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ARDMS Abdomen Sonography Examination Sample Questions (Q39-Q44):

NEW QUESTION # 39

Which diagnosis is most consistent with this image from a patient with acute scrotal pain?



- A. Epididymitis
- **B. Testicular torsion**
- C. Testicular rupture
- D. Scrotal abscess

Answer: B

Explanation:

The grayscale ultrasound image demonstrates a uniformly enlarged, hypoechoic (dark), and heterogeneous testis without signs of surrounding scrotal wall thickening or a discrete fluid collection. This pattern is highly suggestive of testicular torsion in the setting of acute scrotal pain.

Sonographic features of testicular torsion on grayscale imaging:

- * Enlarged testis
- * Diffusely hypoechoic parenchyma
- * Loss of normal homogeneity
- * Absence of internal vascular flow on Doppler imaging (not shown here but critical in confirming diagnosis) Testicular torsion occurs due to twisting of the spermatic cord, leading to vascular compromise and eventual infarction if not promptly corrected. It is a surgical emergency and typically presents in adolescent males with sudden-onset, severe unilateral testicular pain.

Comparison of answer choices:

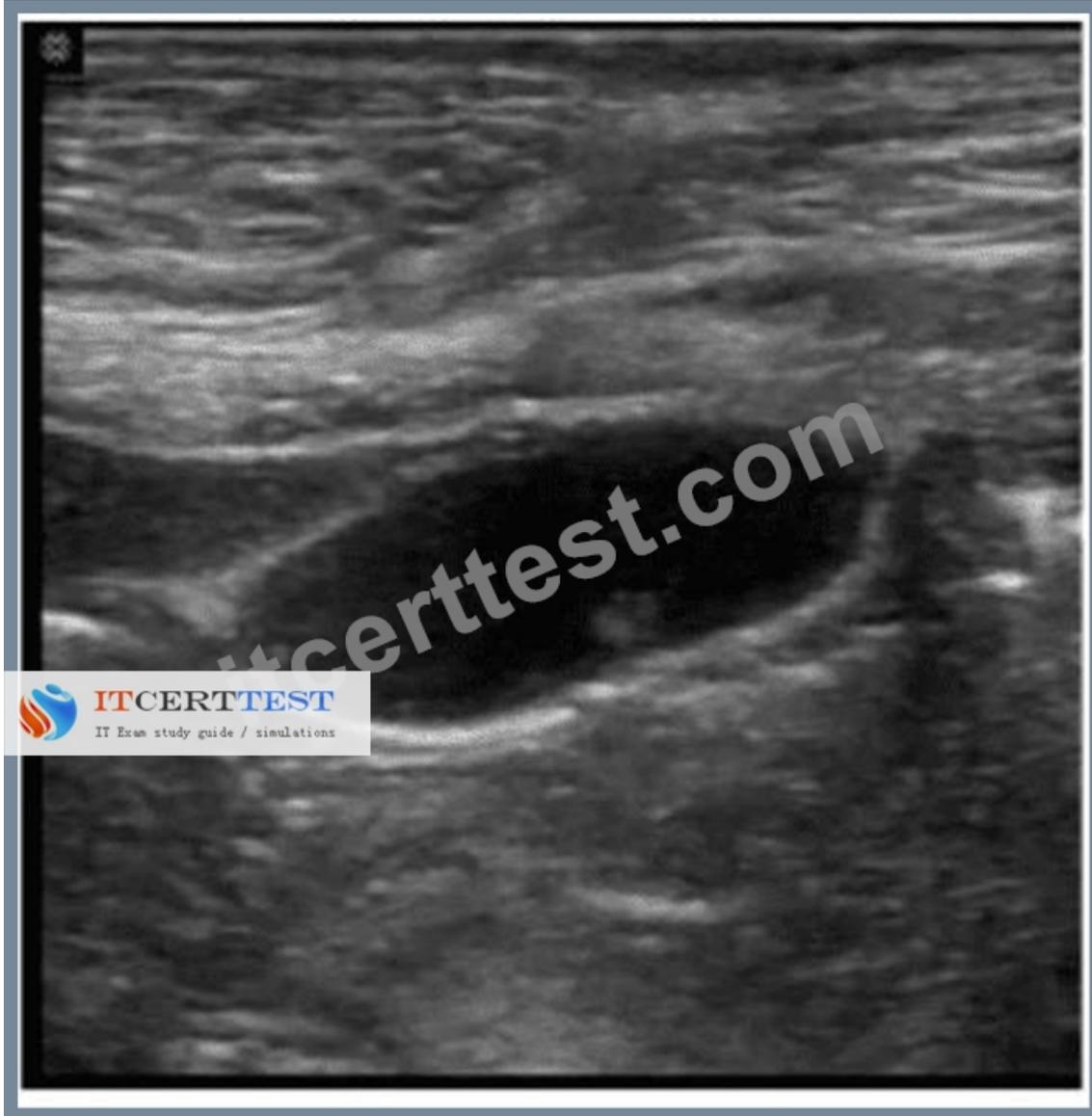
- * A. Scrotal abscess appears as a complex fluid collection with irregular margins and posterior enhancement.
- * B. Testicular rupture would show discontinuity of the tunica albuginea, heterogeneous texture, and often a hematocele.
- * C. Testicular torsion - Correct. The enlarged, hypoechoic, heterogeneous testis is characteristic, particularly in the acute phase.
- * D. Epididymitis typically shows an enlarged, hypervascular epididymis and may extend to the testis (epididymo-orchitis), but vascularity is usually increased rather than absent.

