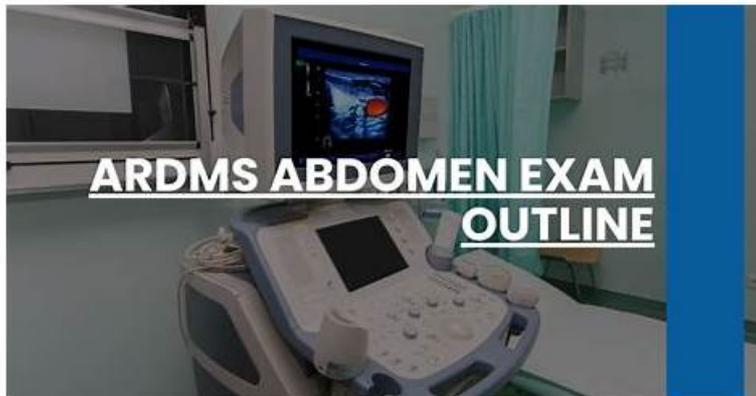


# ARDMS - AB-Abdomen - Abdomen Sonography Examination—Reliable Pdf Files



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## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>• <b>Anatomy, Perfusion, and Function:</b> 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy:</b> 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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Abdominal Physics:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Clinical Care, Practice, and Quality Assurance:</b> 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.</li> </ul>

## AB-Abdomen Accurate Study Material | Exam AB-Abdomen Introduction

Are you planning to attempt the Abdomen Sonography Examination (AB-Abdomen) exam of the AB-Abdomen certification? The first hurdle you face while preparing for the Abdomen Sonography Examination (AB-Abdomen) exam is not finding the trusted brand of accurate and updated AB-Abdomen exam questions. If you don't want to face this issue then you are at the trusted ValidVCE is offering actual and Latest AB-Abdomen Exam Questions that ensure your success in the Abdomen Sonography Examination (AB-Abdomen) certification exam on your maiden attempt.

### ARDMS Abdomen Sonography Examination Sample Questions (Q110-Q115):

#### NEW QUESTION # 110

Which of the following must be sterile for a percutaneous procedure?

- A. Transducer cover
- B. Transducer
- C. Gel within transducer cover
- D. Machine controls

**Answer: C**

Explanation:

In percutaneous procedures such as biopsies or drainages, maintaining a sterile field is critical to avoid introducing infection. While the transducer is covered by a sterile cover, the gel placed inside this cover (between the probe and the cover) must also be sterile, as it contacts the sterile field. The transducer itself and machine controls are not sterile but are handled appropriately to avoid field contamination.

According to the AIUM Guidelines:

"Sterile coupling gel must be used inside the sterile probe cover during all invasive or percutaneous procedures." (AIUM Guidelines for Cleaning and Preparing Ultrasound Transducers, 2021).

Reference:

AIUM Guidelines for Cleaning and Preparing Ultrasound Transducers and Equipment for Reuse, 2021.

ACR Practice Parameter for Performing Ultrasound-Guided Procedures, 2020.

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#### NEW QUESTION # 111

Which sonographic finding indicates the need for immediate surgical intervention following testicular trauma?

- A. Heterogeneity of the testicular parenchyma
- B. Increased testicular vascularity
- C. Intratesticular hematoma
- D. Discontinuity of the tunica albuginea

**Answer: D**

Explanation:

The tunica albuginea is a dense fibrous capsule surrounding the testis. Discontinuity of the tunica albuginea on ultrasound is diagnostic of testicular rupture - a urologic emergency that requires immediate surgical repair to preserve testicular function and viability. Early surgical intervention within 72 hours has a high success rate for testicular salvage (up to 90%).

\* Intratesticular hematoma (A) may be managed conservatively if the tunica albuginea is intact.

\* Heterogeneity of the parenchyma (C) indicates injury but not necessarily rupture.

\* Increased vascularity (D) may be seen with inflammation or reperfusion but does not mandate surgery unless rupture is present.

Reference Extracts:

