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## ARDMS Abdomen Sonography Examination Sample Questions (Q11-Q16):

#### **NEW QUESTION #11**

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

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

#### Answer: B

### 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 #12**

Which condition is demonstrated in this image?



- A. Cavernous transformation
- B. Portal vein thrombosis
- C. Portal hypertension
- D. Tumor extension

## Answer: A

### Explanation:

The image shows a color Doppler ultrasound of the main portal vein (MPV), which appears irregular and replaced by multiple small, serpiginous vascular channels - a hallmark of cavernous transformation.

Cavernous transformation of the portal vein is a late complication of chronic portal vein thrombosis, in which collateral vessels develop around the thrombosed portal vein to bypass the obstruction.

Key Doppler ultrasound features of cavernous transformation:

- \* Absence of a normal portal vein
- \* Multiple tortuous vessels in the porta hepatis
- \* Color Doppler shows hepatopetal flow in these channels
- \* Low velocity, continuous waveform flow in collateral vessels

Differentiation from other options:

- \* B. Portal vein thrombosis: Would show an absence of color flow within the portal vein lumen and possibly echogenic material within the vessel. There would be no serpiginous collateral vessels yet if it's an acute process.
- \* C. Portal hypertension: Often diagnosed with other sonographic findings (e.g., splenomegaly, reversed portal flow, varices) but not characterized by the replacement of the portal vein by collateral vessels.
- \* D. Tumor extension: Typically appears as echogenic intraluminal material within the portal vein with arterial waveforms on Doppler due to neovascularity. Tumor thrombus can be seen in hepatocellular carcinoma or pancreatic cancer, not multiple small collateral vessels.

References:

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

Chapter: Portal Venous System, pp. 107-110.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Vascular Ultrasound Examination, 2021.

Radiopaedia.org. Cavernous transformation of the portal vein: https://radiopaedia.org/articles/cavernous-transformation-of-the-portal-vein

#### **NEW QUESTION #13**

Which malignancy most commonly metastasizes to the testes?

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

## Answer: B

#### 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 (Ulbright 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 viaimmunohistochemical 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, Bihrle 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 #14**

Which renal finding is often present in patients with tuberous sclerosis?

- A. Renal cell carcinoma
- B. Multilocular cystic nephroma
- C. Sinus lipomatosis
- D. Angiomyolipoma

#### Answer: D

#### Explanation:

Angiomyolipomas are benign renal tumors composed of fat, smooth muscle, and blood vessels. They are strongly associated with tuberous sclerosis and may be multiple and bilateral in these patients. While RCC may occur, angiomyolipomas are much more characteristic.

According to Rumack's Diagnostic Ultrasound:

"Angiomyolipomas are frequently multiple and bilateral in patients with tuberous sclerosis." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017. AIUM Practice Parameter for Renal Ultrasound, 2020.

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#### **NEW QUESTION #15**

A patient with hepatocellular carcinoma presents for a paracentesis. Which lab value is the most pertinent to the procedure?

- A. Total bilirubin
- B. Alanine aminotransferase
- C. Alpha fetoprotein
- D. International normalized ratio

#### Answer: D

#### Explanation:

Before performing a paracentesis, assessment of the patient's coagulation status is crucial to minimize bleeding risk. The International Normalized Ratio (INR) is the standard lab value used to assess coagulation.

Elevated INR may increase the risk of bleeding complications during the procedure. ALT, AFP, and bilirubin levels evaluate liver function or cancer progression but are not directly relevant to bleeding risk for this procedure.

As per AASLD and SIR guidelines:

"An INR and platelet count should be evaluated before paracentesis to assess bleeding risk. Minor elevations in INR (<1.5) may not contraindicate the procedure." (AASLD Practice Guidance, 2021; SIR Consensus Guidelines, 2019).

Reference:

American Association for the Study of Liver Diseases (AASLD), Management of Ascites, 2021.

Society of Interventional Radiology (SIR) Consensus Guidelines for Coagulation Parameters in Image-Guided Procedures, 2019.

## **NEW QUESTION #16**

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