References:

- Dogra VS, Gottlieb RH, Oka M, Rubens DJ. Sonography of the scrotum. *Radiology*. 2003;227(1):18-36.
- Rumack CM, Wilson SR, Charboneau JW, Levine D. *Diagnostic Ultrasound*, 5th ed. Elsevier; 2017.
- AIUM Practice Parameter for the Performance of a Scrotal Ultrasound Examination (2021).

NEW QUESTION # 40

Which technique would best assist the sonographer to verify the finding in this image obtained from the right upper quadrant?



- A. Assess for sonographic Murphy sign
- B. Change the patient's position
- C. Ask patient to perform Valsalva
- D. Use compound imaging

Answer: A

Explanation:

The image demonstrates a gallbladder with a possible echogenic focus (likely a gallstone) and posterior acoustic shadowing. This is suggestive of cholelithiasis. To differentiate uncomplicated gallstones from acute cholecystitis, the most effective technique is to assess for a positive sonographic Murphy sign.

A positive sonographic Murphy sign refers to the presence of focal tenderness over the gallbladder when it is directly palpated with the ultrasound transducer. It is a strong indicator of acute cholecystitis when combined with other features such as gallbladder wall thickening, pericholecystic fluid, and gallstones.

Sonographic Murphy sign - key points:

- * Assessed during real-time scanning
- * Localized tenderness when pressure is applied over the gallbladder
- * Highly sensitive for acute cholecystitis (especially in the presence of stones) Differentiation from other options:
 - * A. Use compound imaging: Improves image quality by reducing artifacts but does not verify tenderness or confirm acute inflammation.
 - * B. Change the patient's position: Helpful to confirm mobility of gallstones, but not diagnostic of inflammation.
 - * C. Ask patient to perform Valsalva: Used primarily in vascular studies (e.g., assessing for varicocele or venous reflux), not relevant

here.

References:

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

Chapter: Gallbladder and Biliary System, pp. 148-152.

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

Radiopaedia.org. Sonographic Murphy sign:<https://radiopaedia.org/articles/sonographic-murphy-sign>

NEW QUESTION # 41

Which pancreatic condition is commonly associated with complete or partial atresia of the duodenum?

- A. Pancreatic agenesis
- B. Pancreatic cysts
- C. Annular pancreas
- D. Pancreas divisum

Answer: C

Explanation:

Annular pancreas is a congenital anomaly in which pancreatic tissue encircles the second part of the duodenum, potentially causing partial or complete duodenal obstruction (atresia). It is due to abnormal migration of the ventral pancreatic bud.

According to Rumack's Diagnostic Ultrasound:

"Annular pancreas results from failure of the ventral pancreatic bud to rotate properly, leading to encirclement of the duodenum."

Reference:

