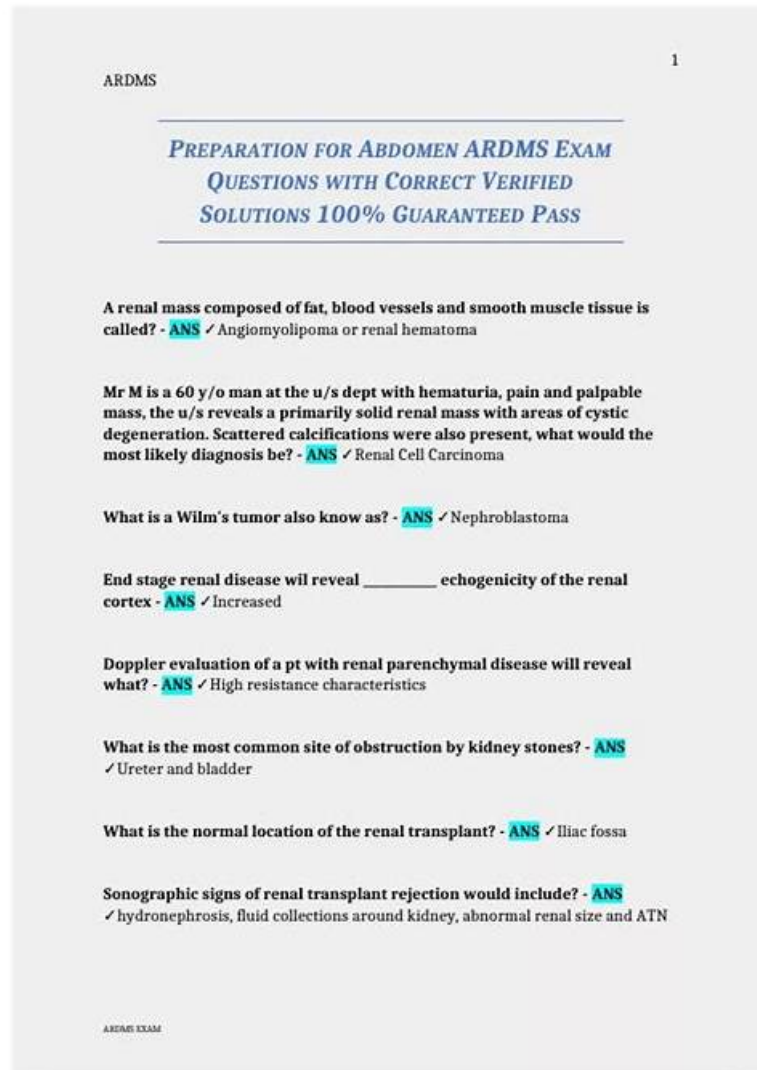


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ARDMS AB-Abdomen Exam Syllabus Topics:

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"> • 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"> • 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	<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.

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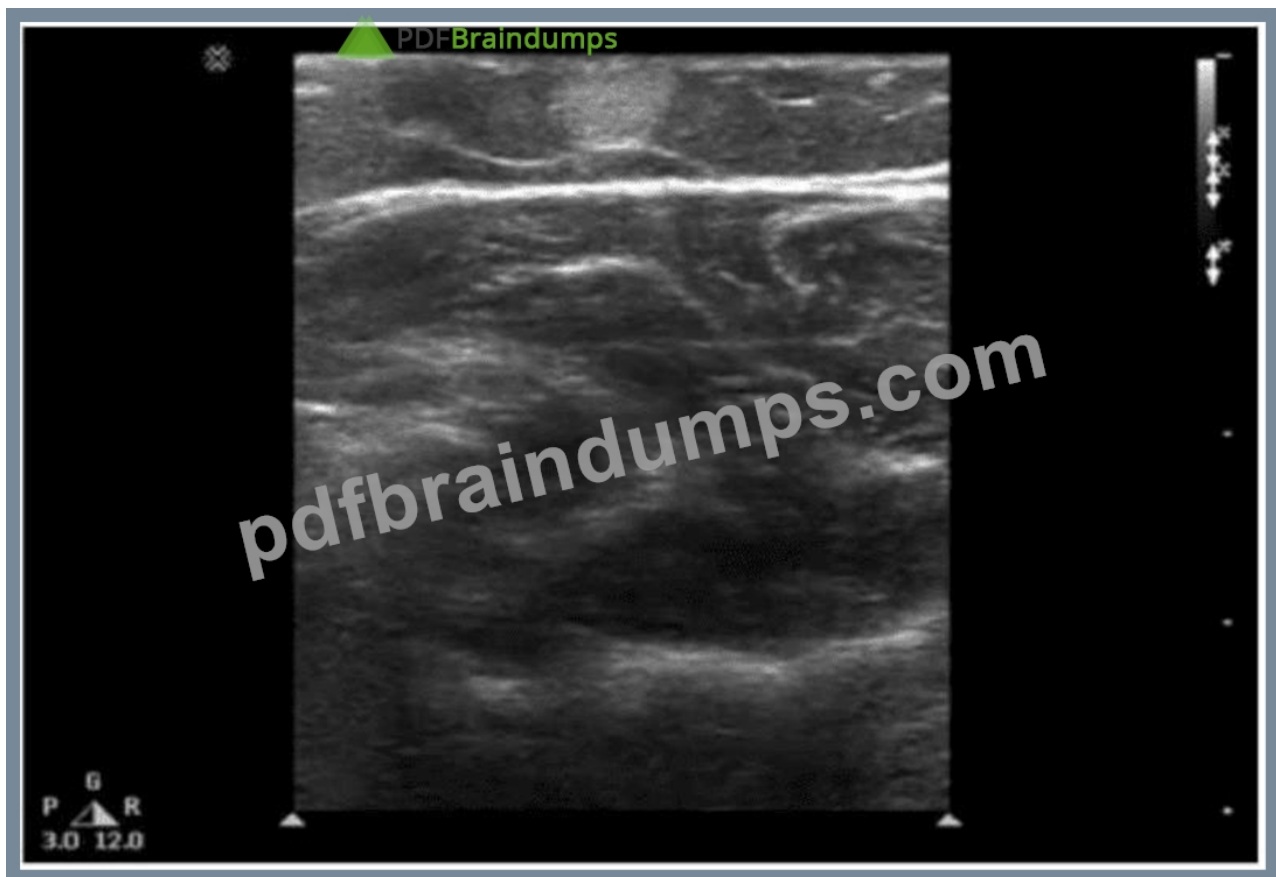
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A Abdomen Sonography Examination (AB-Abdomen) practice questions is a helpful, proven strategy to crack the Abdomen Sonography Examination (AB-Abdomen) exam successfully. It helps candidates to know their weaknesses and overall performance. PDFBraindumps software has hundreds of Abdomen Sonography Examination (AB-Abdomen) exam dumps that are useful to practice in real-time.

