARDMS Abdomen Sonography Examination Sample Questions (Q125-Q130):

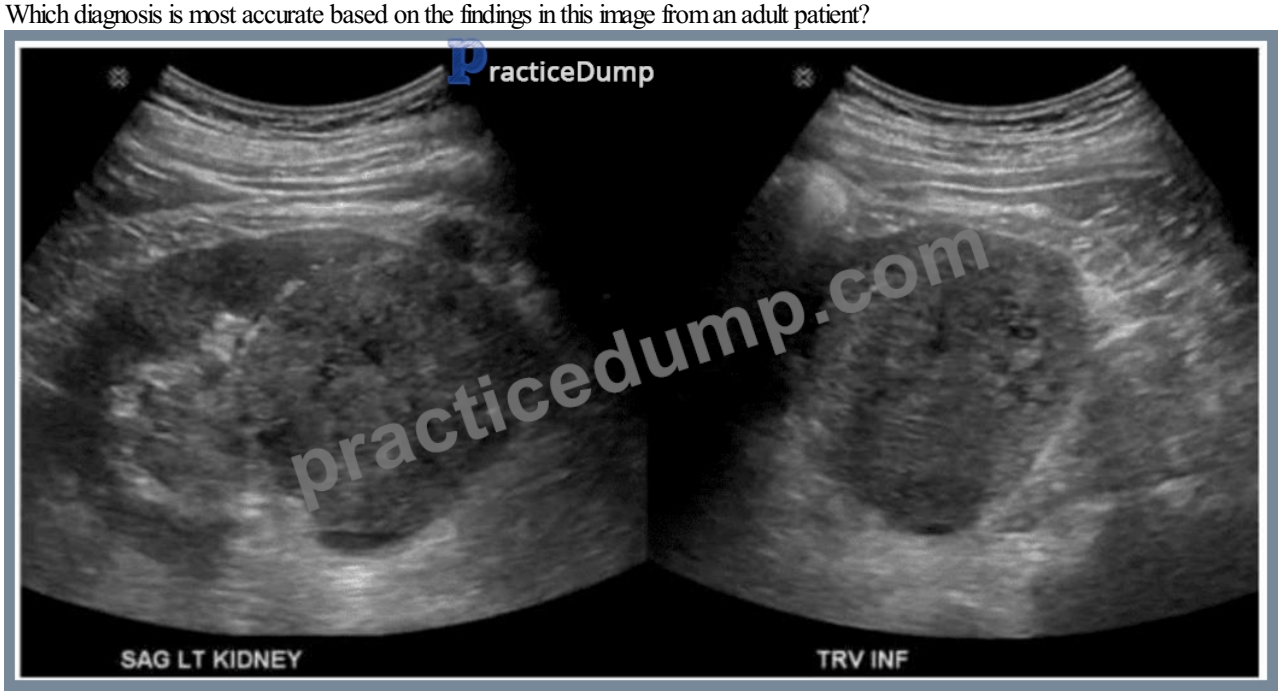
NEW QUESTION # 125
Which scanning approach was utilized to obtain this image?

- A. Right coronal
- B. Posterior
- C. Anterior
- D. Left coronal

Answer: A

Explanation:
The ultrasound image provided shows the liver and diaphragm imaged in a coronal plane with characteristic rib shadows and costophrenic angles. The orientation of the image and the structures visualized suggest that the transducer is placed in the right mid-axillary line, with the sound beam directed coronally - this is a classic right coronal scanning approach.
Key features supporting this:
* The liver appears superiorly in the image.
* Multiple echogenic lines (representing the ribs) run obliquely, casting acoustic shadows.
* The diaphragm and adjacent lung base are seen clearly, which is commonly imaged through the right intercostal spaces in a coronal plane.
Comparison of answer choices:
* A. Anterior: Would show a more transverse view of the liver and not typically image the diaphragm and lung this way.
* B. Posterior: Not used for upper abdominal scanning due to shadowing from the spine and posterior ribs.
* C. Left coronal: Would show the spleen and left kidney - not the liver as seen here.
* D. Right coronal - Correct. This image was obtained using the right coronal (intercostal) approach through the right flank.
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.
AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum (2020).

