

AB-Abdomen exam materials & AB-Abdomen practice questions & AB-Abdomen study guide

Abdominal Exams

Patient Information

Field	Information
Full Name:	John Marie Claire
Date of Birth:	04/20/1972
Gender:	Male
Date of Examination:	06/15/2023

Inspection

Observations	Findings	Interpretation
General Appearance	Alert, not in distress	Normal
Abdominal Contour	Flat	Normal
Abdominal Movement	Symmetrical with respiration	Normal
Skin Appearance	No rashes or lesions	Normal
Presence of Scars	No visible scars	Normal

Auscultation

Observations	Findings	Interpretation
Bowel Sounds	Normoactive bowel sounds in all quadrants	Normal
Vascular Sounds	No bruits	Normal

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>> AB-Abdomen Exam Questions Answers <<

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Abdomen Sonography Examination (AB-Abdomen) test helps you land well-paying jobs. Additionally, the ARDMS AB-Abdomen certification exam is also beneficial to get promotions in your current company. But the main problem that every applicant faces while preparing for the AB-Abdomen Certification test is not finding updated ARDMS AB-Abdomen practice questions.

ARDMS Abdomen Sonography Examination Sample Questions (Q21-Q26):

NEW QUESTION # 21

Which term refers to the testicular capsule?

- A. Pampiniform plexus
- **B. Tunica albuginea**
- C. Dartos fascia
- D. Tunica vaginalis

Answer: B

Explanation:

The tunica albuginea is the dense fibrous capsule that directly surrounds the testicular parenchyma. The tunica vaginalis is a serous covering surrounding the testis externally, and the dartos fascia and pampiniform plexus are part of the scrotal wall and spermatic cord, respectively.

According to Rumack's Diagnostic Ultrasound:

"The tunica albuginea is the fibrous capsule surrounding the testis and forming septa within the gland." Reference:

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

AIUM Practice Parameter for Scrotal Ultrasound, 2020.

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NEW QUESTION # 22

Which condition is most likely in a patient presenting with weight loss and fatigue along with elevated liver enzymes, elevated potassium, and decreased sodium?

- **A. Addison disease**
- B. Hepatocellular carcinoma
- C. Conn syndrome
- D. Acute pancreatitis

Answer: A

Explanation:

Addison disease (primary adrenal insufficiency) results in insufficient production of cortisol and aldosterone.

The hallmark laboratory findings include:

- * Hyponatremia (low sodium)
- * Hyperkalemia (high potassium)
- * Elevated liver enzymes (due to nonspecific hepatic involvement)
- * Fatigue, weight loss, and hypotension are common clinical features.
- * Conn syndrome (B) causes hyperaldosteronism, leading to hypokalemia (not hyperkalemia).
- * Acute pancreatitis (C) would typically show elevated amylase/lipase.
- * Hepatocellular carcinoma (D) may present with elevated liver enzymes but not the electrolyte pattern described.

Reference Extracts:

* Nieman LK. "Diagnosis and Treatment of Primary Adrenal Insufficiency." J Clin Endocrinol Metab. 2011;96(7):1957-1966.

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

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NEW QUESTION # 23

Which finding is demonstrated in this image?



- A. Medullary sponge kidney
- B. Acute medical renal disease
- **C. Hepatic steatosis**
- D. Acute hepatitis

Answer: C

Explanation:

The ultrasound image demonstrates diffuse increased echogenicity of the liver parenchyma with posterior beam attenuation (acoustic shadowing), findings that are consistent with hepatic steatosis (fatty liver disease).

The liver appears brighter than normal, and the vascular markings, particularly of the portal veins, are obscured due to the increased parenchymal echogenicity.

Hepatic steatosis refers to the abnormal accumulation of fat within hepatocytes and is commonly associated with obesity, diabetes, alcohol use, and metabolic syndrome.

Classic sonographic features of hepatic steatosis include:

- * Diffuse hyperechogenicity ("bright liver")
- * Poor visualization of intrahepatic vessels and diaphragm
- * Posterior acoustic attenuation
- * Increased hepatic echogenicity relative to the renal cortex

Differentiation from other options:

- * A. Acute hepatitis: Usually presents with normal or slightly decreased echogenicity, "starry sky" appearance due to prominent portal triads and periportal edema.
- * C. Medullary sponge kidney: A renal condition with echogenic medullary pyramids, not hepatic.
- * D. Acute medical renal disease: Affects the kidneys, often with bilateral renal enlargement and increased cortical echogenicity- again not related to liver imaging.

References:

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

Chapter: Liver, pp. 93-97.

American College of Radiology (ACR) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2021.

Radiopaedia.org. Fatty liver (ultrasound): <https://radiopaedia.org/articles/fatty-liver-ultrasound>

NEW QUESTION # 24

Which condition is demonstrated in this image of a febrile patient with breast redness and tenderness?



- A. Abscess
- B. Galactocele
- C. Sebaceous cyst
- D. Ductal ectasia

Answer: A

Explanation:

The ultrasound image demonstrates an irregular, complex fluid collection in the subareolar region of the breast with internal echoes, septations, and poorly defined margins. These sonographic findings are classic for a breast abscess, particularly in a patient presenting with clinical signs of infection—fever, redness, and localized tenderness.

A breast abscess is typically seen as:

- * A hypoechoic or anechoic area with thick walls
- * Presence of internal debris, septations, or floating echoes
- * Posterior acoustic enhancement
- * Increased peripheral vascularity on Doppler (surrounding inflammation)
- * Surrounding hyperechoic fat due to cellulitis

This clinical and imaging profile strongly supports the diagnosis of a breast abscess, most commonly seen in lactating women (puerperal mastitis) or in non-lactating women with chronic infection.

Comparison of answer choices:

- * A. Ductal ectasia usually presents with dilated ducts and minimal inflammatory changes, often asymptomatic or causing nipple discharge.
- * B. Abscess - Correct. The irregular fluid collection with complex echoes and clinical signs of infection supports this.
- * C. Sebaceous cysts are typically superficial, round, and well-defined with a punctum.
- * D. Galactocele appears as a well-circumscribed, fat-fluid level-containing lesion in lactating women but lacks surrounding inflammation.

References:

Mendelson EB, Bohm-Velez M, Berg WA. ACR BI-RADS Atlas: Ultrasound. American College of Radiology; 2013.
 Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
 AIUM Practice Parameter for the Performance of Diagnostic and Screening Ultrasound of the Breast (2021).

NEW QUESTION # 25

Which technique may provide better visualization of the common bile duct in a patient with hepatic steatosis?

- A. Increase dynamic range

- B. Decrease transducer frequency
- C. Decrease overall gain
- D. Scan patient after a fatty meal

Answer: B

Explanation:

In hepatic steatosis (fatty liver), increased echogenicity can obscure visualization of deeper structures like the common bile duct. Lowering the transducer frequency increases sound wave penetration, allowing better visualization of deep structures despite increased liver echogenicity. Decreasing gain or increasing dynamic range primarily adjusts image brightness and contrast but does not improve penetration.

According to Rumack's Diagnostic Ultrasound:

"Lower frequency transducers are used to improve penetration and visualization of deeper structures in patients with fatty liver."

Reference:

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

AIUM Practice Parameter for the Performance of Abdominal Ultrasound Examinations, 2020.

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NEW QUESTION # 26

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