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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details

Topic 1	• 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	• 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	• 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	• 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 (Q95-Q100):

NEW QUESTION # 95
A patient with hepatocellular carcinoma presents for a paracentesis. Which lab value is the most pertinent to the procedure?

- A. International normalized ratio
- B. Total bilirubin
- C. Alpha fetoprotein
- D. Alanine aminotransferase

Answer: A

Explanation:
Before performing a paracentesis, assessment of the patient's coagulation status is crucial to minimize bleeding risk. The International Normalized Ratio (INR) is the standard lab value used to assess coagulation.
Elevated INR may increase the risk of bleeding complications during the procedure. ALT, AFP, and bilirubin levels evaluate liver function or cancer progression but are not directly relevant to bleeding risk for this procedure.
As per AASLD and SIR guidelines:
"An INR and platelet count should be evaluated before paracentesis to assess bleeding risk. Minor elevations in INR (<1.5) may not contraindicate the procedure." (AASLD Practice Guidance, 2021; SIR Consensus Guidelines, 2019).
Reference:
American Association for the Study of Liver Diseases (AASLD), Management of Ascites, 2021.
Society of Interventional Radiology (SIR) Consensus Guidelines for Coagulation Parameters in Image- Guided Procedures, 2019.

NEW QUESTION # 96
Which finding is most likely demonstrated in this image?

- A. Hemoperitoneum
- B. Ascites
- C. Hydropic gallbladder
- D. Bowel obstruction

Answer: B

Explanation:
The ultrasound image shows an anechoic (black) fluid collection in the perihepatic and perirenal spaces. The fluid outlines the liver (LIV) and right kidney (RK), which is characteristic of free fluid in the peritoneal cavity - consistent with ascites.
Sonographic features of ascites:
* Anechoic (or hypoechoic) fluid in dependent areas of the abdomen
* Seen surrounding the liver, spleen, and intestines
* Can be free-flowing or loculated
* Bowel loops may be floating or displaced centrally
This image is consistent with a typical finding of ascites: free fluid in Morison's pouch (hepatorenal recess), a common site for fluid accumulation.
Differentiation from other options:
* A. Hydropic gallbladder: Refers to an enlarged gallbladder filled with clear bile; not visible in this image.
* B. Hemoperitoneum: May appear similar to ascites, but usually has complex echogenicity or layering if acute; clinical context (trauma, bleeding) is essential for diagnosis.
* C. Bowel obstruction: Would show dilated, fluid-filled bowel loops with peristalsis or to-and-fro motion, not evident here.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Peritoneal Cavity and Abdominal Trauma, pp. 125-130.
American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Focused Assessment with Sonography for Trauma (FAST) Examination, 2020.
Radiopaedia.org. Ascites (ultrasound): https://radiopaedia.org/articles/ascites-ultrasound

NEW QUESTION # 97
Which technique is used to demonstrate the finding in this video?

- A. Exhalation
- B. Deep inspiration
- C. Compression
- D. Valsalva

Answer: C

Explanation:
The technique shown in the video is compression. In ultrasound imaging-especially of soft tissue masses, the bowel, or venous structures-compression is used to evaluate the compressibility of structures. The image demonstrates a classic grayscale ultrasound view of a lesion or structure being compressed with the probe.
Compression sonography is particularly important in:
* Evaluating venous patency (e.g., for deep vein thrombosis)
* Differentiating cystic from solid structures
* Evaluating bowel wall abnormalities or intussusception
* Assessing lymph nodes and soft tissue masses (as shown here)
When a structure compresses easily under probe pressure, it suggests that the lesion is fluid-filled or soft. In contrast, incompressibility may indicate a solid mass or thrombus.
Differentiation from other options:
* B. Valsalva: Involves forced expiration against a closed airway, used primarily to assess venous reflux or inguinal hernias-not what is demonstrated here.
* C. Exhalation: A respiratory maneuver that passively alters thoracoabdominal pressure, not actively performed by the operator or causing focal structural change.
* D. Deep inspiration: Used to improve visualization of the liver, diaphragm, or gallbladder-not to evaluate the compressibility of soft tissue.

References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Ultrasound Technique and Physics, pp. 35-39.
AIUM Practice Parameter for the Performance of a Diagnostic Ultrasound Examination, 2020.

NEW QUESTION # 98
Which sonographic finding distinguishes focal nodular hyperplasia from hepatic adenoma?

- A. Central calcifications
- B. Target pattern
- C. Stellate area within the central portion of the mass
- D. Thin peripheral hypoechoic halo

Answer: C

Explanation:
The hallmark feature of focal nodular hyperplasia (FNH) is a central stellate scar seen on imaging. This fibrous scar may not always be seen on ultrasound but is a classic distinguishing feature from hepatic adenomas, which usually lack a central scar.
According to Rumack's Diagnostic Ultrasound:
"Focal nodular hyperplasia often demonstrates a central stellate scar, which may be echogenic or isoechoic." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
WHO Classification of Digestive System Tumors, 5th ed., IARC, 2019.
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NEW QUESTION # 99
Which sonographic finding indicates the need for immediate surgical intervention following testicular trauma?

- A. Discontinuity of the tunica albuginea
- B. Intratesticular hematoma
- C. Increased testicular vascularity
- D. Heterogeneity of the testicular parenchyma

Answer: A

Explanation:
The tunica albuginea is a dense fibrous capsule surrounding the testis. Discontinuity of the tunica albuginea on ultrasound is diagnostic of testicular rupture - a urologic emergency that requires immediate surgical repair to preserve testicular function and viability. Early surgical intervention within 72 hours has a high success rate for testicular salvage (up to 90%).
* Intratesticular hematoma (A) may be managed conservatively if the tunica albuginea is intact.
* Heterogeneity of the parenchyma (C) indicates injury but not necessarily rupture.
* Increased vascularity (D) may be seen with inflammation or reperfusion but does not mandate surgery unless rupture is present.
Reference Extracts:
* Dogra VS, Bhatt S. "Acute painful scrotum: ultrasound evaluation." Radiologic Clinics of North America. 2004; 42(2):349-363.
* Middleton WD, Kurtz AB, Hertzberg BS.Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.
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NEW QUESTION # 100
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