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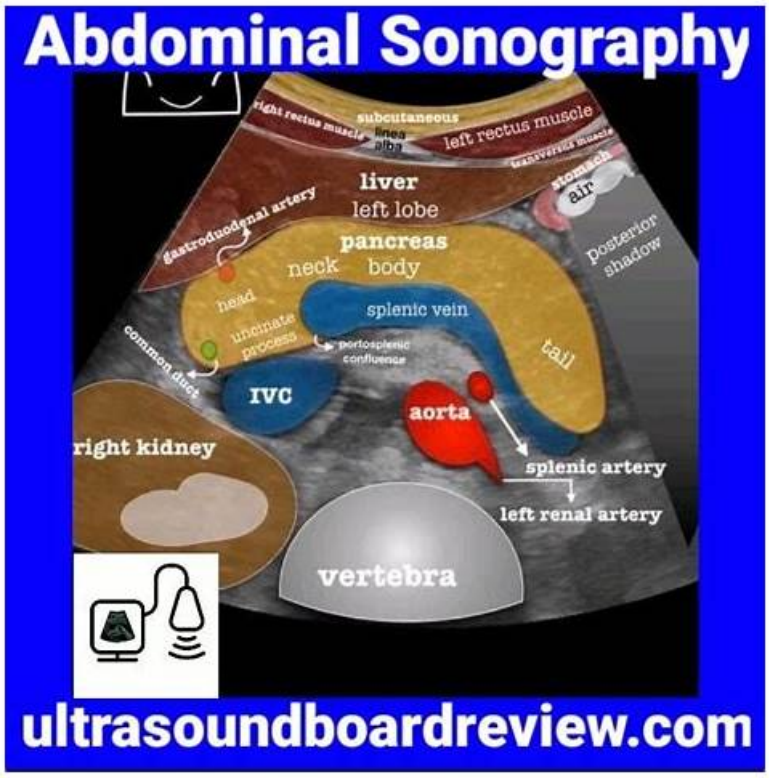

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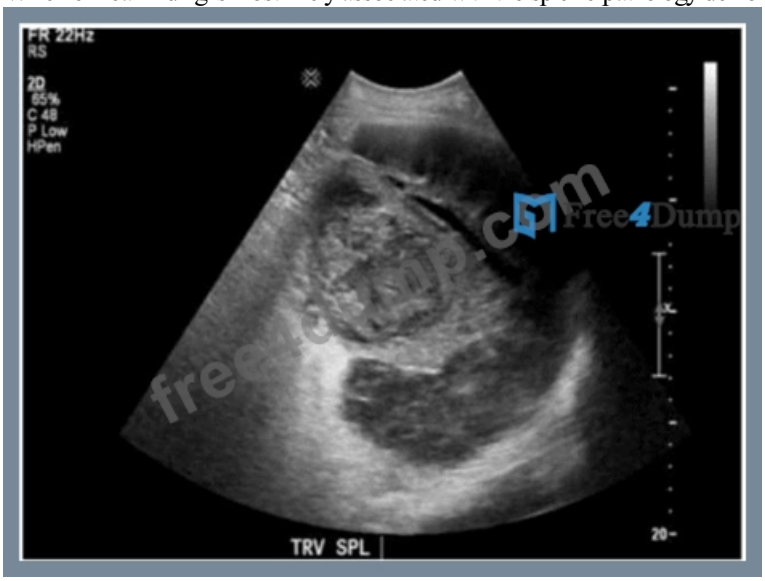
Adapt to the network society, otherwise, we will take the risk of being obsoleted. Our AB-Abdomen qualification test help improve your technical skills and more importantly, helping you build up confidence to fight for a bright future in tough working environment. Our professional experts devote plenty of time and energy to developing the AB-Abdomen Study Tool. You can trust us and let us be your honest cooperator in your future development. Here are several advantages about our AB-Abdomen exam for your reference.

ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 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 (Q113-Q118):

NEW QUESTION # 113
Which clinical finding is most likely associated with the splenic pathology demonstrated in this image?



- A. Portal hypertension
- B. Trauma
- C. Sickle cell anemia
- D. Immunocompromised

Answer: C

Explanation:
The ultrasound image demonstrates a heterogeneous and echogenic spleen with evidence of atrophy and multiple areas of calcification-consistent with autosplenectomy. This appearance is classically associated with chronic sickle cell anemia.
In sickle cell disease, repeated vaso-occlusive episodes result in infarctions, fibrosis, and progressive calcification of the spleen. Over time, this leads to functional asplenia or complete autosplenectomy (involution and shrinkage of the spleen). The hallmark sonographic features include:
* A small, echogenic spleen
* Multiple coarse calcifications
* Irregular contour or atrophic appearance
These findings are not typically seen in other conditions:
* A. Trauma may cause subcapsular hematomas or lacerations, but not chronic atrophy with calcifications.
* C. Immunocompromised patients may develop abscesses or infections but not the classic features of autosplenectomy.
* D. Portal hypertension typically causes splenomegaly and varices, not atrophic and calcified spleens.
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.
Kellenberger CJ. Imaging of the spleen in children. Eur Radiol. 2004;14(5):92-102.

NEW QUESTION # 114
What is the innermost layer of the gut wall?

