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

NEW QUESTION # 39

Which measurement is the upper limit for a normal gallbladder wall?

- A. 6 mm
- **B. 3 mm**
- C. 4 mm
- D. 5 mm

Answer: B

Explanation:

The normal gallbladder wall measures up to 3 mm. Thickening beyond 3 mm may suggest cholecystitis, heart failure, hepatitis, or hypoalbuminemia. Measurements should be taken with the patient fasting, using the anterior gallbladder wall.

According to Rumack's Diagnostic Ultrasound:

"The gallbladder wall is considered thickened if it measures greater than 3 mm." Reference:

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

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

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NEW QUESTION # 40

What is the most common cause of nutcracker syndrome?

- A. Compression of left renal vein between inferior vena cava and aorta
- B. Compression of right renal vein between superior mesenteric artery and aorta
- C. Compression of right renal vein between inferior vena cava and aorta
- **D. Compression of left renal vein between superior mesenteric artery and aorta**

Answer: D

Explanation:

Nutcracker syndrome results from compression of the left renal vein between the superior mesenteric artery (SMA) and the aorta. This can cause hematuria, flank pain, and pelvic congestion due to impaired venous drainage.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In nutcracker syndrome, the left renal vein is compressed between the aorta and SMA, resulting in venous hypertension."

Reference:

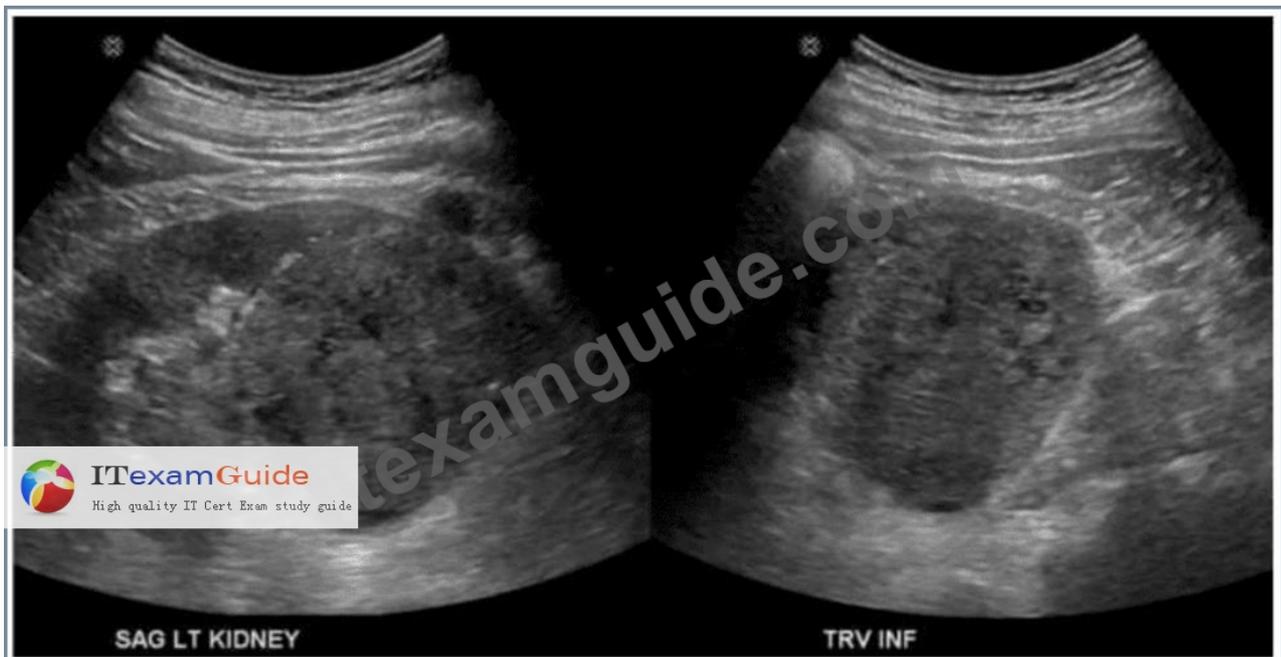
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

AIUM Practice Parameter for Abdominal Vascular Ultrasound, 2020.

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NEW QUESTION # 41

Which diagnosis is most accurate based on the findings in this image from an adult patient?



- A. Clear cell carcinoma
- B. Nephroblastoma
- **C. Renal cell carcinoma**
- D. Transitional cell carcinoma

Answer: C

Explanation:

The ultrasound images (sagittal and transverse views of the left kidney) demonstrate a large, well-defined, heterogeneous mass within the renal parenchyma. This is highly characteristic of renal cell carcinoma (RCC), the most common primary renal malignancy in adults.

Renal cell carcinoma accounts for approximately 85% of all malignant renal tumors in adults. RCC often appears as:

- * A solid, heterogeneous, hypoechoic to isoechoic mass within the kidney
- * May contain areas of necrosis or hemorrhage (seen as mixed echogenicity)
- * Distortion of the normal renal contour
- * May have internal vascularity on Doppler imaging

Clear cell carcinoma (choice B) is the most common histological subtype of RCC but is not a separate diagnosis from RCC in imaging terms. Therefore, the most accurate answer is choice C: Renal cell carcinoma.

Differentiation from other options:

- * A. Nephroblastoma (Wilms tumor): A pediatric renal tumor, typically seen in children under 5 years of age-not applicable in adults.
- * B. Clear cell carcinoma: Histological subtype of RCC, not a distinct radiologic diagnosis.
- * D. Transitional cell carcinoma: Arises from the renal pelvis or ureter, typically appears as a central or collecting system mass rather than a cortical/parenchymal one.

References:

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

Chapter: Kidneys, pp. 215-222.

Radiopaedia.org. Renal cell carcinoma: <https://radiopaedia.org/articles/renal-cell-carcinoma> American College of Radiology (ACR) Appropriateness Criteria - Hematuria, 2022.

NEW QUESTION # 42

Which normal anatomical structure is also known as the accessory pancreatic duct?

- A. Common pancreatic duct
- B. Duct of Vater
- **C. Duct of Santorini**
- D. Duct of Wirsung

Answer: C

Explanation:

The Duct of Santorini is the accessory pancreatic duct that drains the superior portion of the pancreatic head into the minor duodenal papilla. The main pancreatic duct (Duct of Wirsung) drains into the major papilla, often joining the common bile duct at the Ampulla of Vater.

According to Moore's Clinically Oriented Anatomy:

"The accessory pancreatic duct (Duct of Santorini) may be present and drains into the minor duodenal papilla." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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NEW QUESTION # 43

Which condition is most consistent with thinning of the renal cortex, reduction in renal length, and prominence of the renal sinus fat in a patient presenting four months after renal transplant with slightly reduced renal function?

- A. Normal findings
- B. Arterial stricture
- C. Acute rejection
- D. Chronic rejection

Answer: D

Explanation:

Chronic rejection presents sonographically as cortical thinning, decreased renal size, and increased echogenicity of the renal sinus fat. Acute rejection typically causes an enlarged, edematous kidney with increased parenchymal echogenicity but preserved size early on.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In chronic rejection, the allograft becomes smaller with cortical thinning, increased echogenicity, and prominence of the central sinus fat." Reference:

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

AIUM Practice Parameter for Renal Transplant Ultrasound, 2020.

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NEW QUESTION # 44

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