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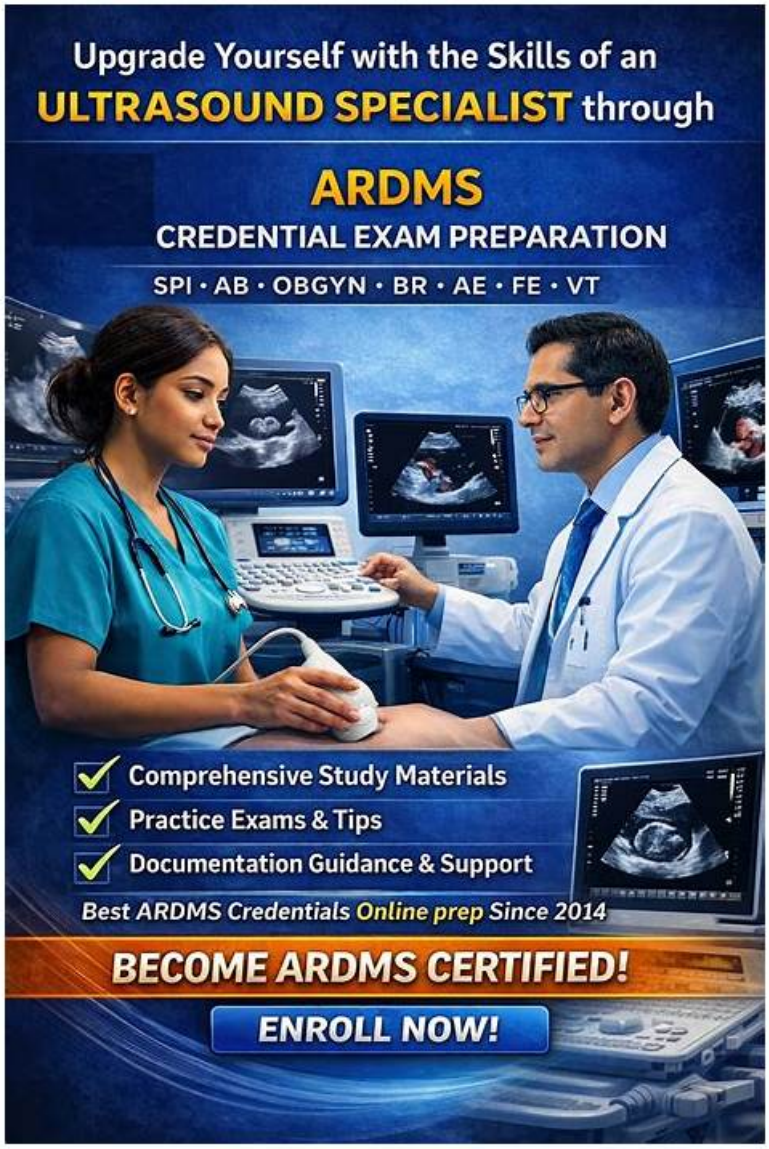

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As we all know, it is a must for all of the candidates to pass the exam if they want to get the related AB-Abdomen certification which serves as the best evidence for them to show their knowledge and skills. If you want to simplify the preparation process, here comes a piece of good news for you. We will bring you integrated AB-Abdomen Exam Materials to the demanding of the ever-renewing exam, which will be of great significance for you to keep pace with the times.

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AB-Abdomen Latest Test Practice - AB-Abdomen Latest Braindumps Questions

The Abdomen Sonography Examination (AB-Abdomen) certification is the way to go in the modern ARDMS era. Success in the AB-Abdomen exam of this certification plays an essential role in an individual's future growth. Nowadays, almost every tech aspirant is taking the test to get ARDMS certification and find well-paying jobs or promotions. But the main issue that most of the candidates face is not finding updated ARDMS AB-Abdomen Practice Questions to prepare successfully for the ARDMS AB-Abdomen certification exam in a short time.

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	• 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	• 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.

ARDMS Abdomen Sonography Examination Sample Questions (Q130-Q135):

NEW QUESTION # 130
Which pancreatic condition is commonly associated with complete or partial atresia of the duodenum?

