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## ARDMS Abdomen Sonography Examination Sample Questions (Q10-Q15):

### NEW QUESTION # 10

Which malignancy most commonly metastasizes to the testes?

- A. Prostate cancer
- B. Bladder cancer
- C. Non-Hodgkin lymphoma
- D. Hodgkin lymphoma

**Answer: A**

**Explanation:**

Testicular metastases are rare and usually identified in older patients. The most frequent primary site of malignancies metastasizing to the testes is the prostate. Studies (Ulbricht and Young, 2008; Mosharafa et al., 2003) indicate that prostatic adenocarcinoma accounts for the highest number of testicular metastases, with lung and gastrointestinal

tract malignancies also contributing less frequently. These metastases can be unilateral or bilateral and are often discovered incidentally during surgical intervention for prostate cancer.

The metastatic route involves retrograde venous extension, arterial embolism, or lymphatic dissemination.

Histologically, prostatic adenocarcinoma in the testis can be confirmed via immunohistochemical markers like prostate-specific antigen (PSA), supporting its prostatic origin.

References:

Ulbright TM, Young RH. Tumors of the Testis, Adnexa, Spermatic Cord, and Scrotum. AFIP Atlas of Tumor Pathology, 4th Series, Fascicle 18. Armed Forces Institute of Pathology, 2008.

Mosharafa AA, Foster RS, Bihle R, et al. Clinical and pathologic features of testicular metastases from solid tumors: a 40-year review. Urology. 2003;61(5): 1064-1068.

### NEW QUESTION # 11

During a renal artery Doppler study, which vessel should also be sampled to verify patency?

- A. Inferior vena cava
- B. Iliac vein
- C. Main renal vein
- D. Portal vein

**Answer: C**

Explanation:

The main renal vein should be assessed in addition to the renal arteries during renal Doppler exams. Venous thrombosis may coexist with arterial abnormalities and can impact renal perfusion. Evaluation of both arterial inflow and venous outflow ensures a comprehensive assessment of renal vascular patency.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Renal vein assessment should be performed during renal artery Doppler studies to exclude venous thrombosis or outflow obstruction." Reference:

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

AIUM Practice Parameter for Renal Artery Duplex Sonography, 2020.

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### NEW QUESTION # 12

What is the innermost layer of the gut wall?

- A. Serosa
- B. Muscularis externa
- C. Mucosa
- D. Submucosa

**Answer: C**

Explanation:

The mucosa is the innermost layer of the gastrointestinal wall, consisting of epithelium, lamina propria, and muscularis mucosae. It is responsible for absorption and secretion. The submucosa lies just outside the mucosa.

According to Moore's Clinically Oriented Anatomy:

"The mucosa is the innermost layer of the gastrointestinal tract, responsible for nutrient absorption and secretion." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

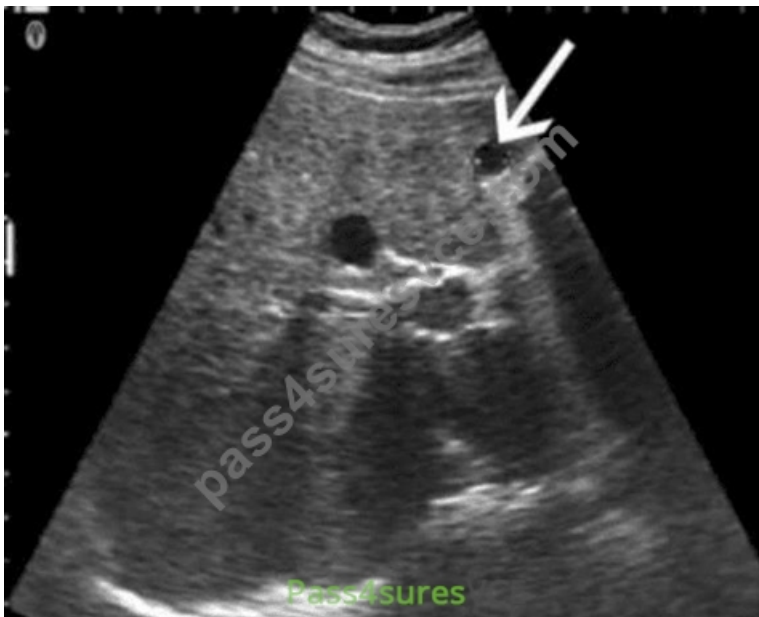
Rumack CM, Diagnostic Ultrasound, 5th ed. Elsevier, 2017.

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### NEW QUESTION # 13

Which technique is best for demonstrating the characteristic of the small hepatic lesion identified by the arrow on this image?



- A. Decrease depth
- B. Move the transducer focus
- C. Scan in upright position
- **D. Use a standoff pad**

**Answer: D**

Explanation:

The image shows a small hepatic lesion located very close to the anterior liver capsule, as indicated by the arrow. When imaging very superficial or near-field structures like subcapsular hepatic lesions, using a standoff pad is the most effective technique for optimizing visualization.

A standoff pad (also known as an acoustic stand-off or gel pad) helps increase the distance between the transducer and the superficial target. This improves the focus and beam shape for near-field imaging and minimizes reverberation and ring-down artifacts. It allows better evaluation of superficial lesions by positioning them within the focal zone of the transducer, which is usually set a few millimeters below the probe surface.

Differentiation from other options:

- \* A. Decrease depth: While reducing depth can help center deeper lesions in the field of view, it does not address issues with near-field resolution.
- \* B. Scan in upright position: This may help in gallbladder or fluid positioning but is not optimal for improving visualization of superficial liver lesions.
- \* C. Move the transducer focus: Adjusting focus deeper into the image won't enhance resolution of very superficial structures unless a standoff is used to bring the lesion into the focal zone.

References:

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

Chapter: Liver, pp. 80-84.

Krenkau FW. Sonography: Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Image Formation and Optimization, pp. 114-117.

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

## NEW QUESTION # 14

Which normal anatomical structure is also known as the accessory pancreatic duct?

- A. Duct of Wirsung
- B. Common pancreatic duct
- **C. Duct of Santorini**
- D. Duct of Vater

**Answer: C**

Explanation:

The Duct of Santorini is the accessory pancreatic duct that drains the superior portion of the pancreatic head into the minor duodenal papilla. The main pancreatic duct (Duct of Wirsung) drains into the major papilla, often joining the common bile duct at the Ampulla of Vater.

According to Moore's Clinically Oriented Anatomy:

"The accessory pancreatic duct (Duct of Santorini) may be present and drains into the minor duodenal papilla." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

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

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## NEW QUESTION # 15

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