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Abdomen ARDMS Exam Questions and answers 2023/2024 complete guide

Transitional cell carcinoma is commonly found in all of the following locations except:

- A liver
- B renal pelvis
- C urinary bladder
- D ureter - ANS A liver.

Transitional cell carcinoma is the most common type of bladder cancer

A patient with cholecystitis most likely has an elevation in which of the following labs:

- A alpha-fetoprotein
- B white blood cell count
- C lactate dehydrogenase
- D chromaffin - ANS B white blood cell count

Inflammation

Hypoechoic lesion is

- A darker than the surrounding parenchyma
- B brighter than the surrounding parenchyma
- C cystic
- D Septated - ANS A darker than the surrounding parenchyma

All of the following are retroperitoneal organs except a

- A adrenal glands
- B liver
- C kidneys
- D pancreas - ANS B liver

Mnemonic to remember the retroperitoneal organs is abdominal viscera are retroperitoneal is SAD PUCKER:

- S = Suprarenal (adrenal) Glands
- A = Aorta/IVC
- D = Duodenum (except the proximal 2cm, the duodenal cap)
- P = Pancreas (except the tail)
- U = Ureters
- C = Colon (ascending and descending parts)
- K = Kidneys
- E = (O)esophagus
- R = Rectum

What is another name for renal cell carcinoma?

- A nephroblastoma
- B neuroblastoma

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 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"> • 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q142-Q147):

NEW QUESTION # 142

Which thyroid condition is most likely caused by a viral infection?

- A. Graves
- **B. De Quervain**
- C. Abscess
- D. Hashimoto

Answer: B

Explanation:

De Quervain thyroiditis (subacute granulomatous thyroiditis) is often triggered by a viral infection. Patients may present with painful thyroid enlargement, elevated inflammatory markers, and transient hyperthyroidism.

Hashimoto's and Graves' diseases are autoimmune in nature.

According to Braverman's The Thyroid:

"Subacute (De Quervain) thyroiditis typically follows a viral upper respiratory tract infection and is characterized by thyroid pain and transient thyrotoxicosis." Reference:

Braverman LE, Cooper DS. The Thyroid: A Fundamental and Clinical Text. 11th ed. Wolters Kluwer, 2021.

American Thyroid Association Guidelines, 2016.

NEW QUESTION # 143

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 # 144

Which sonographic finding is most consistent with this image of the abdominal aorta?

□

- A. Dissection
- B. Stenosis
- C. Occlusion
- **D. Aneurysm**

Answer: D

Explanation:

The ultrasound image provided shows a transverse view of the abdominal aorta, with a clearly measured aortic diameter of 5.71 cm. A normal adult abdominal aorta should measure less than 3.0 cm in anterior-posterior diameter. Any measurement exceeding this threshold is defined as an abdominal aortic aneurysm (AAA).

In this case, the dilation is well beyond the 3.0 cm threshold, confirming the presence of an aneurysm. The rounded, anechoic/heterogeneous central lumen surrounded by echogenic arterial wall layers further supports this diagnosis.

Comparison of answer choices:

- * A. Stenosis: Would show a narrowed lumen with turbulent, aliasing flow on Doppler, not a dilated aorta.
- * B. Dissection: Typically shows an echogenic intimal flap separating true and false lumens; no flap is visible here.
- * C. Aneurysm: Correct. The aorta's transverse diameter (5.71 cm) confirms the presence of an aneurysm.
- * D. Occlusion: Would appear as a lack of flow with thrombus or echogenic content filling the lumen, not dilation.

References:

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

Society for Vascular Surgery Guidelines: Management of Abdominal Aortic Aneurysms (Chaikof et al., J Vasc Surg, 2018).

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

NEW QUESTION # 145

Which technique is used to demonstrate the finding in this video?

□

- A. Exhalation
- **B. Compression**
- C. Valsalva
- D. Deep inspiration

Answer: B

Explanation:

The technique shown in the video is compression. In ultrasound imaging-especially of soft tissue masses, the bowel, or venous structures-compression is used to evaluate the compressibility of structures. The image demonstrates a classic grayscale ultrasound view of a lesion or structure being compressed with the probe.

Compression sonography is particularly important in:

- * Evaluating venous patency (e.g., for deep vein thrombosis)
- * Differentiating cystic from solid structures
- * Evaluating bowel wall abnormalities or intussusception
- * Assessing lymph nodes and soft tissue masses (as shown here)

When a structure compresses easily under probe pressure, it suggests that the lesion is fluid-filled or soft. In contrast, incompressibility may indicate a solid mass or thrombus.

Differentiation from other options:

- * B. Valsalva: Involves forced expiration against a closed airway, used primarily to assess venous reflux or inguinal hernias-not what is demonstrated here.
- * C. Exhalation: A respiratory maneuver that passively alters thoracoabdominal pressure, not actively performed by the operator or causing focal structural change.
- * D. Deep inspiration: Used to improve visualization of the liver, diaphragm, or gallbladder-not to evaluate the compressibility of soft tissue.

References:

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

Chapter: Ultrasound Technique and Physics, pp. 35-39.

AIUM Practice Parameter for the Performance of a Diagnostic Ultrasound Examination, 2020.

NEW QUESTION # 146

Which renal condition is commonly associated with pyuria and leukocytosis?

- **A. Acute pyelonephritis**
- B. Staghorn calculus
- C. Renal cell carcinoma
- D. Nephrocalcinosis

Answer: A

Explanation:

Acute pyelonephritis is a bacterial infection of the renal parenchyma and collecting system. Classic clinical findings include fever, flank pain, leukocytosis (elevated white blood cells), and pyuria (white blood cells in urine). Ultrasound may demonstrate renal enlargement, decreased echogenicity, and loss of corticomedullary differentiation.

- * Nephrocalcinosis (A) involves calcium deposition without infection.
- * Staghorn calculus (B) may lead to infection but is primarily characterized by obstructive uropathy.
- * Renal cell carcinoma (C) presents with hematuria and mass formation rather than infection symptoms.

Reference Extracts:

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

Chapter: Kidneys.

* Middleton WD, Kurtz AB, Hertzberg BS. Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.

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NEW QUESTION # 147

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