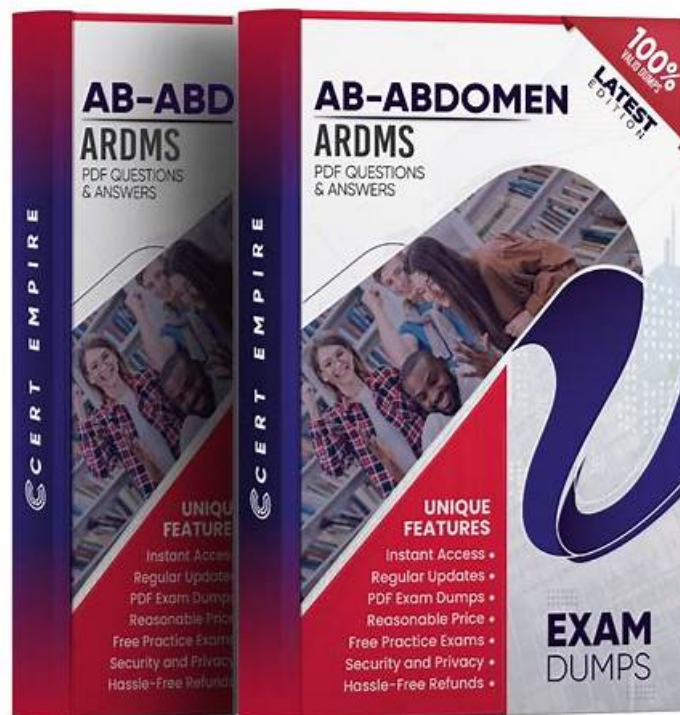


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ARDMS AB-Abdomen Exam Syllabus Topics:

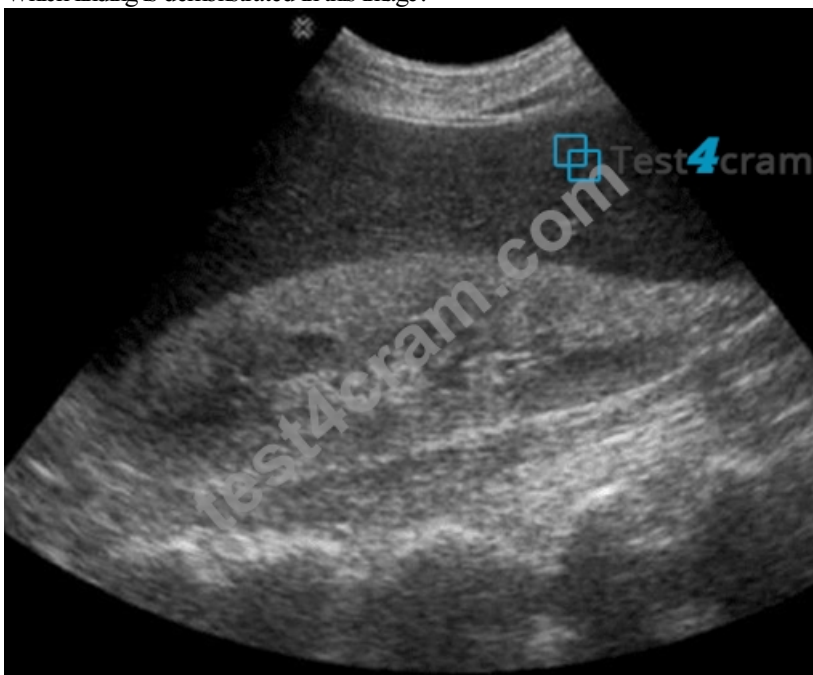
Topic	Details

Topic 1	<ul style="list-style-type: none"> • 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 2	<ul style="list-style-type: none"> • 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 3	<ul style="list-style-type: none"> • 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 4	<ul style="list-style-type: none"> • 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 (Q146-Q151):

NEW QUESTION # 146

Which finding is demonstrated in this image?



- A. Acute hepatitis

- B. Hepatic steatosis
- C. Medullary sponge kidney
- D. Acute medical renal disease

Answer: B

Explanation:

The ultrasound image demonstrates diffuse increased echogenicity of the liver parenchyma with posterior beam attenuation (acoustic shadowing), findings that are consistent with hepatic steatosis (fatty liver disease).