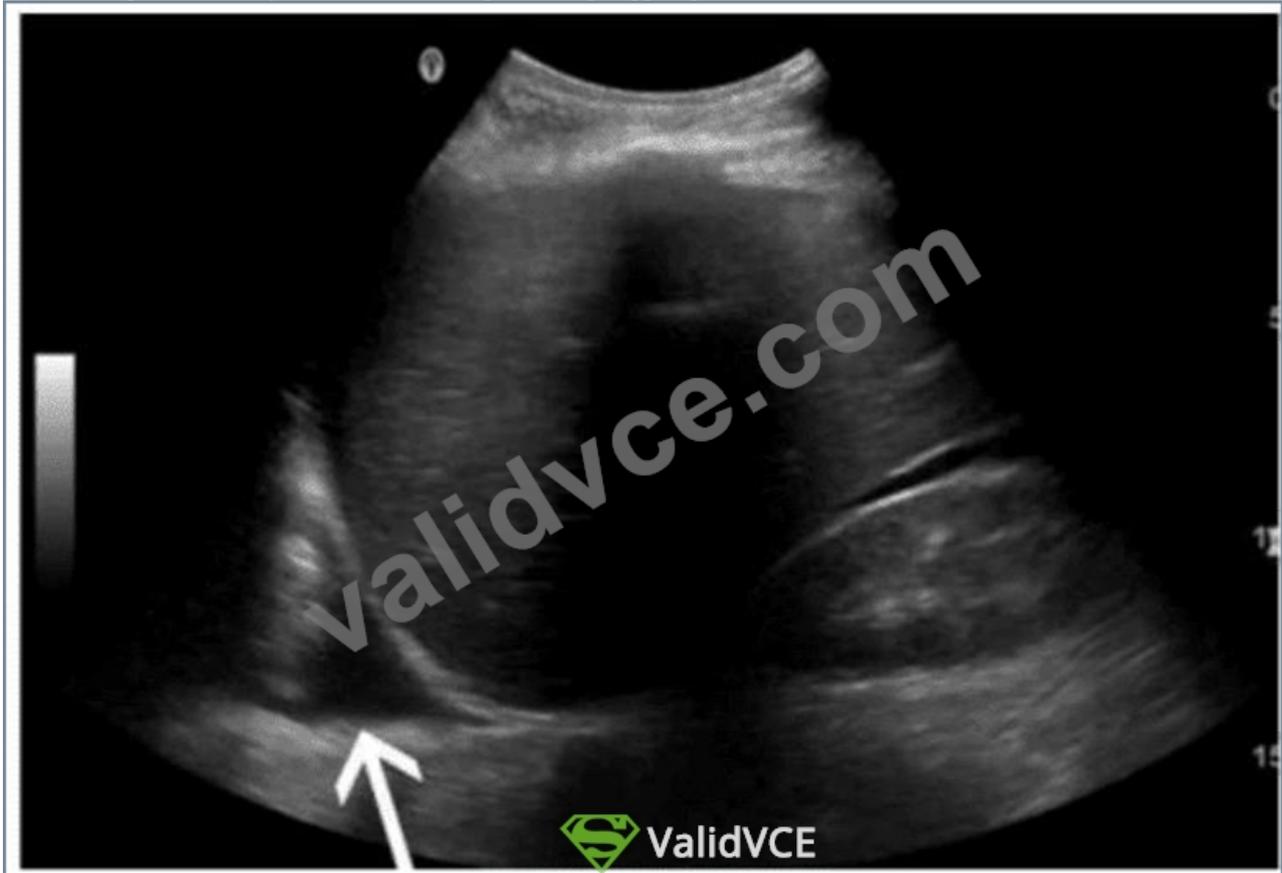
\* Dogra VS, Bhatt S. "Acute painful scrotum: ultrasound evaluation." Radiologic Clinics of North America. 2004; 42(2):349-363.

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

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**NEW QUESTION # 112**

Which finding is indicated by the arrow in this image of the right upper quadrant?



- A. Pleural effusion
- B. Ascites
- C. Retroperitoneal hemorrhage
- D. Mirror image

**Answer: A**

**Explanation:**

The image provided is a right upper quadrant (RUQ) ultrasound-typically performed during a FAST (Focused Assessment with Sonography in Trauma) exam or for abdominal assessment. The arrow points to an anechoic (black) fluid collection seen above the diaphragm and posterior to the liver.

This fluid collection lies within the thoracic cavity, confirming the diagnosis of a pleural effusion. Pleural effusions are seen sonographically as an anechoic or hypoechoic area superior to the diaphragm in the thoracic cavity and often appear triangular or crescent-shaped. The diaphragm is visualized as a curvilinear echogenic structure separating the liver (or spleen) below from the lung space above.

Comparison of answer choices:

- \* A. Retroperitoneal hemorrhage would be seen in the posterior abdomen, not above the diaphragm.
- \* B. Pleural effusion is correct-anechoic fluid above the diaphragm is classic for this condition.
- \* C. Mirror image artifact occurs when liver echoes are mirrored across the diaphragm and lung-this is not a mirror artifact.
- \* D. Ascites collects inferior to the diaphragm and around the abdominal organs, not in the thoracic cavity.

References:

Ma OJ, Mateer JR, Blaivas M. Emergency Ultrasound, 3rd ed. McGraw-Hill; 2014.

Moore CL, Copel JA. Point-of-care ultrasonography. N Engl J Med. 2011;364(8):749-757.

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

**NEW QUESTION # 113**

Which condition is a common cause of biliary duct obstruction?

- A. Hepatitis
- B. Pneumobilia
- C. Tumor
- D. Cholecystitis

**Answer: C**

Explanation:

A tumor (such as cholangiocarcinoma, pancreatic head carcinoma, or metastases) is a common cause of biliary duct obstruction. It can compress or invade the bile ducts, leading to intrahepatic and extrahepatic duct dilatation.

\* Cholecystitis (B) typically affects the gallbladder but may rarely cause duct obstruction if complicated.

\* Pneumobilia (C) refers to air in the biliary tree, not obstruction.

\* Hepatitis (D) causes liver inflammation but not mechanical biliary obstruction.

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.

#### NEW QUESTION # 114

Which clinical finding is most likely associated with the splenic pathology demonstrated in this image?



- A. Sickle cell anemia
- B. Immunocompromised
- C. Trauma
- D. Portal hypertension

**Answer: A**

Explanation:

The ultrasound image demonstrates a heterogeneous and echogenic spleen with evidence of atrophy and multiple areas of



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