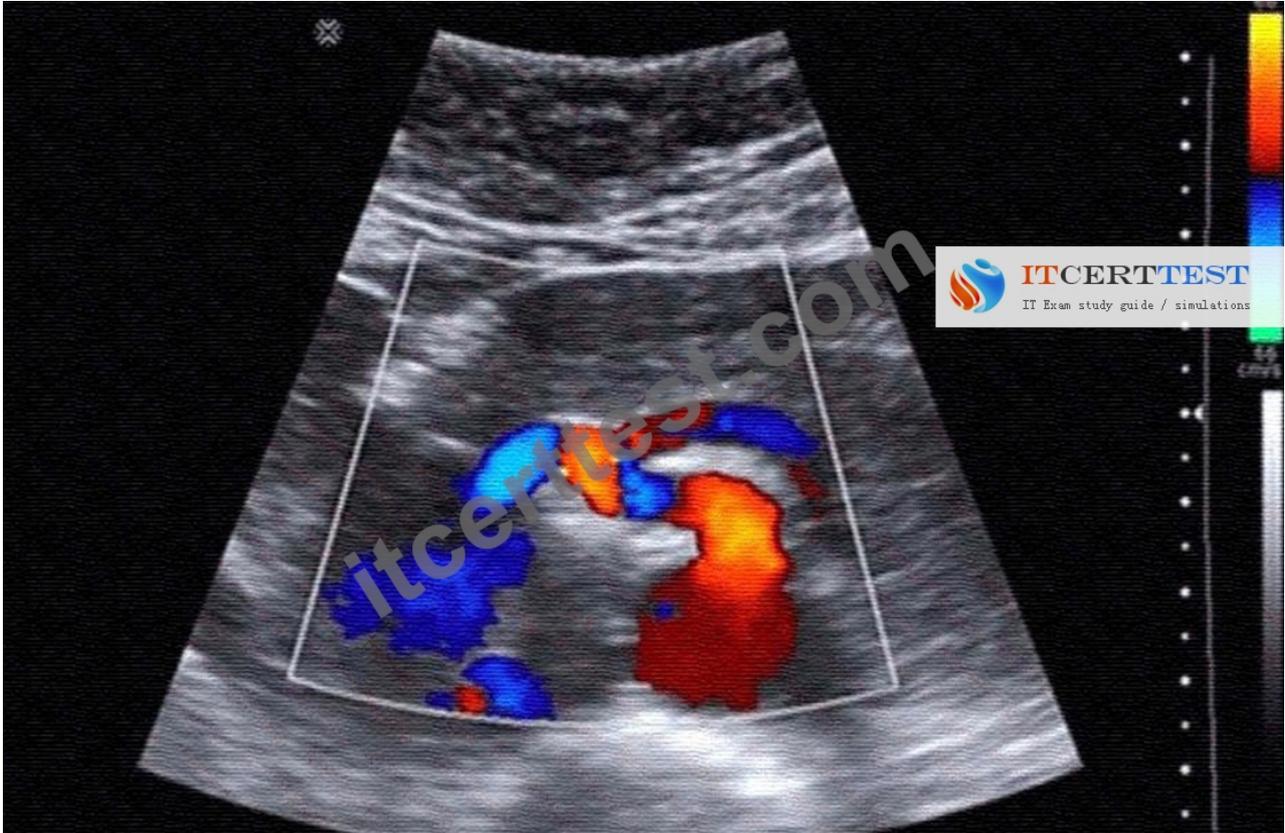
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

Moore KL, Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

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NEW QUESTION # 42

Identify the region where Doppler sampling should be performed in a young woman with severe postprandial pain.



Answer:

Explanation:



Explanation:

A ultrasound image of a person's body AI-generated content may be incorrect.



The origin of the superior mesenteric artery (SMA)

The image provided is a color Doppler ultrasound scan of the abdominal aorta and its major branches. In the center of the image, just anterior to the aorta, we see the superior mesenteric artery (SMA) arising in the sagittal plane. This is the critical area for Doppler sampling in a patient with symptoms suggestive of mesenteric ischemia.

Severe postprandial pain in a young woman may be a manifestation of median arcuate ligament syndrome (MALS) or chronic mesenteric ischemia. Both of these conditions are assessed via Doppler sampling of mesenteric vessels, specifically:

* The origin and proximal segment of the SMA

* The celiac artery (especially for MALS)

Doppler waveform analysis should assess:

* Peak systolic velocity (PSV): >275 cm/s suggests $\approx 70\%$ SMA stenosis

* Angle correction should be aligned properly

* Sampling must be performed at the narrowest origin point (as shown in the image) This type of Doppler interrogation is typically done in both fasting and postprandial states to evaluate changes in flow and symptom correlation.

Why this area?

* The SMA is anterior to the aorta and travels inferiorly into the mesentery.

* The site shown in the image is ideal for measuring PSV and evaluating for stenosis or extrinsic compression.

References:

