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ARDMS Abdomen Sonography Examination Sample Questions (Q76-Q81):

NEW QUESTION #76

Which sonographic finding is commonly associated with transitional cell cancer of urinary bladder?

- A. Flat sessile lesion
- B. Diffuse wall thickening
- C. Polypoidal non-mobile focal mass
- D. Ulcerated solid infiltrative lesion

Answer: C

Explanation:

Transitional cell carcinoma (TCC) typically presents as a non-mobile, polypoidal, focal intraluminal mass projecting from the bladder wall. Mobility of the lesion helps differentiate TCC from blood clots or debris.

According to Rumack's Diagnostic Ultrasound:

"Bladder TCC most often appears as a non-mobile, polypoid mass attached to the bladder wall." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

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NEW QUESTION #77

Which finding is most likely demonstrated in this image?



- A. Ascites
- B. Hydropic gallbladder

- C. Bowel obstruction
- D. Hemoperitoneum

Answer: A

Explanation:

The ultrasound image shows an anechoic (black) fluid collection in the perihepatic and perirenal spaces. The fluid outlines the liver (LIV) and right kidney (RK), which is characteristic of free fluid in the peritoneal cavity - consistent with ascites.

Sonographic features of ascites:

- * Anechoic (or hypoechoic) fluid in dependent areas of the abdomen
- * Seen surrounding the liver, spleen, and intestines
- * Can be free-flowing or loculated
- * Bowel loops may be floating or displaced centrally

This image is consistent with a typical finding of ascites: free fluid in Morison's pouch (hepatorenal recess), a common site for fluid accumulation.

Differentiation from other options:

- * A. Hydropic gallbladder: Refers to an enlarged gallbladder filled with clear bile; not visible in this image.
- * B. Hemoperitoneum: May appear similar to ascites, but usually has complex echogenicity or layering if acute; clinical context (trauma, bleeding) is essential for diagnosis.
- * C. Bowel obstruction: Would show dilated, fluid-filled bowel loops with peristalsis or to-and-fro motion, not evident here. References:

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

Chapter: Peritoneal Cavity and Abdominal Trauma, pp. 125-130.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Focused Assessment with Sonography for Trauma (FAST) Examination, 2020.

Radiopaedia.org, Ascites (ultrasound): https://radiopaedia.org/articles/ascites-ultrasound

NEW QUESTION #78

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

- A. Transitional cell carcinoma
- B. Ureterocele
- C. Transplant artery stenosis
- 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 #79

Which condition is characterized by abnormal dilatation of veins of the pampiniform plexus and most commonly affects the left testicle?

- A. Hematocele
- B. Hydrocele
- C. Varicocele
- D. Spermatocele

Answer: C

Explanation:

A varicocele is an abnormal dilatation of the pampiniform plexus veins, usually seen on the left side due to the perpendicular insertion of the left testicular vein into the left renal vein, making it more susceptible to elevated venous pressure. Sonographically, varicoceles appear as multiple serpiginous anechoic tubular structures that show venous flow on color Doppler, often accentuated with Valsalva maneuver.

Hydrocele (A) is a fluid collection surrounding the testis.

Hematocele (C) is blood within the tunica vaginalis.

Spermatocele (D) is a cystic lesion arising from the epididymis.

Reference Extracts:

Dogra VS, Bhatt S. "Sonographic evaluation of testicular varicoceles." Journal of Ultrasound in Medicine.

2004;23(6): 829-838.

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

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NEW QUESTION #80

Beginning at the renal artery, what is the correct sequence of arterial branching?

- A. Arcuate, segmental, interlobar
- B. Interlobar, arcuate, segmental
- C. Segmental, arcuate, interlobar
- D. Segmental, interlobar, arcuate

Answer: D

Explanation:

The correct sequence of renal arterial branching is: renal artery # segmental arteries # interlobar arteries # arcuate arteries # interlobular arteries. This branching pattern is important for understanding renal perfusion and evaluating vascular disorders. According to Moore's Clinically Oriented Anatomy:

"Renal arteries divide into segmental branches, which give rise to interlobar arteries, then arcuate arteries, and finally interlobular arteries." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018. Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

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NEW QUESTION #81

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