- A. Pancreatic cysts
- B. Pancreas divisum
- C. Pancreatic agenesis
- D. Annular pancreas

Answer: D

Explanation:
Annular pancreas is a congenital anomaly in which pancreatic tissue encircles the second part of the duodenum, potentially causing partial or complete duodenal obstruction (atresia). It is due to abnormal migration of the ventral pancreatic bud.
According to Rumack's Diagnostic Ultrasound:
"Annular pancreas results from failure of the ventral pancreatic bud to rotate properly, leading to encirclement of the duodenum."
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.
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NEW QUESTION # 131
Which vessel is indicated by the arrow on this image?

- A. Right renal artery
- B. Left renal vein
- 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 # 132
Which disease process may cause numerous shadowing calcifications to form within the spleen?

- A. Thalassemia
- B. Non-Hodgkin lymphoma
- C. Sickle cell anemia
- D. Histoplasmosis

Answer: D

Explanation:
Histoplasmosis is a fungal infection that can lead to granulomatous disease. Chronic granulomatous infections may result in multiple splenic calcifications that appear as small echogenic foci with shadowing on ultrasound. Other infectious granulomas (e.g., tuberculosis) may present similarly.
According to Rumack's Diagnostic Ultrasound:
"Granulomatous infections such as histoplasmosis and tuberculosis may produce multiple splenic calcifications, often with shadowing." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for the Performance of Abdominal Ultrasound Examinations, 2020.
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NEW QUESTION # 133
Which cause of transudative pleural effusion is most common?

- A. Empyema
- B. Congestive heart failure
- C. Pulmonary emboli
- D. Lymphoma

Answer: B

Explanation:
Transudative pleural effusions result from imbalances in hydrostatic and oncotic pressures, most commonly caused by congestive heart failure (CHF). In CHF, elevated hydrostatic pressure in the pulmonary capillaries leads to fluid leakage into the pleural space without significant protein or cellular content (hence, transudate).
Exudative effusions (associated with infections, malignancy, and inflammation) are more often seen with pulmonary emboli, lymphoma, or empyema.
According to Light's criteria (which differentiates transudates from exudates):
"Congestive heart failure remains the leading cause of transudative pleural effusions." (Light RW. Pleural Diseases, 6th ed.).
Reference:
Light RW. Pleural Diseases. 6th ed. Lippincott Williams & Wilkins, 2013.
American Thoracic Society Guidelines for Diagnosis and Management of Pleural Effusion, 2019.
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NEW QUESTION # 134
Which structure is indicated by the arrow on this image?

- A. Left portal vein
- B. Middle hepatic vein
- C. Inferior vena cava
- D. Proper hepatic artery

Answer: B

Explanation:
The structure indicated by the arrow is the middle hepatic vein. This is confirmed by both its anatomical location within the liver and its Doppler waveform characteristics.
Key ultrasound and Doppler features:
* The middle hepatic vein runs between the right and left hepatic lobes and drains into the inferior vena cava (IVC). On grayscale imaging, it appears as a tubular anechoic structure extending toward the IVC.
* On spectral Doppler, hepatic veins (including the middle hepatic vein) demonstrate a characteristic triphasic waveform due to pressure changes in the right atrium. This triphasic pattern is clearly visible in the Doppler tracing below the image.
* This differs significantly from the monophasic low-resistance flow of the hepatic artery or the continuous hepatopetal flow of the portal vein.
Differentiation from other options:
* A. Left portal vein: Would show continuous, hepatopetal flow (toward the liver) and lies more anterior and medial within the liver.
* C. Proper hepatic artery: Small-caliber vessel with low-resistance pulsatile waveform (not triphasic).
* D. Inferior vena cava: Lies posterior to the liver and demonstrates phasic flow with respiration, but this vessel is more centrally located and not shown in this field of view.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Hepatic Vasculature, pp. 90-95.
AIUM Practice Parameter for the Performance of Hepatic Doppler Ultrasound Examinations, 2020.
Radiopaedia.org. Hepatic vein Doppler waveform: https://radiopaedia.org/articles/hepatic-vein-doppler- waveform

NEW QUESTION # 135
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