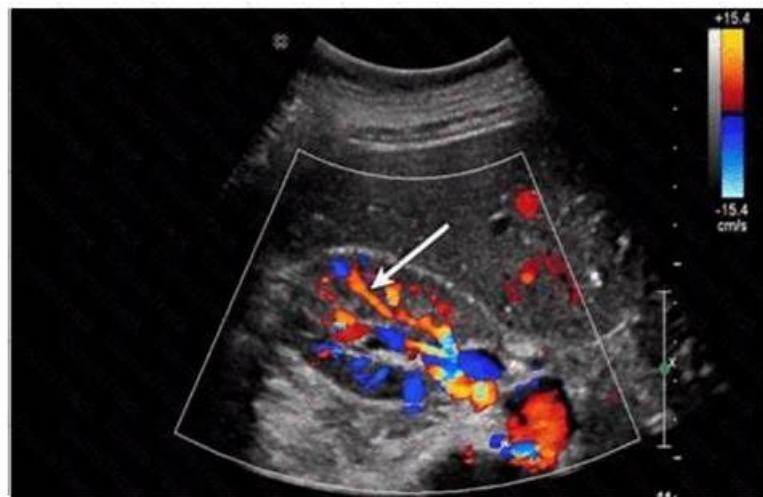


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ARDMS Abdomen Sonography Examination Sample Questions (Q126-Q131):

NEW QUESTION # 126

Which is the most likely etiology of a spherical mass near the splenic hilum that is isoechoic to the normal spleen in a 55-year-old female?

- A. Kidney mass
- B. **Accessory spleen**
- C. Lymph node
- D. Pancreatic mass

Answer: B

Explanation:

An accessory spleen (splenule) is a congenital variant, commonly located near the splenic hilum, and has identical echogenicity to the native spleen. This finding is benign and often incidental.

According to Rumack's Diagnostic Ultrasound:

"Accessory spleens are typically found near the splenic hilum and are isoechoic to the normal splenic parenchyma." Reference:

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

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

NEW QUESTION # 127

A patient presents with right lower quadrant pain and fever. Which condition is most likely indicated by the arrow on this image?



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- A. Bowel obstruction
- B. Enlarged lymph node
- C. Intussusception
- D. Ruptured appendix

Answer: D

Explanation:

The ultrasound image demonstrates a tubular, non-compressible, blind-ending structure located in the right lower quadrant (RLQ) with associated echogenic periappendiceal fat and possibly adjacent fluid or phlegmon.

These features are consistent with appendicitis. Given the clinical history of fever and RLQ pain, along with the irregular borders and complex periappendiceal findings, the diagnosis of a ruptured appendix is most likely.

Key sonographic features of ruptured appendicitis include:

- * Non-visualization or distortion of the normal appendiceal wall architecture
- * Periappendiceal fluid collection or abscess
- * Disruption of the echogenic submucosal layer
- * Surrounding fat stranding (hyperechoic inflammatory changes)
- * Clinical correlation with fever and peritonitis

Comparison of answer choices:

- * A. Bowel obstruction typically shows dilated bowel loops with air-fluid levels, not a tubular structure like the appendix.
- * B. Intussusception presents with a target or "donut" sign in a transverse view, not a linear tubular structure.
- * C. Enlarged lymph nodes are usually round or oval and hypoechoic with a central echogenic hilum, without a tubular appearance.

* D. Ruptured appendix - Correct. The ultrasound features and clinical presentation match.

References:

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

Jeffrey RB, Laing FC, Townsend RR. Acute appendicitis: sonographic criteria based on 250 cases. Radiology. 1988;167(2):327-329.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of the Ultrasound Examination for Appendicitis (2020).

NEW QUESTION # 128

Where is the most common location for a branchial cyst in relation to the thyroid?

- A. Anterior
- B. Medial
- C. Posterior
- D. Lateral

Answer: D

Explanation:

Branchial cleft cysts are congenital epithelial cysts that typically occur laterally in the neck, often anterior to the sternocleidomastoid muscle, and lateral to the thyroid gland. The second branchial cleft cyst is the most common type and is found in the lateral neck region.

* Medial (B) would be more consistent with thyroglossal duct cysts.

* Anterior (C) or posterior (D) do not specifically describe branchial cyst location relative to the thyroid.

Reference Extracts:

* Som PM, Curtin HD. Head and Neck Imaging. 5th ed. Elsevier, 2011.

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

NEW QUESTION # 129

Which condition is most consistent with the findings in the image below?



- A. Emphysematous cholecystitis
- B. Adenomyomatosis
- C. Gangrenous cholecystitis
- D. Porcelain gallbladder

Answer: A

Explanation:

The ultrasound image shows echogenic foci with dirty shadowing and reverberation artifacts within the gallbladder wall and lumen. These features are characteristic of emphysematous cholecystitis, a severe, life-threatening variant of acute cholecystitis caused by gas-forming organisms (e.g., Clostridium or E. coli) infecting the gallbladder wall.

Sonographic features of emphysematous cholecystitis:

- * Echogenic gas within the gallbladder wall or lumen
- * Reverberation or "dirty" shadowing artifacts
- * May show intramural gas bubbles or "ring-down" artifact
- * Often seen in diabetic or immunocompromised patients
- * No gallstones may be present ("acalculous cholecystitis")

Clinical context:

- * More common in elderly men and diabetics
- * Presents with right upper quadrant pain, fever, and leukocytosis
- * Surgical emergency due to risk of perforation and sepsis

Differentiation from other options:

- * A. Adenomyomatosis: Involves gallbladder wall thickening with "comet tail" artifacts due to Rokitansky-Aschoff sinuses, not intramural gas.
- * B. Porcelain gallbladder: Shows curvilinear calcification of the gallbladder wall - dense echogenic rim with posterior shadowing.
- * C. Gangrenous cholecystitis: May show wall irregularity, intraluminal membranes, and absence of Doppler flow but lacks intramural gas.

References:

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

Chapter: Gallbladder and Biliary System, pp. 155-160.

American College of Radiology (ACR). Appropriateness Criteria for Right Upper Quadrant Pain, 2022.

Radiopaedia.org. Emphysematous cholecystitis: <https://radiopaedia.org/articles/emphysematous-cholecystitis>

NEW QUESTION # 130

Which vessel lies anterior to the uncinate process?

- A. Left renal vein
- B. Inferior vena cava
- C. Superior mesenteric vein
- D. Portal vein

Answer: C

Explanation:

The superior mesenteric vein (SMV) lies directly anterior to the uncinate process of the pancreas. The uncinate process wraps around the posterior aspect of the SMV and SMA. The portal vein and IVC lie more posteriorly in relation to the pancreatic head. According to Moore's Clinically Oriented Anatomy:

"The superior mesenteric vein crosses anterior to the uncinate process of the pancreas." 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 # 131

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