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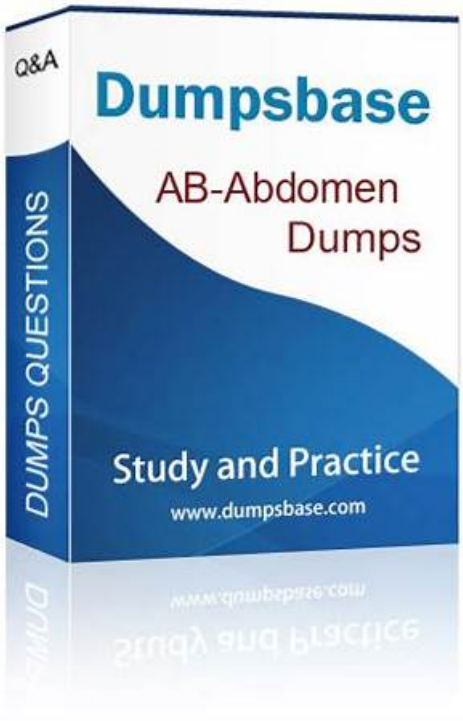

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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	• 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	• 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 (Q72-Q77):

NEW QUESTION # 72
Where is the main pancreatic duct located?

- A. Ventral to the pancreatic body
- B. Dorsal to the superior mesenteric artery
- C. Dorsal to the common bile duct
- D. Medial to the superior mesenteric vein

Answer: D

Explanation:
The main pancreatic duct (duct of Wirsung) runs through the central portion of the pancreas, medial and slightly posterior to the superior mesenteric vein (SMV). It converges with the common bile duct near the ampulla of Vater.
According to Moore's Clinically Oriented Anatomy:
"The main pancreatic duct runs centrally within the gland and lies medial to the superior mesenteric vein." 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 # 73
Which arteries are the immediate branches of the celiac trunk?

- A. Proper hepatic, splenic, and supraduodenal
- B. Common hepatic, splenic, and left gastric
- C. Common hepatic, splenic, and right gastric
- D. Proper hepatic, splenic, and gastroduodenal

Answer: B

Explanation:
The celiac trunk arises from the abdominal aorta and immediately divides into three primary branches:

* Left gastric artery
* Common hepatic artery
* Splenic artery
The proper hepatic and gastroduodenal arteries are secondary branches of the common hepatic artery.
According to Moore's Clinically Oriented Anatomy:
"The celiac trunk trifurcates into the left gastric, common hepatic, and splenic arteries." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

NEW QUESTION # 74
Which condition is most likely depicted in this image?

- A. Diverticulitis
- B. Appendicitis
- C. Intussusception
- D. Bowel obstruction

Answer: C

Explanation:
The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.
Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years. It commonly presents with intermittent abdominal pain, vomiting, and sometimes
"red currant jelly" stools.
Key ultrasound features of intussusception:
* Target sign in transverse view (concentric rings of bowel layers)
* Pseudokidney or sandwich sign in longitudinal view
* May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum Comparison of answer choices:
* A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.
* B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding; not the concentric target appearance.
* C. Appendicitis may appear as a blind-ending tubular structure (>6 mm), not with concentric ring pattern.
* D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.
References:
Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.

AIUM Practice Parameter for the Performance of Pediatric Ultrasound (2021).

NEW QUESTION # 75
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 # 76
Which condition is a cause of intrahepatic dilatation with a normal common bile duct?

- A. Acute pancreatitis
- B. Tumor at the porta hepatis
- C. Choledocholithiasis
- D. Portal vein thrombus

Answer: B

Explanation:
Intrahepatic biliary dilatation with a normal common bile duct (CBD) is typically caused by obstruction located at or above the level of the hepatic duct confluence. A tumor at the porta hepatis, such as cholangiocarcinoma (Klatskin tumor), is a classic cause of this

pattern. The porta hepatis is the site where the right and left hepatic ducts join to form the common hepatic duct. A mass at this location can obstruct the intrahepatic ducts while leaving the distal CBD unaffected and of normal caliber.
By contrast:
* Portal vein thrombus (A) affects vascular flow but does not directly obstruct bile ducts.
* Choledocholithiasis (C) obstructs the CBD, typically resulting in both intrahepatic and extrahepatic duct dilatation.
* Acute pancreatitis (D) may cause distal CBD compression if there is associated inflammation or pseudocyst formation, but typically results in extrahepatic duct dilatation rather than isolated intrahepatic dilation.
Reference Extracts:
* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier, 2017.
Chapter: Biliary Tract: "Klatskin tumors cause proximal (intrahepatic) biliary dilatation while the distal bile duct remains normal in caliber."
* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology, 4th ed. Saunders, 2015.
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NEW QUESTION # 77
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