

Latest AB-Abdomen Exam Duration - Real AB-Abdomen Exams

ARDMS Abdomen EXAM LATEST 2024-2025 REAL EXAM 350+ QUESTIONS AND CORRECT ANSWERS

Progression of which of the following abnormalities flattens the portal veins? -

CORRECT ANSWER>> Biliary obstruction

The wall thickness in a normal fasting gallbladder should not exceed - **CORRECT ANSWER>>** 3

mm

This color Doppler sonogram is most likely demonstrating which of the following abnormalities? - **CORRECT ANSWER>>** Pseudoaneurysm

This color Doppler image demonstrates turbulent swirling blood flow within a fluid collection, classic sonographic findings of a common femoral artery pseudoaneurysm.

A patient presents with sudden onset of upper abdominal pain. Ultrasound demonstrates prominence in the stomach rugae. These findings are most suspicious for which of the following conditions? - **CORRECT ANSWER>>** Gastritis

Prominence of the stomach rugae in a patient with upper abdominal pain is most suspicious for gastritis. Hypervascular, thick gastric walls are sonographic findings associated with gastric ulcers.

Which of the following is a complication of acute pancreatitis? - **CORRECT ANSWER>>** Duodenal

obstruction

Complications of acute pancreatitis may include abscess formation, duodenal obstruction, hemorrhage, phlegmon, and pseudocyst formation. Cholecystitis is a possible etiology of acute pancreatitis.

A patient presents with a history of hematuria. The findings in this duplex image are most suspicious for which of the following pathologies? - **CORRECT ANSWER>>** Carcinoma

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 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"> • 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.

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These ARDMS AB-Abdomen practice tests simulate the real Abdomen Sonography Examination (AB-Abdomen) exam pattern, track your progress, and help you overcome mistakes. Our Abdomen Sonography Examination (AB-Abdomen) desktop software is compatible with Windows. Whereas, the web-based ARDMS AB-Abdomen Practice Exam works online on iOS, Linux, Android, Windows, and Mac. Additionally, the web-based Abdomen Sonography Examination (AB-Abdomen) practice exam is also compatible with MS Edge, Internet Explorer, Opera, Firefox, Safari, and Chrome.

ARDMS Abdomen Sonography Examination Sample Questions (Q112-Q117):

NEW QUESTION # 112

Which gray scale artifact is caused by the oscillation of gas bubbles?

- A. Refraction
- B. Reverberation
- C. Mirror image
- D. Ring down

Answer: D

Explanation:

Ring-down artifact occurs when gas bubbles resonate or oscillate, creating continuous echoes distal to the structure that appear as a vertical, echogenic band extending posteriorly. This is distinct from reverberation, which produces multiple discrete reflections.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Ring-down artifact results from resonance of gas bubbles, producing a continuous, echogenic tail distal to the reflecting interface."

Reference:

Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

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NEW QUESTION # 113

What is the most common ultrasound appearance of the pancreas in mild acute pancreatitis?

- A. Normal
- B. Heterogeneous
- C. Hypoechoic
- **D. Enlarged**

Answer: D

Explanation:

In mild acute pancreatitis, the pancreas often appears diffusely enlarged and slightly hypoechoic due to edema and inflammation. However, in very early or mild cases, the pancreas may still appear normal. Heterogeneous echotexture may develop in more severe or necrotizing pancreatitis.

According to Rumack's Diagnostic Ultrasound:

"In mild pancreatitis, the pancreas is commonly enlarged and hypoechoic due to inflammatory edema." Reference:

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

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen, 2020.

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NEW QUESTION # 114

Which characteristic is associated with complex pleural effusion?

- A. Anechoic without locules
- **B. Contains septa**
- C. Homogeneous hypoechoic
- D. Dependent layering echoes

Answer: B

Explanation:

A complex pleural effusion often contains internal septations or fibrin strands, distinguishing it from simple anechoic effusion. These septations suggest exudative processes such as infection, malignancy, or hemothorax.

According to Rumack's Diagnostic Ultrasound:

"Complex pleural effusions demonstrate internal septations or loculations, often related to infection or malignancy." Reference:

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

AIUM Practice Parameter for Thoracic Ultrasound, 2020.

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NEW QUESTION # 115

Which congenital disorder is most consistent with the finding identified by the arrow on this image?

□

- A. Sclerosing cholangitis
- B. Biliary atresia
- C. Alagille syndrome
- **D. Caroli disease**

Answer: D

Explanation:

The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.

Key ultrasound features of Caroli disease:

* Cystic or saccular dilations of the intrahepatic bile ducts

* The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)

* May show associated hepatosplenomegaly or signs of portal hypertension

Differentiation from other options:
* A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.

* B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.

* D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.

References:

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

Chapter: Biliary System, pp. 152-155.

Radiopaedia.org. Caroli disease. <https://radiopaedia.org/articles/caroli-disease> American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 116

Which structure is indicated by the arrow on this image?

□

- A. Parathyroid
- B. Lymph node
- C. Esophagus
- D. Paraganglioma

Answer: C

Explanation:

The ultrasound image shows a transverse view of the lower neck region at the thyroid level. The arrow is pointing to a round-to-oval structure located posterior and slightly to the left of the thyroid gland. The structure has a characteristic "target" or "bull's-eye" appearance with a hypoechoic outer ring and echogenic central mucosal interface - this is classic for the esophagus when seen in transverse view.

Key sonographic features of the esophagus:

- * It lies posterior to the left lobe of the thyroid.
- * It demonstrates a layered wall structure ("target" or "bull's-eye" appearance).
- * It may change shape or move during swallowing, and occasionally air bubbles or movement of fluid may be observed.

Comparison of answer choices:

- * A. Parathyroid glands are small, homogeneous, hypoechoic, and located posterior to the thyroid - but do not have this layered target appearance.
- * B. Lymph nodes have a hypoechoic cortex and echogenic hilum and are typically oval or bean-shaped, without the concentric ring appearance.
- * C. Esophagus - Correct. The location, appearance, and structure are consistent with the cervical esophagus.
- * D. Paragangliomas are highly vascular and more commonly located in the carotid body or adrenal region, not in this location or with this sonographic pattern.

References:

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

Grant EG, Tessler FN, Hoang JK, et al. Thyroid Ultrasound Reporting Lexicon: White Paper of the ACR TI- RADS Committee. J Am Coll Radiol. 2015.

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

NEW QUESTION # 117

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