ARDMS Abdomen Sonography Examination Sample Questions (Q51-Q56):

NEW QUESTION # 51

Which condition is most consistent with the sonographic appearance in this image of the abdominal wall?



- A. Lipoma
- B. Metastasis
- C. Desmoid
- D. Fibroma

Answer: A

Explanation:

The ultrasound image demonstrates a well-defined, ovoid, hypoechoic to isoechoic mass within the subcutaneous tissue of the abdominal wall. The lesion appears compressible and shows linear striations parallel to the skin surface - a classic appearance of a lipoma.

Lipomas are the most common benign soft tissue tumors and frequently arise in the subcutaneous tissue. They are composed of mature adipose tissue and are typically asymptomatic unless large or compressing adjacent structures.

Sonographic features of a lipoma:

- * Isoechoic to mildly hyperechoic or hypoechoic relative to subcutaneous fat
- * Oval or elliptical in shape with well-defined margins
- * Internal linear striations or "feathered" echotexture
- * Compressible and non-vascular on Doppler imaging
- * Located in subcutaneous fat plane parallel to the skin surface

Differentiation from other options:

- * B. Fibroma: Typically appears as a homogeneous, hypoechoic mass but is far less common in the abdominal wall.
- * C. Desmoid: Appears as an ill-defined or infiltrative mass within deeper soft tissues; more heterogeneous and may distort surrounding tissue planes.
- * D. Metastasis: Often more irregular, heterogeneous, and may show increased vascularity or invasion into adjacent structures.

References:

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

Chapter: Musculoskeletal and Soft Tissue Ultrasound, pp. 1448-1450.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of a Diagnostic Ultrasound Examination of Soft Tissue Structures, 2020.

Radiopaedia.org. Lipoma (ultrasound): <https://radiopaedia.org/articles/lipoma-ultrasound>

NEW QUESTION # 52

Which finding is helpful to differentiate postsurgical breast scarring from a recurrent tumor?

- **A. Absent Doppler signal**
- B. Architectural distortion
- C. Associated skin thickening
- D. Irregular hypoechoic area

Answer: A

Explanation:

Postsurgical breast scarring may appear hypoechoic and irregular but typically shows no internal vascularity on Doppler imaging. In contrast, recurrent tumors generally exhibit increased internal vascular flow due to neovascularization. Therefore, absent Doppler signal helps suggest scar tissue rather than malignancy.

According to Stavros' Breast Ultrasound:

"The absence of internal Doppler flow favors scar tissue, whereas recurrent malignancy typically demonstrates internal vascularity."

Reference:

Stavros AT. Breast Ultrasound. Lippincott Williams & Wilkins, 2004.

AIUM Practice Parameter for Breast Ultrasound, 2020.

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NEW QUESTION # 53

Which renal condition is commonly associated with pyuria and leukocytosis?

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

Answer: C

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 # 54

What is the normal Doppler waveform signature of the hepatic veins?

- **A. Triphasic**
- B. Turbulent
- C. Low resistant
- D. Monophasic

Answer: A

Explanation:

The normal hepatic vein Doppler waveform is triphasic, reflecting cardiac cycle variations in central venous pressure transmitted from the right atrium through the IVC. Loss of triphasicity may suggest elevated right atrial pressures or hepatic venous obstruction.

According to Rumack's Diagnostic Ultrasound:

"The normal hepatic vein waveform is triphasic due to transmitted right atrial pressure variations." Reference:

NEW QUESTION # 55

Which condition puts the patient at greatest risk for a hematoma as a result of biopsy?

- A. Acute renal failure
- B. Hypertension
- C. Infection
- D. Liver disease

Answer: D

Explanation:

Patients with liver disease often have coagulopathy due to impaired synthesis of clotting factors. This places them at greater risk for bleeding or hematoma formation after biopsy. While hypertension may increase bleeding risk slightly, liver disease presents a significantly higher risk due to impaired coagulation.

According to the Society of Interventional Radiology (SIR) guidelines:

"Liver dysfunction is a significant risk factor for post-biopsy hemorrhage due to associated coagulopathy." Reference:

SIR Consensus Guidelines for Coagulation Parameters in Image-Guided Procedures, 2019.

American Association for the Study of Liver Diseases (AASLD), Practice Guidance, 2021.

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NEW QUESTION # 56

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