

Quiz 2026 ARDMS Accurate Practice AB-Abdomen Exam Pdf

ARDMS ECHO PRACTICE EXAM 2025–2026 **ACCURATE REAL EXAM QUESTIONS AND VERIFIED** **CORRECT ANSWERS**

All of the following will cause aortic dilatation EXCEPT

- a. Marfan's Syndrome
- b. Systemic hypertension
- c. Type I dissection
- d. Pulmonary hypertension - answer>>>d

An M-mode of a mitral heterograft valve resembles an M-mode of which valve?

- a. Mitral
- b. Pulmonic
- c. Aortic
- d. Tricuspid - answer>>>c

If a patient has Starr-Edwards valve in both the mitral and aortic positions, mitral regurgitation might be best detected from which window?

- a. Subcostal
- b. Left parasternal
- c. Apical
- d. Suprasternal - answer>>>a

When using M-mode to interrogate a Starr-Edwards mitral valve which window could you use?

- a. Apical
- b. Suprasternal
- c. Parasternal
- d. Subcostal - answer>>>a

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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"> • 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	<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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q133-Q138):

NEW QUESTION # 133

A patient presents with right lower quadrant pain and fever. Which condition is most likely indicated by the arrow on this image?

- A. Bowel obstruction
- **B. Ruptured appendix**
- C. Intussusception
- D. Enlarged lymph node

Answer: B

Explanation:

The ultrasound image demonstrates a tubular, non-compressible, blind-ending structure located in the right lower quadrant (RLQ) with associated echogenic periappendiceal fat and possibly adjacent fluid or phlegmon.

These features are consistent with appendicitis. Given the clinical history of fever and RLQ pain, along with the irregular borders and complex periappendiceal findings, the diagnosis of a ruptured appendix is most likely.

Key sonographic features of ruptured appendicitis include:

- * Non-visualization or distortion of the normal appendiceal wall architecture
- * Periappendiceal fluid collection or abscess
- * Disruption of the echogenic submucosal layer
- * Surrounding fat stranding (hyperechoic inflammatory changes)
- * Clinical correlation with fever and peritonitis

Comparison of answer choices:

- * A. Bowel obstruction typically shows dilated bowel loops with air-fluid levels, not a tubular structure like the appendix.
- * B. Intussusception presents with a target or "donut" sign in a transverse view, not a linear tubular structure.

- * C. Enlarged lymph nodes are usually round or oval and hypoechoic with a central echogenic hilum, without a tubular appearance.
- * D. Ruptured appendix - Correct. The ultrasound features and clinical presentation match.

References:

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

Jeffrey RB, Laing FC, Townsend RR. Acute appendicitis: sonographic criteria based on 250 cases. Radiology. 1988;167(2):327-329.

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

NEW QUESTION # 134

Which vessel is indicated by the arrow on this image?

□

- A. Left renal vein
- B. Right renal artery
- C. Superior mesenteric artery
- D. Proper hepatic artery

Answer: C

Explanation:

The ultrasound image demonstrates a transverse view of the abdominal vasculature, where the arrow is pointing to a circular vascular structure anterior to the aorta and posterior to the body of the pancreas - consistent with the superior mesenteric artery (SMA). The SMA originates from the anterior aspect of the abdominal aorta just below the level of the celiac trunk and courses anterior to the left renal vein and uncinate process of the pancreas. On transverse ultrasound, it is often seen in cross-section as a round, pulsatile structure with echogenic walls, situated just anterior to the aorta. This appearance is known as the "target sign" or "bull's-eye" appearance.

Vessel Position Landmarks (transverse plane):

- * Aorta: Posterior and central
 - * SMA: Just anterior to the aorta
 - * Left renal vein: Passes between the aorta and SMA (nutcracker location)
 - * Right renal artery: Courses posterior to the IVC toward the right kidney
- Differentiation from other options:
- * A. Proper hepatic artery: Typically visualized within the liver hilum (portal triad), not in this anatomic location.
 - * C. Left renal vein: Seen in transverse as a longer, oval structure crossing anterior to the aorta and posterior to the SMA.
 - * D. Right renal artery: Arises laterally from the aorta and courses posterior to the IVC - not visualized in this axial midline location.

References:

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

Chapter: Vascular Anatomy and Abdominal Vessels, pp. 471-475.

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

Radiopaedia.org. Superior mesenteric artery: <https://radiopaedia.org/articles/superior-mesenteric-artery>

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NEW QUESTION # 135

Which vessel is typically seen with an echogenic ring of fat when imaging the upper abdominal mesenteric circulation?

- A. Splenic artery
- B. Common hepatic artery
- C. Gastroduodenal artery
- D. Superior mesenteric artery

Answer: D

Explanation:

The superior mesenteric artery (SMA) is typically visualized surrounded by an echogenic fat pad in the mesentery, producing a characteristic "echogenic ring" appearance on ultrasound. This is a helpful landmark for identifying the SMA in the transverse abdominal aortic plane.

According to Rumack's Diagnostic Ultrasound:

"The superior mesenteric artery is often seen as a round anechoic structure surrounded by echogenic fat at its origin from the anterior aorta." 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.

NEW QUESTION # 136

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

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

Answer: D

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

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Esophageal varices
- B. Coronary vein varices
- C. Caput medusae
- D. Splenic vein varices

Answer: C

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

* Esophageal varices (B) are gastroesophageal collaterals.

* Coronary vein varices (C) involve gastric veins.

* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

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NEW QUESTION # 138

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