

# AB-Abdomen Exam Answers & AB-Abdomen Review Guide

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## abdomen anatomy latest exam questions and answers

how far up does the abdominal cavity extend - 5th intercostal space

layers of abdominal wall for paracentesis - skin

fat with campers fascia

scarpas superficial fascia

deep fascia

EOM

IOM

transversus abdominalis

fascia transversalis

extraperitoneal fat

parietal peritoneum

linea semilunaris - curved groove that extends from the 9th costal cartilage to the pubis

5-8 cm from medial plane

pubic crest - bony landmark 2.5 lateral of pubic symphysis where the inguinal ligament attaches

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## ARDMS Abdomen Sonography Examination Sample Questions (Q90-Q95):

### NEW QUESTION # 90

Which parameter is most likely increased distal to a renal artery stenosis?

- A. Spectral broadening
- B. Acceleration time
- C. Resistive index
- D. Pulsatility index

**Answer: B**

Explanation:

Downstream from a significant renal artery stenosis, the acceleration time is prolonged due to delayed systolic upstroke ("tardus-parvus waveform"). This is a sensitive Doppler parameter for detecting hemodynamically significant stenosis. Spectral broadening usually occurs at the stenotic site, not distal to it.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Prolonged acceleration time and reduced acceleration index characterize tardus-parvus waveforms distal to renal artery stenosis."

Reference:

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

AIUM Practice Parameter for Renal Artery Duplex Doppler Ultrasound, 2020.

### NEW QUESTION # 91

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



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

**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 # 92

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:

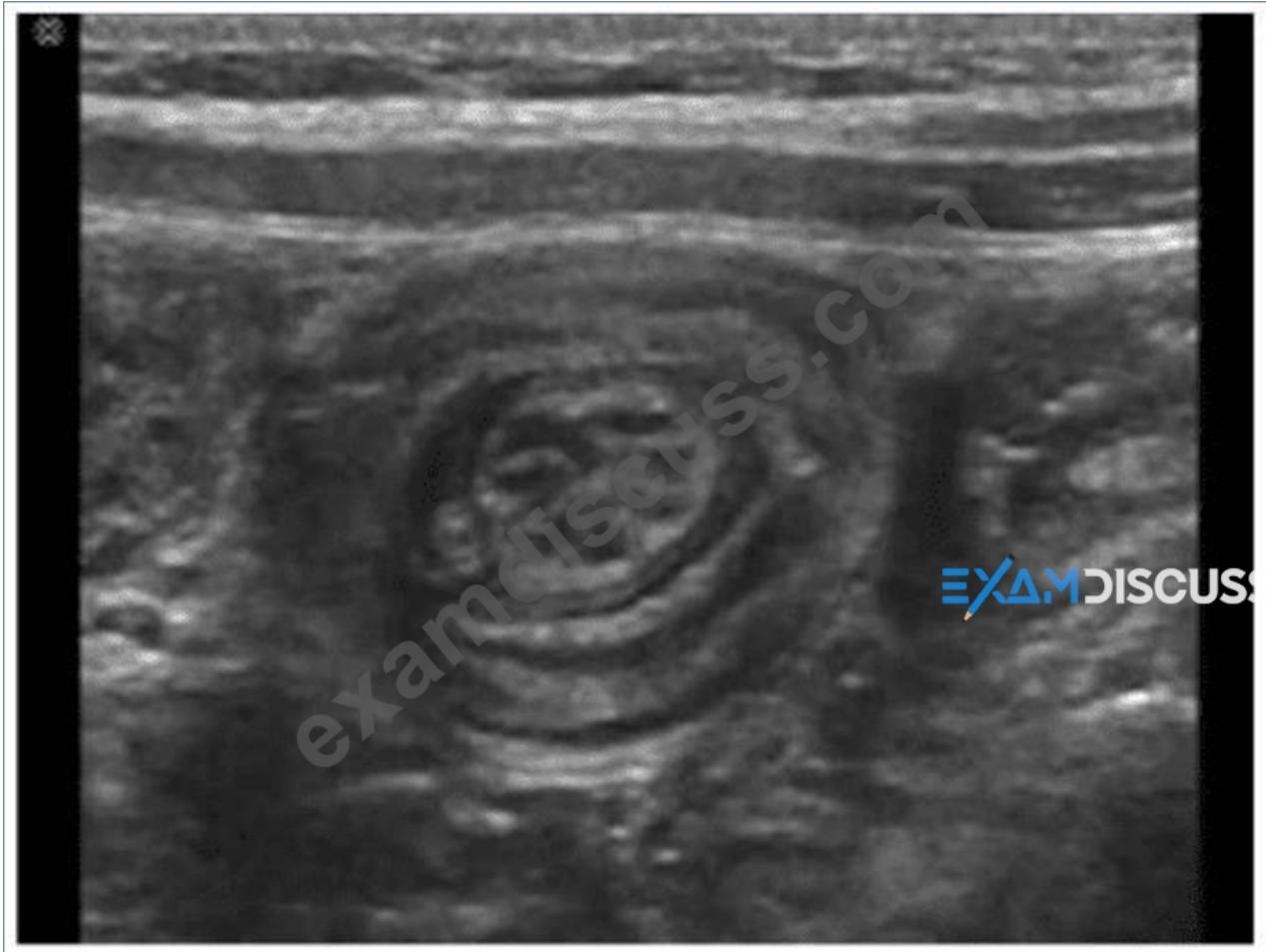
\* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

Chapter: Kidneys.

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

## NEW QUESTION # 93

Which condition is most likely depicted in this image?



- A. Diverticulitis
- B. Appendicitis
- C. Bowel obstruction
- D. Intussusception

**Answer: D**

Explanation:

The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.

Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years. It commonly presents with intermittent abdominal pain, vomiting, and sometimes "red currant jelly" stools.

Key ultrasound features of intussusception:

- \* Target sign in transverse view (concentric rings of bowel layers)
- \* Pseudokidney or sandwich sign in longitudinal view
- \* May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum

Comparison of answer choices:

- \* A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.
- \* B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding, not the concentric target appearance.
- \* C. Appendicitis may appear as a blind-ending tubular structure ( $>6$  mm), not with concentric ring pattern.
- \* D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.

References:

Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.

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

AIUM Practice Parameter for the Performance of Pediatric Ultrasound (2021).

#### NEW QUESTION # 94

Which of the following is a possible early complication of a renal transplant?

- A. Transplant artery stenosis
- B. Ureterocele
- C. Transitional cell carcinoma
- D. **Acute tubular necrosis**

**Answer: D**

Explanation:

Acute tubular necrosis (ATN) is the most common cause of early graft dysfunction following renal transplantation. It results from ischemia-reperfusion injury during the transplantation process. Ultrasound findings may be nonspecific but Doppler may show elevated resistive indices.

Ureterocele (A) is a congenital anomaly.

Transplant artery stenosis (C) is a late complication.

Transitional cell carcinoma (D) is rare and not typically an early complication.

Reference Extracts:

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

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

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**NEW QUESTION # 95**

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