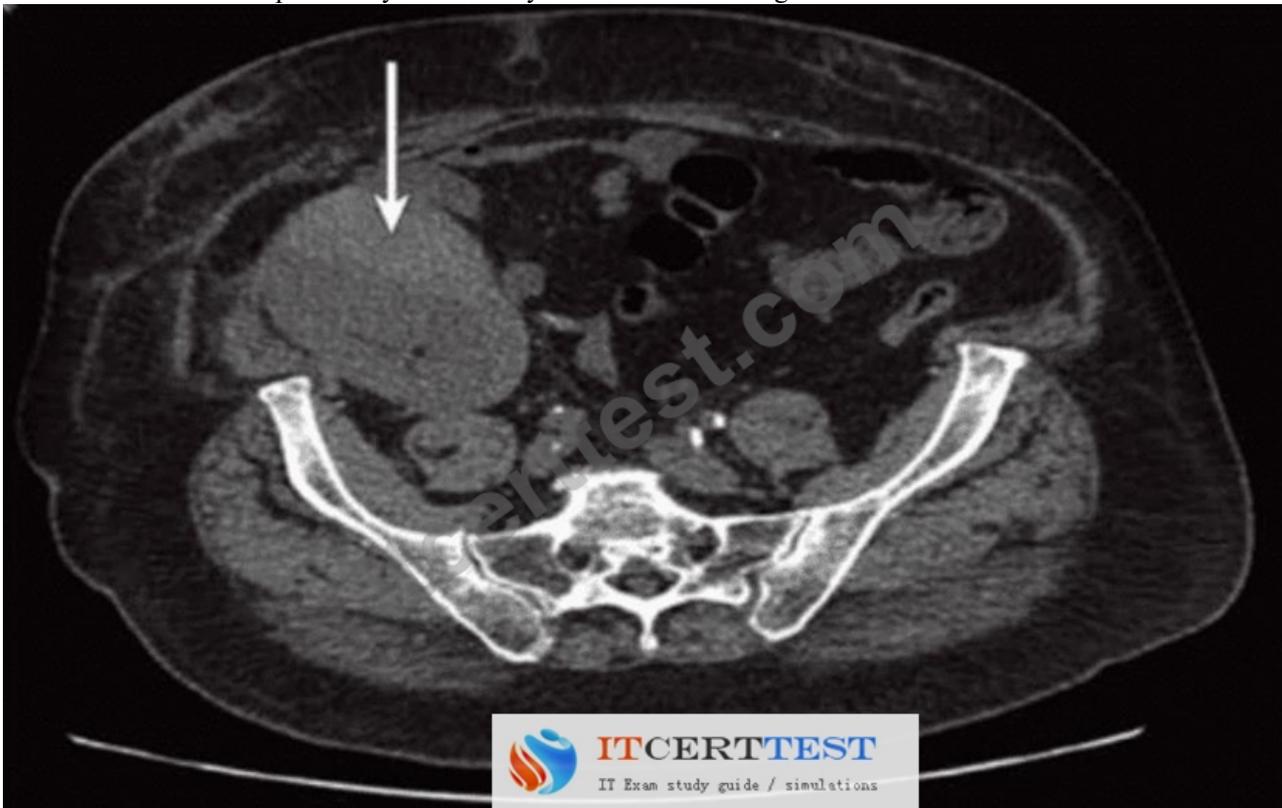
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.

Moneta GL, et al. Duplex ultrasound criteria for diagnosis of mesenteric artery stenosis. J Vasc Surg. 1991.

AIUM Practice Parameter for the Performance of a Mesenteric Artery Duplex Ultrasound Examination (2020).

NEW QUESTION # 43

Which condition of the transplant kidney is indicated by the arrows on these images?





- A. Renal cell carcinoma
- B. Lymphocele
- C. Urinoma
- D. Subcapsular hematoma

Answer: D

Explanation:

The CT and ultrasound images show a lenticular-shaped, hypoechoic fluid collection compressing the renal parenchyma from the periphery. The location-between the renal capsule and the renal parenchyma- strongly suggests a subcapsular hematoma. Subcapsular hematomas in transplant kidneys are uncommon but important postoperative complications, often resulting from trauma, biopsy, or surgical manipulation. They typically present as a crescent-shaped, low- attenuation collection beneath the renal capsule and may cause mass effect on the underlying renal parenchyma. This can impair renal perfusion and function-a phenomenon known as "Page kidney." Ultrasound findings:

- * Anechoic to hypoechoic, crescent-shaped collection surrounding or compressing the transplant kidney.
- * Deformation or flattening of the renal contour due to the compressive effect of the hematoma.

CT findings:

- * Hyperdense collection (if acute) or hypodense (if subacute/chronic) located subcapsularly.
- * May be seen distorting the renal capsule and compressing renal tissue.

Differentiation from other options:

- * A. Urinoma: Typically appears as a perinephric fluid collection and may result from urine leak. Not usually subcapsular.
- * B. Lymphocele: Develops in the post-transplant period due to lymphatic disruption. Appears as a well- defined perinephric fluid collection and tends to be medial to the kidney or between the bladder and the kidney.
- * C. Renal cell carcinoma: Would appear as a solid mass with variable enhancement and not a simple fluid collection. RCC is rare in transplant kidneys and usually detected much later post-transplant.

References:

Radiopaedia.org. Subcapsular renal hematoma. <https://radiopaedia.org/articles/subcapsular-renal-haematoma> Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.

Chapter: Kidney Transplant Imaging, pp. 524-530.

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

NEW QUESTION # 44

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