2026 Accurate Valid AB-Abdomen Exam Syllabus | 100% Free Latest Abdomen Sonography Examination Exam Forum

Abdominal Exams

Patient Information

Field	Information
Full Name:	John Marie Claire
Date of Birth:	04/20/1972
Gender:	Male
Date of Examination:	06/15/2023

Inspection

Observations	Findings	Interpretation
General Appearance	Alert, not in distress	Normal
Abdominal Contour	Flat	Normal
Abdominal Movement	Symmetrical with respiration	Normal
Skin Appearance	No rashes or lesions	Normal
Presence of Scars	No visible scars	Normal

Auscultation

Observations	Findings	Interpretation
Bowel Sounds	Normoactive bowel sounds in all quadrants	Normal
Vascular Sounds	No bruits	Normal

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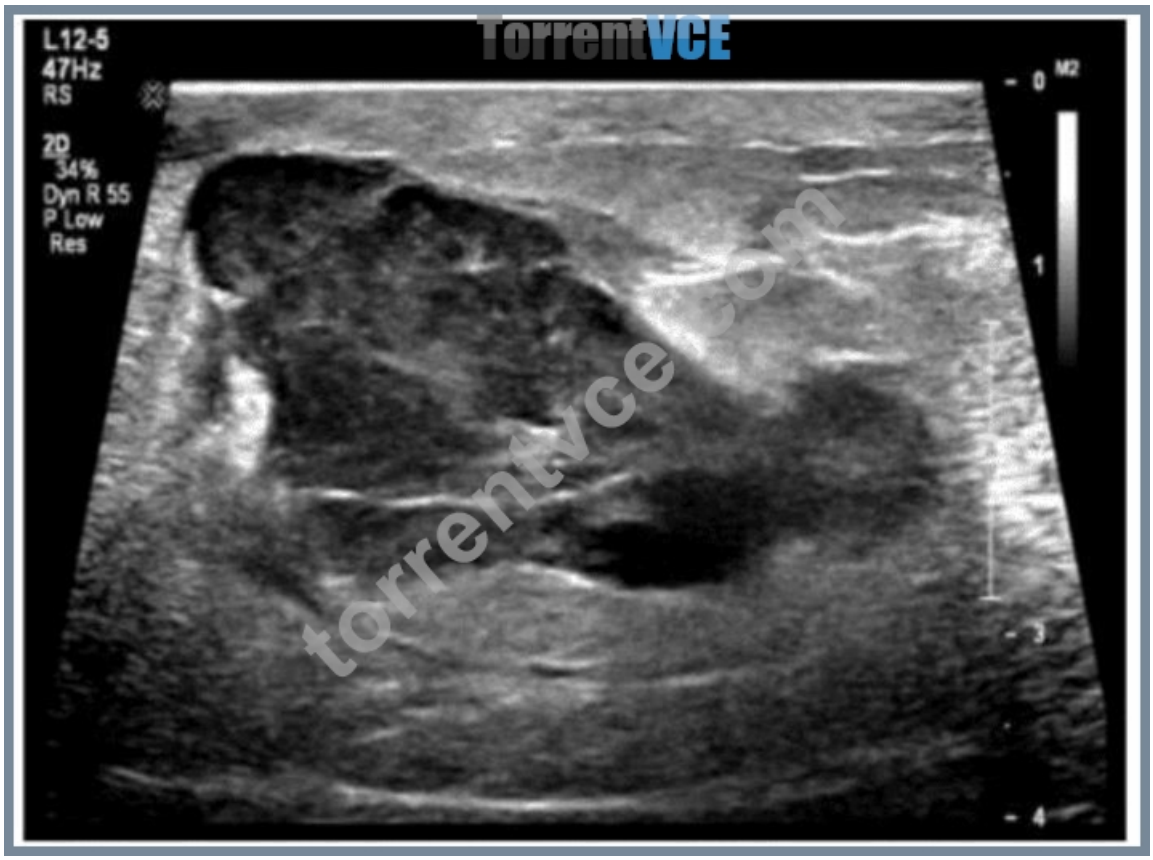
ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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.
Topic 4	• 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.

ARDMS Abdomen Sonography Examination Sample Questions (Q132-Q137):

NEW QUESTION # 132
Which finding is most likely demonstrated in this abdominal wall image of a patient with a history of atrial fibrillation?