The liver appears brighter than normal, and the vascular markings, particularly of the portal veins, are obscured due to the increased parenchymal echogenicity.

Hepatic steatosis refers to the abnormal accumulation of fat within hepatocytes and is commonly associated with obesity, diabetes, alcohol use, and metabolic syndrome.

Classic sonographic features of hepatic steatosis include:

- * Diffuse hyperechogenicity ("bright liver")
- * Poor visualization of intrahepatic vessels and diaphragm
- * Posterior acoustic attenuation
- * Increased hepatic echogenicity relative to the renal cortex

Differentiation from other options:

* A. Acute hepatitis: Usually presents with normal or slightly decreased echogenicity, "starry sky" appearance due to prominent portal triads and periportal edema.

* C. Medullary sponge kidney: A renal condition with echogenic medullary pyramids, not hepatic.

* D. Acute medical renal disease: Affects the kidneys, often with bilateral renal enlargement and increased cortical echogenicity-again not related to liver imaging.

References:

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

Chapter: Liver, pp. 93-97.

American College of Radiology (ACR) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2021.

Radiopaedia.org. Fatty liver (ultrasound): <https://radiopaedia.org/articles/fatty-liver-ultrasound>

NEW QUESTION # 147

Which disease process may cause numerous shadowing calcifications to form within the spleen?

- A. Sickle cell anemia
- B. Non-Hodgkin lymphoma
- C. Thalassemia
- D. Histoplasmosis

Answer: D

Explanation:

Histoplasmosis is a fungal infection that can lead to granulomatous disease. Chronic granulomatous infections may result in multiple splenic calcifications that appear as small echogenic foci with shadowing on ultrasound. Other infectious granulomas (e.g., tuberculosis) may present similarly.

According to Rumack's Diagnostic Ultrasound:

"Granulomatous infections such as histoplasmosis and tuberculosis may produce multiple splenic calcifications, often with shadowing." Reference:

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

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

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NEW QUESTION # 148

Which congenital anomaly is demonstrated in this image?



- A. Duplicated collecting system
- B. Prominent renal column
- C. Crossed renal ectopia
- D. Horseshoe kidney

Answer: A

Explanation:

The ultrasound image labeled "SAG LT KIDNEY MID" demonstrates a left kidney with two separate, centrally located echogenic renal sinuses separated by intervening renal parenchyma. This appearance is classic for a duplicated collecting system.

A duplicated collecting system (also known as duplex kidney) is a congenital anomaly in which a single kidney contains two separate pelvicalyceal systems. It may be complete (with two ureters) or incomplete (partial duplication of ureters). This condition is one of the most common congenital anomalies of the urinary tract.

Sonographic Features of a Duplicated Collecting System:

- * Two separate central echogenic renal sinus regions seen within one kidney
- * Intervening parenchyma between the two sinuses
- * May show associated findings: hydroureteronephrosis (especially of upper pole moiety), ureterocele
- * Best visualized in sagittal plane

Differentiation from other options:

- * A. Horseshoe kidney: Shows fusion of the lower poles of the kidneys, typically located anterior to the aorta in the midline-not demonstrated here.
- * B. Crossed renal ectopia: One kidney is located on the opposite side of the body; this image shows a normally positioned kidney.
- * C. Prominent renal column (column of Bertin): May mimic a mass, but does not produce two separate sinuses as shown here.

References:

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

Chapter: Kidneys, pp. 210-215.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Renal Ultrasound Examination, 2020.

Radiopaedia.org. Duplex collecting system: <https://radiopaedia.org/articles/duplex-collecting-system>

NEW QUESTION # 149

Based on this image, which congenital anomaly should be suspected?



- A. Pancreas divisum
- **B. Annular pancreas**
- C. Supernumerary kidney
- D. Horseshoe kidney

Answer: B

Explanation:

The ultrasound image demonstrates a dilated duodenum with a hypoechoic soft tissue structure encircling it.

This is a classic sonographic appearance suggestive of an annular pancreas. In annular pancreas, pancreatic tissue completely or partially encircles the second portion of the duodenum, which can lead to duodenal narrowing or obstruction.