NEW QUESTION # 126
Which diagnosis is most accurate based on the findings in this image from an adult patient?



- A. Nephroblastoma
- B. Clear cell carcinoma
- C. Transitional cell carcinoma
- D. Renal cell carcinoma

Answer: D

Explanation:
The ultrasound images (sagittal and transverse views of the left kidney) demonstrate a large, well-defined, heterogeneous mass within the renal parenchyma. This is highly characteristic of renal cell carcinoma (RCC), the most common primary renal malignancy in adults.
Renal cell carcinoma accounts for approximately 85% of all malignant renal tumors in adults. RCC often appears as:
* A solid, heterogeneous, hypoechoic to isoechoic mass within the kidney
* May contain areas of necrosis or hemorrhage (seen as mixed echogenicity)
* Distortion of the normal renal contour
* May have internal vascularity on Doppler imaging
Clear cell carcinoma (choice B) is the most common histological subtype of RCC but is not a separate diagnosis from RCC in

imaging terms. Therefore, the most accurate answer is choice C: Renal cell carcinoma.
Differentiation from other options:
* A. Nephroblastoma (Wilms tumor): A pediatric renal tumor, typically seen in children under 5 years of age-not applicable in adults.
* B. Clear cell carcinoma: Histological subtype of RCC, not a distinct radiologic diagnosis.
* D. Transitional cell carcinoma: Arises from the renal pelvis or ureter, typically appears as a central or collecting system mass rather than a cortical/parenchymal one.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Kidneys, pp. 215-222.
Radiopaedia.org. Renal cell carcinoma: https://radiopaedia.org/articles/renal-cell-carcinoma American College of Radiology (ACR) Appropriateness Criteria - Hematuria, 2022.

NEW QUESTION # 127
Which condition is most consistent with thinning of the renal cortex, reduction in renal length, and prominence of the renal sinus fat in a patient presenting four months after renal transplant with slightly reduced renal function?

- A. Acute rejection
- B. Chronic rejection
- C. Normal findings
- D. Arterial stricture

Answer: B

Explanation:
Chronic rejection presents sonographically as cortical thinning, decreased renal size, and increased echogenicity of the renal sinus fat. Acute rejection typically causes an enlarged, edematous kidney with increased parenchymal echogenicity but preserved size early on.
According to Zwiebel's Introduction to Vascular Ultrasound:
"In chronic rejection, the allograft becomes smaller with cortical thinning, increased echogenicity, and prominence of the central sinus fat." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
AIUM Practice Parameter for Renal Transplant Ultrasound, 2020.
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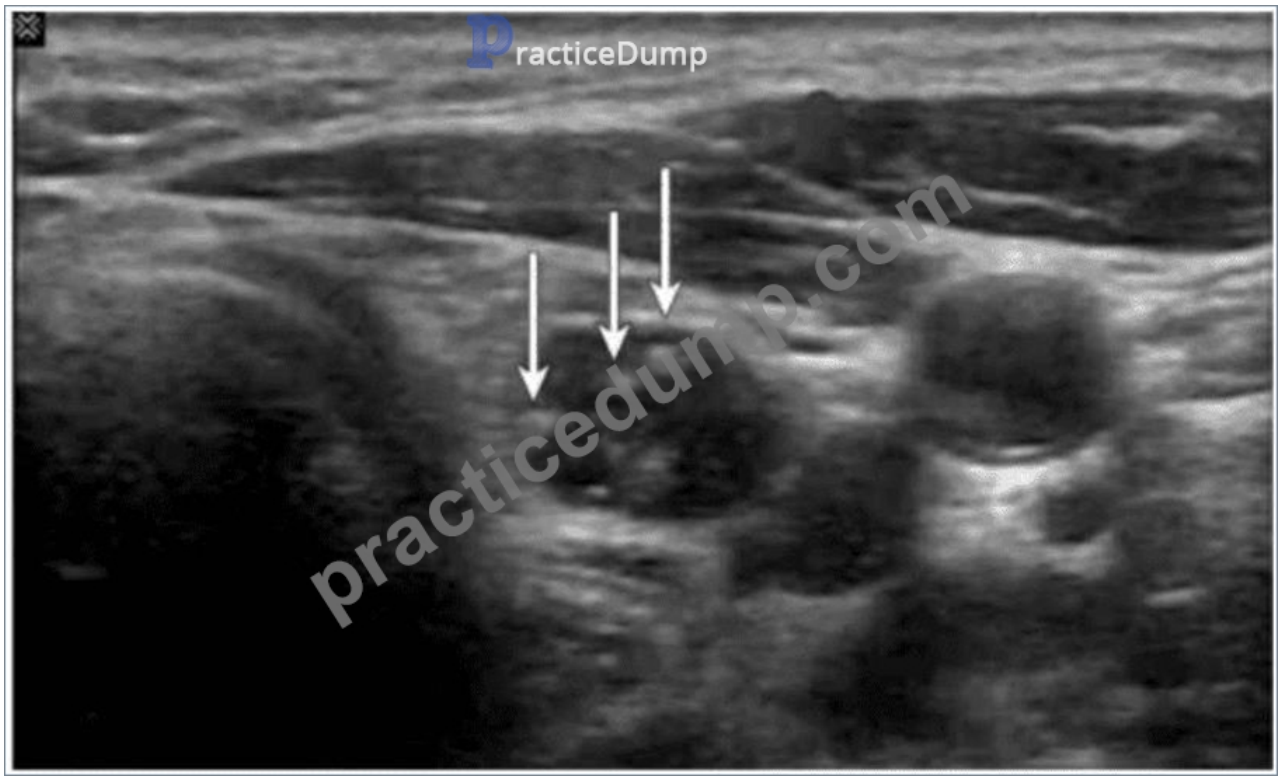
NEW QUESTION # 128
Which condition is most consistent with the sonographic appearance indicated by the arrows on this image obtained post thyroidectomy?

