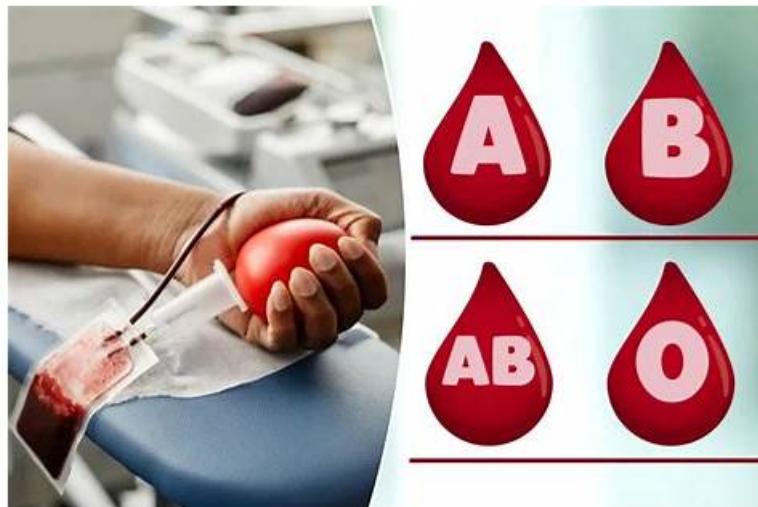


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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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.
Topic 3	<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 4

- 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q95-Q100):**NEW QUESTION # 95**

Which lymph node shape is concerning for malignancy in the post-thyroidectomy neck?

- A. Oval
- **B. Round**
- C. Wider than tall
- D. Taller than wide

Answer: B

Explanation:

Malignant lymph nodes are often round in shape (short axis/long axis ratio approaches 1), while benign lymph nodes are typically oval (short axis/long axis ratio < 0.5). Rounded shape in post-thyroidectomy patients raises suspicion for metastatic disease.

According to AIUM and ACR Thyroid Imaging Guidelines:

"A rounded lymph node shape is suspicious for malignancy, especially in patients with thyroid cancer." Reference:

AIUM Practice Parameter for Thyroid and Neck Ultrasound, 2020.

ACR Thyroid Imaging Reporting and Data System (TI-RADS), 2017.

NEW QUESTION # 96

Which vessel is indicated by the arrow on this image?



- A. Right renal artery
- B. Left renal vein
- C. Superior mesenteric artery
- D. Proper hepatic artery

Answer: C

Explanation:

The ultrasound image demonstrates a transverse view of the abdominal vasculature, where the arrow is pointing to a circular vascular structure anterior to the aorta and posterior to the body of the pancreas - consistent with the superior mesenteric artery (SMA). The SMA originates from the anterior aspect of the abdominal aorta just below the level of the celiac trunk and courses anterior to the left renal vein and uncinate process of the pancreas. On transverse ultrasound, it is often seen in cross-section as a round, pulsatile structure with echogenic walls, situated just anterior to the aorta. This appearance is known as the "target sign" or "bull's-eye" appearance.

Vessel Position Landmarks (transverse plane):

- * Aorta: Posterior and central
- * SMA: Just anterior to the aorta
- * Left renal vein: Passes between the aorta and SMA (nutcracker location)
- * Right renal artery: Courses posterior to the IVC toward the right kidney Differentiation from other options:
 - * A. Proper hepatic artery: Typically visualized within the liver hilum (portal triad), not in this anatomic location.
 - * C. Left renal vein: Seen in transverse as a longer, oval structure crossing anterior to the aorta and posterior to the SMA.
 - * D. Right renal artery: Arises laterally from the aorta and courses posterior to the IVC - not visualized in this axial midline location.

References:

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

Chapter: Vascular Anatomy and Abdominal Vessels, pp. 471-475.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

Radiopaedia.org. Superior mesenteric artery: <https://radiopaedia.org/articles/superior-mesenteric-artery>

NEW QUESTION # 97

Which vessel is located directly proximal to the origination of the renal arteries?

- A. Left portal vein
- B. Splenic vein
- C. Hepatic artery
- D. Superior mesenteric artery

Answer: D

Explanation:

The renal arteries originate from the abdominal aorta just inferior to the superior mesenteric artery (SMA).

The SMA arises anteriorly from the abdominal aorta at the level of L1, and just below it, the renal arteries branch laterally. The splenic vein, portal vein, and hepatic artery are located more superiorly in relation to the renal arteries.

According to Moore's Clinically Oriented Anatomy:

"The superior mesenteric artery arises from the anterior surface of the abdominal aorta just above the renal arteries." (Moore KL et al., Clinically Oriented Anatomy, 8th ed.) 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 # 98

Which condition is a common cause of biliary duct obstruction?

- A. Pneumobilia
- B. Cholecystitis
- C. Tumor
- D. Hepatitis

Answer: C

Explanation:

A tumor (such as cholangiocarcinoma, pancreatic head carcinoma, or metastases) is a common cause of biliary duct obstruction. It can compress or invade the bile ducts, leading to intrahepatic and extrahepatic duct dilatation.

* Cholecystitis (B) typically affects the gallbladder but may rarely cause duct obstruction if complicated.

* Pneumobilia (C) refers to air in the biliary tree, not obstruction.

* Hepatitis (D) causes liver inflammation but not mechanical biliary obstruction.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

NEW QUESTION # 99

Which syndrome is characterized by right upper quadrant pain, ascites, and hepatocellular dysfunction?

- A. Klippel-Trenaunay
- B. Calciphylaxis
- C. Budd-Chiari
- D. Ehlers-Danlos

Answer: C

Explanation:

Budd-Chiari syndrome is caused by hepatic venous outflow obstruction, resulting in hepatomegaly, ascites, right upper quadrant pain, and liver dysfunction. It may be due to thrombosis or compression of the hepatic veins or IVC.

According to Rumack's Diagnostic Ultrasound:

"Budd-Chiari syndrome results from hepatic venous outflow obstruction and presents with hepatomegaly, ascites, and right upper quadrant pain." Reference:

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

AIUM Practice Parameter for Liver Ultrasound, 2020.

NEW QUESTION # 100

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