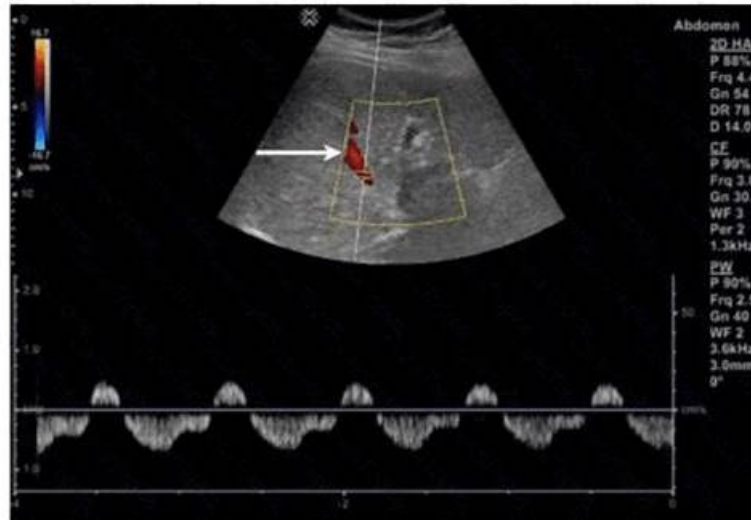


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>> AB-Abdomen Test Lab Questions <<

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## ARDMS Abdomen Sonography Examination Sample Questions (Q53-Q58):

### NEW QUESTION # 53

Which arterial branches lie at the base of the renal pyramids?

- A. Interlobar
- B. Segmental
- C. Arcuate
- D. Interlobular

**Answer: C**

Explanation:

The arcuate arteries are located at the corticomedullary junction, arching over the base of the renal pyramids. They form as the interlobar arteries reach the boundary between the cortex and medulla. The arcuate arteries give rise to the interlobular arteries, which supply the renal cortex.

\* Segmental arteries (A) branch directly from the renal artery.

\* Interlobar arteries (B) course between the renal pyramids.

\* Interlobular arteries (D) extend into the cortex from the arcuate arteries.

Reference Extracts:

\* Moore KL, Dalley AF, Agur AM. Clinically Oriented Anatomy. 7th ed. Lippincott Williams & Wilkins, 2013.

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

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#### NEW QUESTION # 54

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. Pancreatic mass
- D. Lymph node

**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.

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#### NEW QUESTION # 55

Which congenital disorder is most consistent with the finding identified by the arrow on this image?



- A. Biliary atresia
- B. Sclerosing cholangitis
- C. Caroli disease
- D. Alagille syndrome

**Answer: C**

**Explanation:**

The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.

Key ultrasound features of Caroli disease:

\* Cystic or saccular dilations of the intrahepatic bile ducts

\* The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)

\* May show associated hepatosplenomegaly or signs of portal hypertension

Differentiation from other options:  
\* A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.

\* B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.

\* D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.

References:

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

Chapter: Biliary System, pp. 152-155.

Radiopaedia.org. Caroli disease. <https://radiopaedia.org/articles/caroli-disease> American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

## NEW QUESTION # 56

A 60-year-old man presents to the emergency room, complaining of tearing pain in the chest and abdomen.

Blood pressure readings from the two arms show a difference of more than 20 mm. Which ultrasound finding is most likely associated with this presentation?

- **A. Intimal flap in the aorta**
- B. Thickened gallbladder wall
- C. Pericardial fluid
- D. Echogenic material in the inferior vena cava

**Answer: A**

Explanation:

An intimal flap in the aorta is a hallmark ultrasound finding of aortic dissection, which can present with tearing chest/abdominal pain and differential blood pressures between arms. The flap represents separation of the intimal and medial layers of the aortic wall.

According to Rumack's Diagnostic Ultrasound:

"An intimal flap visualized within the aorta is diagnostic of an aortic dissection." Reference:

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

American Heart Association (AHA) Guidelines for Aortic Disease, 2020.

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#### **NEW QUESTION # 57**

Which portion of the biliary system is last to become dilated with biliary obstruction at the ampulla of Vater?

- A. Common bile duct
- B. Common hepatic duct
- C. Cystic duct
- **D. Peripheral bile ducts**

**Answer: D**

Explanation:

In biliary obstruction (such as at the ampulla of Vater), dilation begins proximally and progresses peripherally. The intrahepatic peripheral bile ducts are the last to dilate because backpressure takes time to propagate. Early dilation is typically seen in the common bile duct and common hepatic duct.

According to Rumack's Diagnostic Ultrasound:

"The intrahepatic peripheral bile ducts dilate last in the setting of progressive biliary obstruction." Reference:

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

AIUM Practice Parameter for the Performance of Abdominal Ultrasound, 2020.

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#### **NEW QUESTION # 58**

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