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ARDMS Abdomen Sonography Examination Sample Questions (Q14-Q19):

NEW QUESTION # 14

Which condition results in the vascular abnormality shown in this image of a renal transplant?



- A. Arteriovenous malformation
- **B. Renal artery stenosis**
- C. Renal vein thrombosis
- D. Iliac arteritis

Answer: B

Explanation:

The Doppler ultrasound image shows an elevated peak systolic velocity (PSV) of 637 cm/s, an elevated end-diastolic velocity (EDV) of 312 cm/s, and a low resistive index (RI) of 0.51 at the arterial anastomosis of a renal transplant. These findings are characteristic of significant renal artery stenosis (RAS) at the transplant vascular anastomosis.

Key sonographic features of renal artery stenosis:

- * Peak systolic velocity (PSV) > 250-300 cm/s at the stenotic segment (this case: 637 cm/s)
- * Post-stenotic turbulence with spectral broadening
- * Low resistive index (RI < 0.56 suggests downstream vasodilation)
- * Elevated acceleration time (AT > 0.07 sec), and reduced acceleration slope
- * Aliasing on color Doppler due to high velocity

In this image, the marked increase in velocity with spectral aliasing and low RI is diagnostic of transplant renal artery stenosis - the most common vascular complication post-transplant, typically occurring at the site of surgical anastomosis.

Differentiation from other options:

- * A. Iliac arteritis: A rare condition, not typically presenting with these Doppler changes.
- * C. Renal vein thrombosis: Would show reversed or absent diastolic flow, not elevated systolic velocities.
- * D. Arteriovenous malformation (AVM): Produces a high-velocity, low-resistance waveform but is associated with color bruit, aliasing, and pulsatile venous waveforms - not evident here.

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.

Chapter: Transplant Imaging, pp. 1035-1045.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Renal Artery Duplex Sonographic Examination, 2020.

Radiopaedia.org. Renal artery stenosis (transplant): <https://radiopaedia.org/articles/renal-artery-stenosis-transplant>

NEW QUESTION # 15

Which of the following would optimize visualization of a bladder mass?

- A. Compression technique to move bowel gas
- B. Utilize a high-frequency linear transducer
- **C. Have patient fill bladder**
- D. Have patient empty bladder

Answer: C

Explanation:

A full bladder provides an acoustic window that displaces bowel gas and distends the bladder walls, allowing optimal visualization of any bladder masses or lesions. An empty bladder may collapse, obscuring masses.

According to Rumack's Diagnostic Ultrasound:

"Bladder evaluation should be performed with the bladder optimally distended to visualize its walls and any intraluminal masses."

Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

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NEW QUESTION # 16

Which retroperitoneal finding is most likely associated with trauma?

- **A. Urinoma**
- B. Fibrosis
- C. Neuroblastoma
- D. Adenoma

Answer: A

Explanation:

Urinomas are collections of urine in the retroperitoneum that result from trauma, surgery, or obstruction causing urine leakage.

Trauma is a frequent cause of urinoma formation due to disruption of the urinary tract.

According to Rumack's Diagnostic Ultrasound:

"Urinomas may develop as a complication of trauma, surgery, or obstructive uropathy with urinary extravasation into the retroperitoneum." Reference:

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

AIUM Practice Parameter for Renal Ultrasound, 2020.

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NEW QUESTION # 17

In which segment is the solid mass located in this transverse image of the liver?



- A. Right anterior
- B. Left medial
- C. Left lateral
- **D. Right posterior**

Answer: D

Explanation:

The transverse ultrasound image of the liver shows a solid, hypoechoic mass located in the posterior aspect of the right lobe of the liver. In this view:

- * The anterior aspect of the liver is at the top of the image (near the transducer).
- * The posterior aspect is at the bottom (deeper).
- * The right lobe occupies the majority of the screen on transverse imaging when the probe is placed in the epigastrium or right upper quadrant.

Anatomically, the right lobe of the liver is divided into anterior and posterior segments by the right hepatic vein in the coronal plane. In transverse imaging:

- * The right anterior segment lies closer to the anterior abdominal wall.
- * The right posterior segment lies deeper (posteriorly).

Given that the mass is seen deep within the liver on the right side of the image, it is best localized to the right posterior segment (Segment VI or VII depending on the exact craniocaudal level).

Comparison of answer choices:

- * A. Left lateral is located far to the left of the image and typically appears higher and more anterior on transverse scans.
- * B. Left medial lies near the midline and would appear adjacent to the ligamentum teres or falciform ligament.
- * C. Right anterior lies closer to the transducer (top of the image), not posteriorly.
- * D. Right posterior - Correct. This is the segment shown deep in the right lobe of the liver.

References:

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

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 # 18

Which sonographic appearance of the bile ducts is demonstrated in this image?



- A. Dilated common bile
- B. Dilated common hepatic
- C. Normal intrahepatic
- **D. Dilated intrahepatic**

Answer: D

Explanation:

The image shows a transverse view of the left lobe of the liver with the portal triads clearly visible. The "parallel channel" or "double barrel" sign is observed-where dilated intrahepatic bile ducts run alongside the portal veins, creating a characteristic sonographic pattern of paired anechoic (black) tubular structures.

This sonographic feature is diagnostic for dilated intrahepatic bile ducts and is typically seen in obstructive jaundice or biliary obstruction from conditions such as:

- * Choledocholithiasis (stone in the common bile duct)
- * Stricture or mass compressing the bile ducts
- * Cholangiocarcinoma

The intrahepatic bile ducts normally are too small to visualize clearly unless dilated. Their dilation gives the liver a "too many tubes" appearance, where bile ducts become as prominent as the portal veins.

Comparison of answer choices:

- * A. Normal intrahepatic ducts are not usually seen this clearly or prominently on ultrasound.
- * B. Dilated intrahepatic - Correct. The parallel channel sign supports this diagnosis.
- * C. Dilated common bile duct would be visualized extrahepatically, typically anterior to the portal vein near the head of the pancreas.
- * D. Dilated common hepatic duct is also extrahepatic and seen in the porta hepatis, not within the liver parenchyma.

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.

Taylor KJW, Burns PN, Wells PNT. Clinical Applications of Doppler Ultrasound. Raven Press; 1990.

NEW QUESTION # 19

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