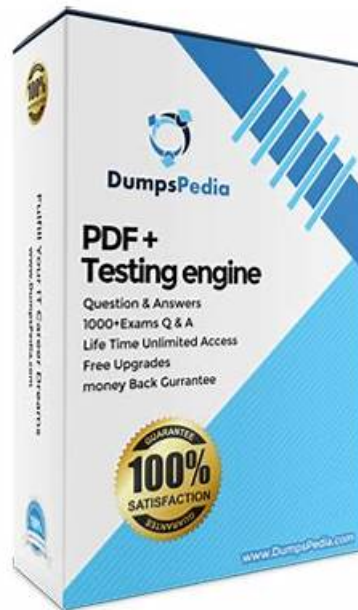


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ARDMS Abdomen Sonography Examination Sample Questions (Q145-Q150):

NEW QUESTION # 145

Which laboratory value stays elevated longest and is considered the most reliable in diagnosing pancreatitis?

- A. Lipase
- B. Trypsin
- C. Amylase
- D. Somatostatin

Answer: A

Explanation:

Lipase is the most sensitive and specific laboratory marker for diagnosing acute pancreatitis. It rises earlier, remains elevated longer (up to 14 days), and is more pancreas-specific than amylase. Amylase may normalize within 48-72 hours and may also be elevated in non-pancreatic conditions.

According to ACG (American College of Gastroenterology) Guidelines:

"Serum lipase is preferred over amylase due to its higher sensitivity, specificity, and prolonged elevation in pancreatitis." Reference:

American College of Gastroenterology (ACG) Clinical Guideline: Management of Acute Pancreatitis, 2013.

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

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NEW QUESTION # 146

Which technique would best eliminate the spectral Doppler artifact in this image?



- A. Adjust baseline
- B. Adjust gain
- C. Increase pulse repetition frequency
- D. Increase wall filter

Answer: B

Explanation:

The spectral Doppler image demonstrates excessive noise along the baseline, including a "fuzzy" or filled-in spectral window. This artifact is known as spectral broadening or "blossoming," and it typically results from excessive Doppler gain. When Doppler gain is set too high, it amplifies not only the true Doppler signal but also the background noise. This results in a falsely broadened waveform that can obscure diagnostic information such as peak velocities or flow turbulence. The best way to correct this artifact is to reduce the Doppler gain (Option A).

Key points regarding gain-related artifact:

- * Excessive gain exaggerates spectral display by amplifying weak signals and noise.
- * Reducing gain restores the clarity of the spectral window and accurate envelope definition.
- * The goal is to optimize gain just enough to see the real flow signals without cluttering the display.

Differentiation from other options:

- * B. Adjust baseline: Useful in avoiding aliasing but does not affect gain-related noise.
- * C. Increase wall filter: Removes low-frequency signals from vessel wall motion but not background spectral noise.
- * D. Increase pulse repetition frequency (PRF): Used to reduce aliasing in high-velocity flow, not to address gain-related spectral clutter.

References:

Krenkau FW. Sonography: Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Doppler Principles, pp. 189-193.

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

Chapter: Doppler Artifacts, pp. 65-67.

American Institute of Ultrasound in Medicine (AIUM) Doppler Ultrasound Practice Guidelines, 2020.

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NEW QUESTION # 147

Hepatitis is classified into groups. Which of these four types are transmitted by fecal-oral route?

- A. Hepatitis B
- B. Hepatitis D
- **C. Hepatitis A**
- D. Hepatitis C

Answer: C

Explanation:

Hepatitis A is primarily transmitted via the fecal-oral route, often through contaminated food or water.

Hepatitis B, C, and D are transmitted through blood and body fluids.

According to CDC and WHO guidelines:

"Hepatitis A virus (HAV) is transmitted primarily by the fecal-oral route via ingestion of contaminated food or water." Reference:

CDC. Viral Hepatitis Surveillance - United States, 2020.

WHO. Hepatitis A Fact Sheet, 2022.

NEW QUESTION # 148

Which type of hernia is located medial to the inferior epigastric artery?

- **A. Direct inguinal**
- B. Indirect inguinal
- C. Spigelian
- D. Femoral

Answer: A

Explanation:

Direct inguinal hernias protrude through Hesselbach's triangle, which lies medial to the inferior epigastric artery. In contrast, indirect inguinal hernias pass lateral to the inferior epigastric artery via the deep inguinal ring.

According to Moore's Clinically Oriented Anatomy:

"Direct inguinal hernias occur medial to the inferior epigastric vessels, within Hesselbach's triangle." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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NEW QUESTION # 149

Which organ is held in place by the lienorenal, gastrosplenic, and phrenocolic ligaments?

- A. Spleen
- B. Left kidney
- C. Pancreas
- D. Stomach

Answer: A

Explanation:

The spleen is suspended in the left upper quadrant by several peritoneal ligaments, including:

- * Lienorenal (splenorenal) ligament - attaches spleen to the left kidney.
- * Gastrosplenic ligament - attaches spleen to the stomach.
- * Phrenocolic ligament - supports the spleen inferiorly between diaphragm and colon.

These ligaments stabilize the spleen's position while allowing some mobility.

According to Moore's Clinically Oriented Anatomy:

"The spleen is connected to the stomach by the gastrosplenic ligament and to the posterior abdominal wall (near the left kidney) by the splenorenal (lienorenal) ligament. The phrenocolic ligament provides inferior support." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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NEW QUESTION # 150

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