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Abdomen Sonography Examination Content Outline (Outline Summary)

#	Domain	Subdomain	Percentage
1	Anatomy, Perfusion, and Function	Assess physical characteristics of anatomic structures Assess perfusion and function of anatomic structures	30%
2	Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy	Assess anatomic structures for pathology Assess anatomic structures for vascular abnormalities Assess anatomic structures for trauma-related abnormalities Assess aspects related to postoperative anatomy	42%
3	Abdominal Physics	Apply concepts of equipment/image optimization Apply concepts of imaging artifacts	8%
4	Clinical Care, Practice, and Quality Assurance	Incorporate clinical data with performed study Incorporate clinical standards/guidelines with performed study Obtain accurate measurements Assist/support during procedures	20%

(Detailed Outline)

1.	Anatomy, Perfusion, and Function 30%	Knowledge and/or skill related to anatomy, perfusion, and function
1.A.	Assess physical characteristics of anatomic structures (normal anatomy, anatomic variants, congenital anomalies)	
1.A.1.	Biliary system	Knowledge of normal anatomy, anatomic regions, and anatomic variants Knowledge of sonographic appearance of anatomic structures Ability to recognize and utilize anatomic landmarks in obtaining and documenting diagnostic images
1.A.2.	Breast	
1.A.3.	Chest	
1.A.4.	Liver	
1.A.5.	Neck (including: thyroid, parathyroid, salivary glands, lymph nodes)	
1.A.6.	Pancreas	

Version: 18.8

Page | 1

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ARDMS Abdomen Sonography Examination Sample Questions (Q134-Q139):

NEW QUESTION # 134

Which of the following would optimize visualization of a bladder mass?

- A. Have patient empty bladder
- B. Compression technique to move bowel gas
- C. Have patient fill bladder
- D. Utilize a high-frequency linear transducer

Answer: C

Explanation:

A full bladder provides an acoustic window that displaces bowel gas and distends the bladder walls, allowing optimal visualization of any bladder masses or lesions. An empty bladder may collapse, obscuring masses.

According to Rumack's Diagnostic Ultrasound:

"Bladder evaluation should be performed with the bladder optimally distended to visualize its walls and any intraluminal masses."

Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

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NEW QUESTION # 135

Which gray scale artifact is caused by the oscillation of gas bubbles?

- A. Mirror image
- B. Reverberation
- C. Ring down
- D. Refraction

Answer: C

Explanation:

Ring-down artifact occurs when gas bubbles resonate or oscillate, creating continuous echoes distal to the structure that appear as a vertical, echogenic band extending posteriorly. This is distinct from reverberation, which produces multiple discrete reflections.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Ring-down artifact results from resonance of gas bubbles, producing a continuous, echogenic tail distal to the reflecting interface."

Reference:

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

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

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NEW QUESTION # 136

Which foreign body is better visualized with sonography than computed tomography (CT)?

- A. Glass
- B. Wood
- C. Stone
- D. Metal

Answer: B

Explanation:

Wooden foreign bodies are often difficult to detect on CT because of their low radiodensity, but they are highly echogenic with

posterior shadowing or reverberation on ultrasound, making ultrasound superior for detecting retained wooden objects. Glass, metal, and stones are better visualized with CT due to their high radiodensity.

According to AIUM and musculoskeletal ultrasound literature:

"Wood is poorly visualized on CT but demonstrates high reflectivity and acoustic shadowing on ultrasound." Reference:

Bianchi S, Martinoli C. Ultrasound of the Musculoskeletal System. Springer, 2007.

AIUM Practice Parameter for Musculoskeletal Ultrasound, 2020.

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NEW QUESTION # 137

What is a major advantage of power Doppler over color flow Doppler?

- A. Improved signal-to-noise ratio
- B. Decreased sensitivity to motion artifacts
- C. Ease of determining flow direction
- D. Doppler angle independent

Answer: A

Explanation:

Power Doppler measures the amplitude (strength) of Doppler signals rather than frequency shift, making it more sensitive to low-velocity and small-vessel blood flow. Its primary advantage is an improved signal-to-noise ratio, allowing for better visualization of slow or weak flow.

* A: Power Doppler is more sensitive to motion artifacts, not less.

* B: It is still angle dependent, though somewhat less so than color Doppler.

* D: Power Doppler does not display flow direction (a limitation).

Reference Extracts:

* Kremkau FW. Sonography Principles and Instruments. 9th ed. Elsevier, 2015.

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

NEW QUESTION # 138

A lactating female presents with a tender, swollen breast, erythema, and fever. Which condition is most likely present in this image?

- A. Mastitis
- B. Abscess
- C. Galactocele
- D. Ductal carcinoma

Answer: A

Explanation:

The clinical presentation-tender, swollen breast with erythema and fever-in a lactating female strongly suggests acute mastitis. The sonographic findings support this diagnosis. In the image, the breast parenchyma shows diffuse, hypoechoic, and heterogeneous echotexture with increased vascularity, which is consistent with inflammatory changes typical of mastitis.

Mastitis is a common complication during lactation, particularly in the first few weeks postpartum. It results from milk stasis and subsequent bacterial infection, commonly due to *Staphylococcus aureus*. Ultrasound features of mastitis include:

* Ill-defined, hypoechoic, edematous areas in the breast parenchyma

* Increased Doppler flow due to hyperemia

* Skin thickening

* Ductal dilatation may also be present

If left untreated, mastitis may progress to abscess formation, which would appear as a localized, complex fluid collection with peripheral hyperemia and internal debris. However, the image does not show a well-formed fluid collection consistent with abscess.

Option B (Ductal carcinoma): Inappropriate here due to the acute clinical scenario and patient age. Ductal carcinoma typically presents as a hypoechoic mass with irregular margins and posterior shadowing, not diffuse edema or inflammatory changes.

Option D (Galactocele): This benign milk-filled retention cyst typically appears anechoic or with fluid-fluid levels but lacks signs of inflammation and systemic symptoms such as fever.

Option A (Abscess): This could be a differential, but abscesses usually present with a well-defined anechoic or complex mass. The absence of a discrete collection and the diffuse appearance makes mastitis more likely.

References:

Mendelson EB. Practical Ultrasound: An Illustrated Guide. Springer, 2004. Chapter: Breast Ultrasound.

American College of Radiology (ACR). ACR Practice Parameter for the Performance of a Breast Ultrasound Examination, 2022. Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018. Chapter: Breast, pp. 1169-1175.

NEW QUESTION # 139

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