Annular pancreas is a congenital anomaly that results from failure of the ventral pancreatic bud to rotate properly during embryologic development. As a result, pancreatic tissue encircles the duodenum. It may present in neonates with symptoms of duodenal obstruction or in adults with abdominal pain, pancreatitis, or vomiting.

Ultrasound Findings:

- * Hypoechoic pancreatic tissue encircling the duodenum
- * Evidence of duodenal dilatation proximal to the obstruction
- * "Double bubble" sign may be seen in neonates

Differentiation from other options:

- * A. Supernumerary kidney: Refers to an accessory kidney. It would be seen in the retroperitoneum and is unrelated to the duodenum or pancreas.
- * B. Pancreas divisum: A ductal anomaly best diagnosed on MRCP or ERCP. It is not typically visible on conventional ultrasound.
- * D. Horseshoe kidney: A renal fusion anomaly where the lower poles of the kidneys are fused. It is seen in the pelvis or lower abdomen and does not involve the duodenum or pancreas.

References:

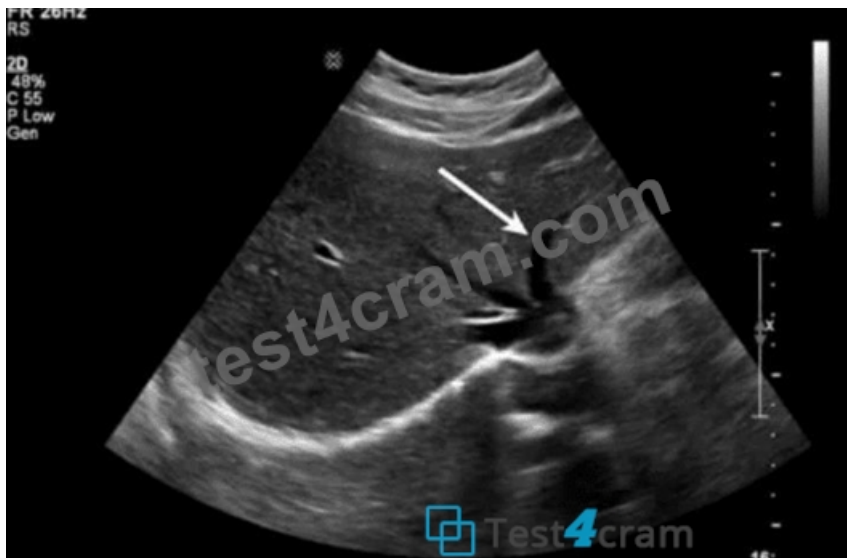
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.

Chapter: Pancreas, pp. 269-272.

Radiopaedia.org. Annular pancreas: <https://radiopaedia.org/articles/annular-pancreas> AIUM Practice Parameter for the Performance of Abdominal and Retroperitoneal Ultrasound Examinations, 2020.

NEW QUESTION # 150

Which sections of the liver are divided by the structure indicated by the arrow on this image?



- A. Left medial and lateral
- **B. Right and left lobes**
- C. Left superior and inferior
- D. Right anterior and posterior

Answer: B

Explanation:

The ultrasound image shows the liver in a transverse view with the arrow pointing to the middle hepatic vein (MHV). The MHV is a key sonographic landmark that anatomically divides the right and left lobes of the liver.

According to Couinaud's segmental anatomy, which is the basis for surgical and radiological liver segmentation:

- * The middle hepatic vein runs within the main lobar fissure.
- * It separates the right lobe (segments V-VIII) from the left lobe (segments II-IV).
- * This division is crucial in liver surgery and interventional procedures.

Comparison of answer choices:

- * A. Right anterior and posterior segments are divided by the right hepatic vein, not the middle hepatic vein.
- * B. Right and left lobes - Correct. The middle hepatic vein, shown by the arrow, defines this boundary.
- * C. Left medial and lateral segments are divided by the left hepatic vein or falciform ligament.
- * D. Left superior and inferior is not a standard anatomic division in liver segmentation.

References:

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

Couinaud C. Liver anatomy: portal (and hepatic) segmentation. In: Trans. Assoc. Am. Physicians. 1957.

Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 151

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