- A. Submucosa
- B. Mucosa
- C. Serosa
- D. Muscularis externa

Answer: B

Explanation:
The mucosa is the innermost layer of the gastrointestinal wall, consisting of epithelium, lamina propria, and muscularis mucosae. It is responsible for absorption and secretion. The submucosa lies just outside the mucosa.
According to Moore's Clinically Oriented Anatomy:
"The mucosa is the innermost layer of the gastrointestinal tract, responsible for nutrient absorption and secretion." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Rumack CM, Diagnostic Ultrasound, 5th ed. Elsevier, 2017.
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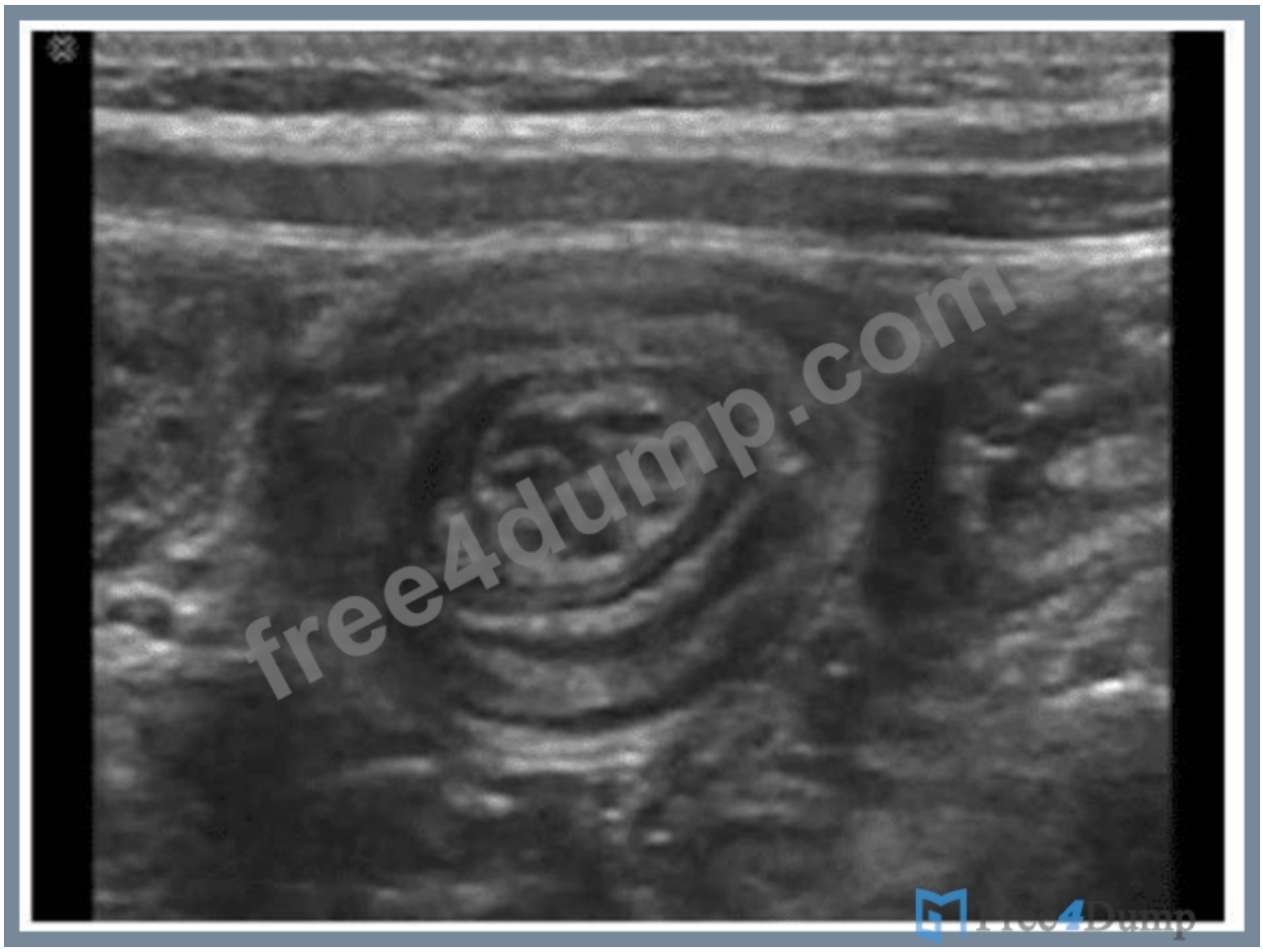
NEW QUESTION # 115
Which condition is most likely depicted in this image?



- A. Bowel obstruction
- B. Diverticulitis
- C. Intussusception
- D. Appendicitis

Answer: C

Explanation:
The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.
Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years. It commonly presents with intermittent abdominal pain, vomiting, and sometimes
"red currant jelly" stools.
Key ultrasound features of intussusception:
* Target sign in transverse view (concentric rings of bowel layers)
* Pseudokidney or sandwich sign in longitudinal view
* May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum Comparison of answer choices:
* A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.
* B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding; not the concentric target appearance.
* C. Appendicitis may appear as a blind-ending tubular structure (>6 mm), not with concentric ring pattern.
* D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.
References:
Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of Pediatric Ultrasound (2021).

NEW QUESTION # 116
Which type of choledochal cyst is the most common?

- A. Type IV: Multiple cystic dilatations of the hepatic ducts
- B. Type II: Diverticula extending off of the common bile duct
- C. Type I: Fusiform dilatation of the common bile duct
- D. Type III: Duodenal choledochocele

Answer: C

Explanation:
Type I choledochal cyst, characterized by fusiform dilatation of the common bile duct, is the most common form, accounting for 80-90% of cases. Other types are much less frequent.
According to Rumack's Diagnostic Ultrasound:
"Type I fusiform dilatation of the extrahepatic bile duct is the most common type of choledochal cyst." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Hepatobiliary Ultrasound, 2020.
-

NEW QUESTION # 117
Which condition is a common cause of biliary duct obstruction?

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

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.
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NEW QUESTION # 118
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