- A. Hematoma
- B. Lipoma
- C. Hernia
- D. Abscess

Answer: A

Explanation:
The ultrasound image demonstrates a complex, heterogeneous hypoechoic collection within the abdominal wall, with mixed echogenicity and ill-defined margins. The lesion appears to contain internal debris but lacks definitive signs of vascularity or air (which would be seen in an abscess). There is no peristalsis, herniated bowel, or fat to suggest hernia.
Given the history of atrial fibrillation - a condition commonly treated with anticoagulation therapy (e.g., warfarin, apixaban) - this clinical background raises high suspicion for a rectus sheath or abdominal wall hematoma.
Key ultrasound features of hematomas:
* Early (acute): hyperechoic or heterogeneous
* Chronic/resolving: complex or cystic with fluid-debris levels
* No internal vascularity on Doppler
* May be confined to muscle or fascial planes
This is consistent with a hematoma, particularly in patients on anticoagulation therapy.
Comparison of answer choices:
* A. Hernia - typically shows bowel or fat with movement/peristalsis passing through a fascial defect.
* B. Lipoma - usually homogeneous and echogenic, not complex or fluid-filled.
* C. Abscess - often presents as a complex fluid collection with peripheral hyperemia and possibly air, plus systemic signs of infection.
* D. Hematoma - Correct. The image and clinical history (anticoagulation due to atrial fibrillation) strongly support this diagnosis.
References:
Berman L, et al. Sonographic appearance and evolution of rectus sheath hematomas. AJR Am J Roentgenol. 1996.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of Diagnostic Ultrasound Examinations of the Abdomen and Retroperitoneum (2020).

NEW QUESTION # 133
Which condition is most likely the cause of claudication experienced two weeks after this image was obtained?

- A. Ruptured Baker cyst
- B. Infected hematoma
- C. Neuropathy
- D. Thrombophlebitis

Answer: A

Explanation:
The ultrasound image demonstrates a fluid-filled structure in the posterior knee region, consistent with a Baker cyst (also called a popliteal cyst). A Baker cyst is a synovial fluid-filled sac arising from the posterior medial aspect of the knee joint, typically extending between the medial head of the gastrocnemius and the semimembranosus tendon.
The history of delayed-onset claudication (pain in the calf when walking) two weeks after this image was obtained is strongly suggestive of a ruptured Baker cyst. When a Baker cyst ruptures, synovial fluid may track inferiorly into the calf, producing pain, swelling, and clinical symptoms that mimic deep vein thrombosis (DVT) or arterial insufficiency (e.g., pseudothrombophlebitis syndrome).
Ultrasound findings consistent with a ruptured Baker cyst:
* Complex fluid collection tracking along muscle fascial planes (hypoechoic to anechoic)
* Posterior calf swelling and tenderness
* Absence of thrombus in the deep venous system
* Crescent-shaped fluid may be seen between muscle compartments
Why the other choices are incorrect:
* A. Neuropathy: Would not show fluid-filled structures on ultrasound and would not present with calf swelling.
* B. Infected hematoma: May appear complex, but would require a history of trauma or anticoagulation and systemic signs (fever, redness).
* C. Thrombophlebitis: Involves a thrombosed superficial vein with wall thickening and surrounding inflammation, which is not seen in this image.
References:
American Institute of Ultrasound in Medicine (AIUM). Practice Guidelines for Musculoskeletal Ultrasound Examination, 2020.
Bianchi S., Martinoli C. Ultrasound of the Musculoskeletal System. Springer, 2007. Chapter: Knee Region - Popliteal Fossa and Baker's Cyst, pp. 433-437.
Radiopaedia.org. Ruptured Baker cyst: https://radiopaedia.org/articles/ruptured-bakers-cyst

NEW QUESTION # 134
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 #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 # 135
Which sonographic finding is most consistent with scrotal inflammation?