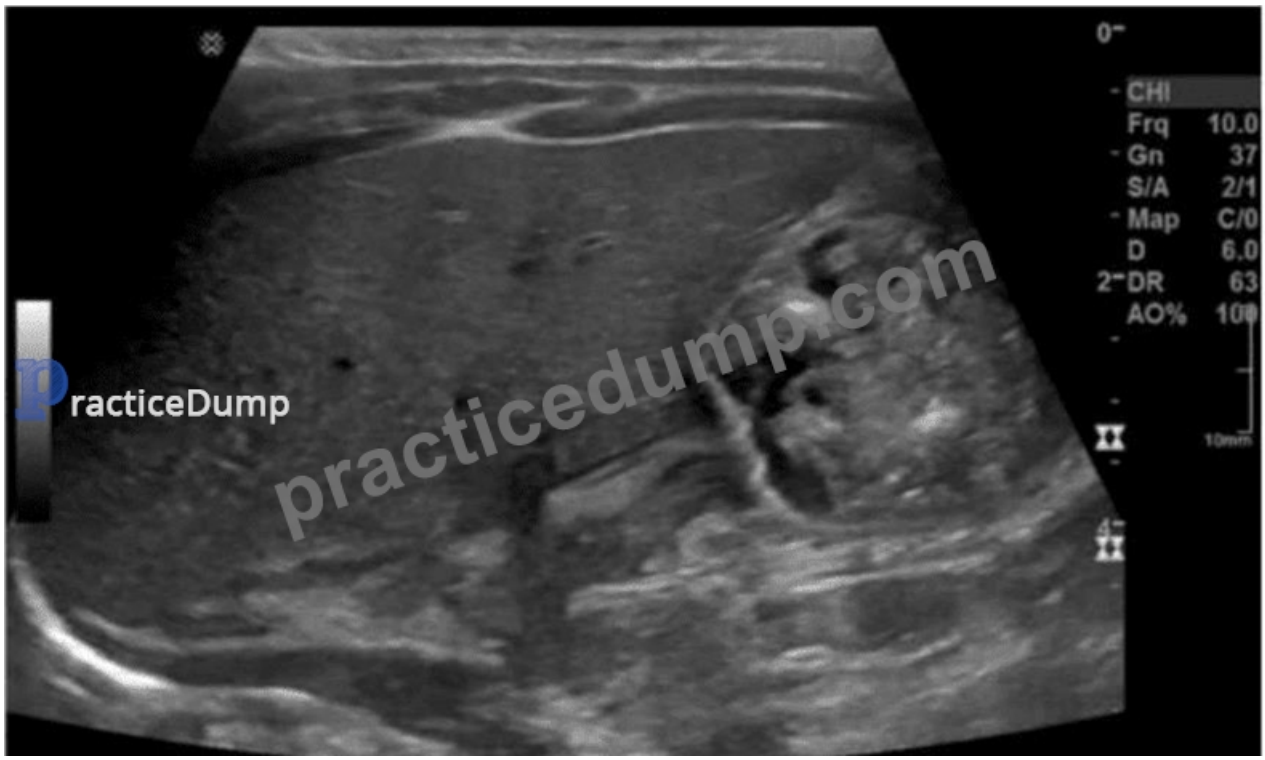


- A. Normal postsurgical lymph node
- B. Reactive lymph node
- C. Residual glandular tissue
- D. Recurring papillary thyroid cancer

Answer: D

Explanation:
The ultrasound image shows a hypoechoic, round structure with internal microcalcifications - hallmarks of recurrent papillary thyroid carcinoma (PTC) metastasis in a lymph node.
Key sonographic features supporting recurrent papillary thyroid cancer:
* Hypoechoic round lymph node (loss of normal oval shape and hilum)
* Microcalcifications (punctate echogenic foci) - highly suggestive of metastatic PTC
* Abnormal morphology (loss of fatty hilum, rounded shape, increased vascularity if Doppler used)
* Seen in the thyroid bed or lateral neck post-thyroidectomy
Why the other options are incorrect:
* B. Normal postsurgical lymph node - Would be oval with echogenic hilum and no microcalcifications
* C. Residual glandular tissue - Would have a more homogeneous echotexture similar to thyroid tissue and be located at the thyroid bed, not necessarily nodal
* D. Reactive lymph node - May be enlarged but retain a normal hilum and vascular pattern, and lack microcalcifications Reference:
ACR TI-RADS Guidelines for Thyroid Nodule Assessment
Radiopaedia: "Lymph node metastases from papillary thyroid carcinoma"
Ahuja A, Ying M. "Sonographic Evaluation of Cervical Lymph Nodes." AJR, 2005

NEW QUESTION # 129
Based on this image, what is the most likely clinical indication for the examination?



- A. Projectile vomiting
