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ARDMS Abdomen Sonography Examination Sample Questions (Q33-Q38):

NEW QUESTION # 33

Which disease process causes exudative ascites?

- A. Liver failure
- **B. Infection**
- C. Renal failure
- D. Hypoproteinemia

Answer: B

Explanation:

Exudative ascites is characterized by high protein content and cellular debris, typically resulting from infections (e.g., peritonitis, tuberculosis), malignancy, or inflammatory conditions. Transudative ascites is more commonly seen in conditions such as liver failure,

renal failure, and hypoproteinemia due to changes in hydrostatic or oncotic pressure.

According to Light's Criteria:

"Infection and malignancy are common causes of exudative ascites, distinguished by high protein content and elevated LDH."

Reference:

Light RW. Pleural Diseases. 6th ed. Lippincott Williams & Wilkins, 2013.

AASLD Guidelines for the Evaluation of Ascites, 2021.

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NEW QUESTION # 34

Which condition is most consistent with thinning of the renal cortex, reduction in renal length, and prominence of the renal sinus fat in a patient presenting four months after renal transplant with slightly reduced renal function?

- A. Arterial stricture
- B. Acute rejection
- C. Chronic rejection
- D. Normal findings

Answer: C

Explanation:

Chronic rejection presents sonographically as cortical thinning, decreased renal size, and increased echogenicity of the renal sinus fat. Acute rejection typically causes an enlarged, edematous kidney with increased parenchymal echogenicity but preserved size early on.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In chronic rejection, the allograft becomes smaller with cortical thinning, increased echogenicity, and prominence of the central sinus fat." Reference:

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

AIUM Practice Parameter for Renal Transplant Ultrasound, 2020.

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NEW QUESTION # 35

What is the adrenal disorder that produces excessive secretion of aldosterone?

- A. Addison disease
- B. Waterhouse-Friderichsen syndrome
- C. Cushing disease
- D. Conn syndrome

Answer: D

Explanation:

Conn syndrome (primary hyperaldosteronism) results from excessive aldosterone secretion, often due to an adrenal adenoma, leading to hypertension, hypokalemia, and metabolic alkalosis. Cushing disease involves cortisol, Addison disease involves adrenal insufficiency, and Waterhouse-Friderichsen is associated with adrenal hemorrhage.

According to Rumack's Diagnostic Ultrasound:

"Conn syndrome is due to excessive secretion of aldosterone, often secondary to adrenal cortical adenoma." Reference:

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

AIUM Practice Parameter for Adrenal Ultrasound, 2020.

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NEW QUESTION # 36

Which structure is located between the fundus of the stomach and the diaphragm?

- A. Right kidney
- B. Caudate lobe of the liver
- C. Spleen
- D. Left lobe of the liver

Answer: C

Explanation:

The spleen lies in the left hypochondrium, superior and lateral to the fundus of the stomach, and directly contacts the diaphragm. It occupies the space between the stomach and diaphragm. The liver and kidneys are located more medially or inferiorly.

According to Gray's Anatomy for Students:

"The spleen lies posterolateral to the fundus of the stomach, separated from the diaphragm by its fibrous capsule." Reference:

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

Moore KL, Clinically Oriented Anatomy, 8th ed.

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NEW QUESTION # 37

Which technique best differentiates a bladder mass from a hematoma?

- A. Fill the bladder
- **B. Change patient position**
- C. Obtain post-void image
- D. Use harmonic imaging

Answer: B

Explanation:

Changing the patient's position allows evaluation of lesion mobility. Blood clots and hematomas are often mobile, while true bladder wall masses remain fixed. This technique helps differentiate between solid masses and non-adherent debris.

According to Rumack's Diagnostic Ultrasound:

"Changing patient position may distinguish between mobile blood clots and fixed bladder wall masses." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

NEW QUESTION # 38

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