- A. Hydrocele
- B. Hyperemia
- C. Granuloma
- D. Abscess

Answer: B

Explanation:
Scrotal inflammation, such as epididymitis or orchitis, typically presents with increased blood flow (hyperemia) on color Doppler sonography. This finding reflects the inflammatory process and vascular dilation. Abscesses, granulomas, or hydroceles may be

present but are not as consistent or specific for inflammation.
According to AIUM Practice Parameters and Rumack's Diagnostic Ultrasound:
"In acute inflammation, color Doppler ultrasound demonstrates prominent hyperemia of the epididymis or testis." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Scrotal Ultrasound, 2020.
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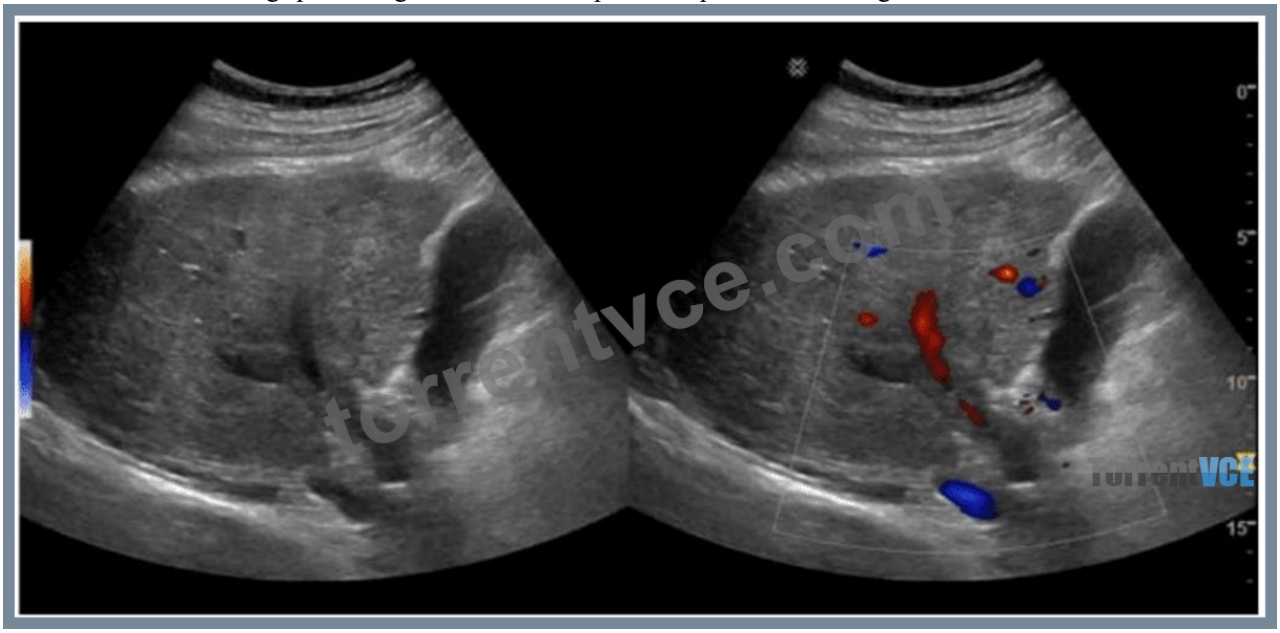
NEW QUESTION # 136
The absence of which sonographic finding indicates the acute process depicted in these images?



- A. Free fluid
- B. Cavernous transformation
- C. Hepatic vein thrombosis
- D. Ductal dilatation

Answer: B

Explanation:
The sonographic images depict an acute thrombotic process involving the portal venous system. The absence of cavernous transformation in the setting of portal vein thrombus indicates that the process is acute. In chronic portal vein thrombosis, collateral vessels form in the porta hepatis to bypass the obstruction, a process known as cavernous transformation.
Sonographic features suggesting acute portal vein thrombosis:
* Echogenic thrombus within the portal vein lumen
* Absence of flow on color Doppler
* Enlarged portal vein diameter early in the process
* No evidence of cavernous transformation (i.e., no serpiginous collateral vessels at porta hepatis) Cavernous transformation is a hallmark of chronic portal vein thrombosis and takes weeks to months to develop. Therefore, its absence on ultrasound supports an acute diagnosis.
Differentiation from other options:
* A. Free fluid: Non-specific and may or may not be present in hepatic vascular thrombosis.
* B. Ductal dilatation: Related to biliary obstruction, not portal or hepatic venous thrombosis.
* C. Hepatic vein thrombosis: Seen in Budd-Chiari syndrome, which affects hepatic outflow, not portal inflow.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Portal Venous System, pp. 105-108.
American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of Hepatic Doppler Ultrasound Examinations, 2020.
Radiopaedia.org. Cavernous transformation of the portal vein: https://radiopaedia.org/articles/cavernous- transformation-of-the-portal-vein

NEW QUESTION # 137
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