- B. Neonatal hyperbilirubinemia
- C. Abnormal prenatal ultrasound
- D. Red currant jelly stools

Answer: A

Explanation:
The ultrasound image demonstrates findings consistent with hypertrophic pyloric stenosis (HPS). This condition typically affects infants between 2 and 8 weeks of age and presents clinically with non-bilious projectile vomiting, weight loss, and dehydration.
In the ultrasound image, the classic "target" or "donut" sign can be seen in the transverse view of the hypertrophied pyloric muscle.
Key sonographic criteria for HPS include:
* Pyloric muscle thickness #3 mm
* Pyloric channel length #15-18 mm
This imaging appearance strongly correlates with the clinical presentation of projectile vomiting (Choice D), which is the hallmark symptom of HPS.
Comparison of answer choices:
* A. Abnormal prenatal ultrasound (Choice A) is not typically associated with HPS, which develops postnatally.
* B. Neonatal hyperbilirubinemia (Choice B) is not an indication for a pyloric ultrasound and affects liver /biliary imaging.
* C. Red currant jelly stools (Choice C) are indicative of intussusception, not HPS.
* D. Projectile vomiting (Choice D) is the most common clinical indication leading to an ultrasound exam that reveals HPS.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of Ultrasound of the Pyloric Region in Infants (2014).
Hernanz-Schulman M. Infantile hypertrophic pyloric stenosis. Radiology. 2003;227(2):319-331.

NEW QUESTION # 130
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