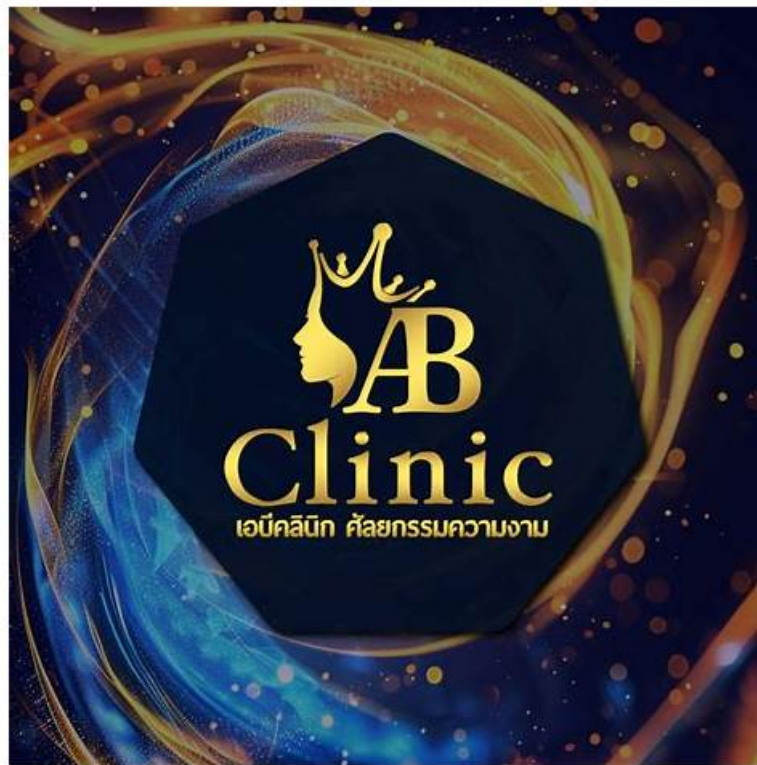


# AB-Abdomen Cert | AB-Abdomen Real Brainsdumps



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## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• <b>Clinical Care, Practice, and Quality Assurance:</b> 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.</li></ul>
Topic 2	<ul style="list-style-type: none"><li>• <b>Abdominal Physics:</b> 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.</li></ul>

Topic 3	<ul style="list-style-type: none"> <li>• <b>Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Anatomy, Perfusion, and Function:</b> 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.</li> </ul>

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The ARDMS AB-Abdomen Certification Exam is one of the valuable credentials that are designed to prove an ARDMS aspirant's technical expertise. With the Abdomen Sonography Examination (AB-Abdomen) certificate they can be competitive and updated in the highly competitive market. The ARDMS Certification Questions offers a great opportunity for beginners and experienced professionals to not only validate their skills but also advance their careers.

## ARDMS Abdomen Sonography Examination Sample Questions (Q151-Q156):

### NEW QUESTION # 151

Which organ is held in place by the lienorenal, gastrosplenic, and phrenocolic ligaments?

- A. Left kidney
- **B. Spleen**
- C. Pancreas
- D. Stomach

**Answer: B**

Explanation:

The spleen is suspended in the left upper quadrant by several peritoneal ligaments, including:

- \* Lienorenal (splenorenal) ligament - attaches spleen to the left kidney.
- \* Gastrosplenic ligament - attaches spleen to the stomach.
- \* Phrenocolic ligament - supports the spleen inferiorly between diaphragm and colon.

These ligaments stabilize the spleen's position while allowing some mobility.

According to Moore's Clinically Oriented Anatomy:

"The spleen is connected to the stomach by the gastrosplenic ligament and to the posterior abdominal wall (near the left kidney) by the splenorenal (lienorenal) ligament. The phrenocolic ligament provides inferior support." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 152

Which scanning technique would best reduce reverberation artifact when assessing the gallbladder?

- A. Decrease the sector width
- B. Turn on penetration
- **C. Turn on harmonics**

- D. Decrease the overall gain

**Answer: C**

Explanation:

Tissue harmonic imaging significantly reduces reverberation and side-lobe artifacts by utilizing nonlinear propagation of ultrasound waves. This produces clearer images of fluid-filled structures like the gallbladder, improving visualization of wall thickness and intraluminal contents.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Harmonic imaging effectively reduces reverberation artifact, improving image quality in gallbladder and cystic structure evaluation."

Reference:

Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

### NEW QUESTION # 153

Which structures converge to form the inferior vena cava?

- **A. Right and left common iliac veins**
- B. Right, left, and middle hepatic veins
- C. Right atrium and superior vena cava
- D. Superior mesenteric and splenic veins

**Answer: A**

Explanation:

The inferior vena cava (IVC) is formed by the confluence of the right and left common iliac veins at the level of approximately L5. The hepatic veins drain into the IVC superiorly but do not form it. The superior mesenteric and splenic veins join to form the portal vein, not the IVC.

According to Moore's Clinically Oriented Anatomy:

"The IVC begins at the level of L5 by the union of the right and left common iliac veins." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 154

Which clinical finding is most likely associated with the pathology in this image?

□

- **A. Olive-shaped palpable mass**
- B. Fever of unknown origin
- C. Bilious vomiting
- D. Red currant jelly stools

**Answer: A**

Explanation:

The ultrasound image shows a classic longitudinal view of a markedly thickened pyloric muscle with an elongated pyloric channel. This finding is consistent with hypertrophic pyloric stenosis (HPS), a condition most commonly seen in male infants between 2 and 8 weeks of age.

The most characteristic clinical finding associated with HPS is an "olive-shaped" palpable mass in the right upper quadrant or epigastric region, which represents the hypertrophied pylorus.

Clinical presentation of HPS includes:

- \* Non-bilious projectile vomiting (due to gastric outlet obstruction)
- \* Dehydration and weight loss
- \* A palpable "olive" mass on physical exam
- \* Visible peristalsis may be noted on the abdominal wall

Sonographic diagnostic criteria for HPS:

- \* Pyloric muscle thickness  $\geq 3$  mm
- \* Pyloric channel length  $\geq 15$ -17 mm
- \* "Cervix sign" or "target sign" (transverse view)

- \* Failure of gastric contents to pass through the pylorus on real-time imaging Differentiation from other options:
- \* B. Fever of unknown origin: Not characteristic of HPS.
- \* C. Red currant jelly stools: Classic for intussusception.
- \* D. Bilious vomiting: Seen in distal duodenal or jejunal obstruction, not in pyloric stenosis (vomiting is non-bilious in HPS).

References:

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

Chapter: Gastrointestinal Tract, pp. 474-479.

American College of Radiology (ACR). Appropriateness Criteria - Vomiting in Infants Up to 3 Months of Age.

Radiopaedia.org. Hypertrophic pyloric stenosis: <https://radiopaedia.org/articles/hypertrophic-pyloric-stenosis>

## NEW QUESTION # 155

What is the most common malignancy of the prostate?

- A. Adenocarcinoma
- B. Seminoma
- C. Sarcoma
- D. Hamartoma

**Answer: A**

Explanation:

Prostate adenocarcinoma is by far the most common malignancy of the prostate gland, typically arising in the peripheral zone.

Seminoma is a testicular tumor, sarcomas are rare in the prostate, and hamartomas are benign lesions.

According to Rumack's Diagnostic Ultrasound:

"Adenocarcinoma accounts for the vast majority of prostate cancers and is typically located in the peripheral zone." Reference:

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

AIUM Practice Parameter for Prostate Ultrasound, 2020.

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## NEW QUESTION # 156

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