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Quiz 2025 AB-Abdomen: Useful Abdomen Sonography Examination Pass4sure Study Materials

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

NEW QUESTION # 33

Which organ is drained via the vessel indicated by the arrow in this image?



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

Answer: A

Explanation:

The ultrasound image shows a transverse section through the upper abdomen. The arrow is pointing to a vascular structure running posterior to the pancreas and anterior to the left kidney. This vessel is the splenic vein.

Anatomically:

- * The splenic vein runs along the posterior border of the pancreas.
- * It courses medially to join the superior mesenteric vein (SMV) and form the portal vein.
- * It receives tributaries from the spleen, short gastric veins (draining the stomach), and the inferior mesenteric vein.

In this case, the question asks which organ is primarily drained via the vessel marked by the arrow. The splenic vein's main tributary is from the spleen.

Comparison of answer choices:

- * A. Spleen - Correct. The splenic vein is the primary drainage vessel for the spleen.
- * B. Stomach - Some gastric veins drain into the splenic vein, but the primary drainage is via left and right gastric veins into the portal system.
- * C. Left kidney - Drains into the left renal vein, not the splenic vein.
- * D. Duodenum - Drains mainly into the superior mesenteric vein (SMV).

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.
Netter FH. Atlas of Human Anatomy, 7th ed. Elsevier; 2018.

NEW QUESTION # 34

A 60-year-old man presents to the emergency room, complaining of tearing pain in the chest and abdomen.

Blood pressure readings from the two arms show a difference of more than 20 mm. Which ultrasound finding is most likely associated with this presentation?

- A. Pericardial fluid
- B. Thickened gallbladder wall
- C. Echogenic material in the inferior vena cava
- **D. Intimal flap in the aorta**

Answer: D

Explanation:

An intimal flap in the aorta is a hallmark ultrasound finding of aortic dissection, which can present with tearing chest/abdominal pain and differential blood pressures between arms. The flap represents separation of the intimal and medial layers of the aortic wall.

According to Rumack's Diagnostic Ultrasound:

"An intimal flap visualized within the aorta is diagnostic of an aortic dissection." Reference:

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

American Heart Association (AHA) Guidelines for Aortic Disease, 2020.

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NEW QUESTION # 35

Which condition is most likely the cause of claudication experienced two weeks after this image was obtained?



- A. Thrombophlebitis
- B. Neuropathy
- C. Infected hematoma
- **D. Ruptured Baker cyst**

Answer: D

Explanation:

The ultrasound image demonstrates a fluid-filled structure in the posterior knee region, consistent with a Baker cyst (also called a popliteal cyst). A Baker cyst is a synovial fluid-filled sac arising from the posterior medial aspect of the knee joint, typically extending between the medial head of the gastrocnemius and the semimembranosus tendon.

The history of delayed-onset claudication (pain in the calf when walking) two weeks after this image was obtained is strongly

suggestive of a ruptured Baker cyst. When a Baker cyst ruptures, synovial fluid may track inferiorly into the calf, producing pain, swelling, and clinical symptoms that mimic deep vein thrombosis (DVT) or arterial insufficiency (e.g., pseudothrombophlebitis syndrome).

Ultrasound findings consistent with a ruptured Baker cyst:

- * Complex fluid collection tracking along muscle fascial planes (hypoechoic to anechoic)
- * Posterior calf swelling and tenderness
- * Absence of thrombus in the deep venous system
- * Crescent-shaped fluid may be seen between muscle compartments

Why the other choices are incorrect:

- * A. Neuropathy: Would not show fluid-filled structures on ultrasound and would not present with calf swelling.
- * B. Infected hematoma: May appear complex, but would require a history of trauma or anticoagulation and systemic signs (fever, redness).
- * C. Thrombophlebitis: Involves a thrombosed superficial vein with wall thickening and surrounding inflammation, which is not seen in this image.

References:

American Institute of Ultrasound in Medicine (AIUM). Practice Guidelines for Musculoskeletal Ultrasound Examination, 2020.
Bianchi S., Martinoli C. Ultrasound of the Musculoskeletal System. Springer, 2007. Chapter: Knee Region - Popliteal Fossa and Baker's Cyst, pp. 433-437.
Radiopaedia.org. Ruptured Baker cyst: <https://radiopaedia.org/articles/ruptured-bakers-cyst>

NEW QUESTION # 36

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



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

Answer: C

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 # 37

Which probe frequency is most appropriate for imaging of the salivary glands?

- A. 4 MHz
- B. 2 MHz
- C. 12 MHz
- D. 8 MHz

Answer: C

Explanation:

Salivary glands are superficial structures, and high-frequency transducers (10-15 MHz) are optimal to obtain high spatial resolution. Lower frequencies are inappropriate as they lack sufficient resolution for superficial structures. A 12 MHz transducer provides excellent detail necessary for detecting small lesions, duct abnormalities, and vascular structures.

According to Rumack et al., Diagnostic Ultrasound:

"High-frequency linear transducers (10-15 MHz) are recommended for evaluating superficial structures such as salivary glands." (Rumack CM et al., Diagnostic Ultrasound, 5th ed.)

Reference:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Head and Neck Ultrasound Examination, 2020.

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NEW QUESTION # 38

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