

2026 AB-Abdomen: Useful Abdomen Sonography Examination Exam Tutorials



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	Abdominal Physics: This section of the exam measures the knowledge of ultrasound technicians in applying imaging physics principles to abdominal sonography. It includes understanding how to optimize ultrasound equipment settings for the best image quality and how to identify and correct imaging artifacts that can distort interpretation. Candidates should demonstrate technical proficiency in handling transducers, adjusting frequency, and managing depth and gain to obtain clear, diagnostic-quality images while minimizing errors caused by acoustic artifacts.
Topic 2	Clinical Care, Practice, and Quality Assurance: This section of the exam tests the competencies of clinical ultrasound specialists and focuses on integrating patient care standards, clinical data, and procedural accuracy in abdominal imaging. It assesses the candidate ability to follow established medical guidelines, ensure correct measurements, and provide assistance during interventional or diagnostic procedures. Additionally, this domain emphasizes maintaining high-quality imaging practices and ensuring patient safety. Effective communication, adherence to protocols, and continuous quality improvement are key aspects of this section.
Topic 3	Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy: This section of the exam evaluates the abilities of diagnostic medical sonographers and covers the detection and analysis of diseases, vascular issues, trauma-related damage, and surgical alterations in abdominal anatomy. Candidates are expected to identify abnormal growths, inflammations, obstructions, or vascular irregularities that may affect abdominal organs. They must also recognize post-surgical changes and assess healing or complications through imaging. The emphasis is on correlating pathological findings with clinical data to produce precise diagnostic reports that guide further medical management.

Topic 4	• Anatomy, Perfusion, and Function: This section of the exam measures the skills of abdominal sonographers and focuses on evaluating the physical characteristics, blood flow, and overall function of abdominal structures. Candidates must understand how to assess organs such as the liver, kidneys, pancreas, and spleen for size, shape, and movement. It also involves analyzing perfusion to determine how effectively blood circulates through these organs. The goal is to ensure accurate interpretation of both normal and abnormal functions within the abdominal cavity using sonographic imaging.
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ARDMS Abdomen Sonography Examination Sample Questions (Q113-Q118):

NEW QUESTION # 113

Which congenital anomaly is demonstrated in this image?

□

- A. Prominent renal column
- **B. Duplicated collecting system**
- C. Crossed renal ectopia
- D. Horseshoe kidney

Answer: B

Explanation:

The ultrasound image labeled "SAG LT KIDNEY MID" demonstrates a left kidney with two separate, centrally located echogenic renal sinuses separated by intervening renal parenchyma. This appearance is classic for a duplicated collecting system.

A duplicated collecting system (also known as duplex kidney) is a congenital anomaly in which a single kidney contains two separate pelvicalyceal systems. It may be complete (with two ureters) or incomplete (partial duplication of ureters). This condition is one of the most common congenital anomalies of the urinary tract.

Sonographic Features of a Duplicated Collecting System:

- * Two separate central echogenic renal sinus regions seen within one kidney
- * Intervening parenchyma between the two sinuses
- * May show associated findings: hydroureteronephrosis (especially of upper pole moiety), ureterocele
- * Best visualized in sagittal plane

Differentiation from other options:

- * A. Horseshoe kidney: Shows fusion of the lower poles of the kidneys, typically located anterior to the aorta in the midline-not demonstrated here.
- * B. Crossed renal ectopia: One kidney is located on the opposite side of the body; this image shows a normally positioned kidney.
- * C. Prominent renal column (column of Bertin): May mimic a mass, but does not produce two separate sinuses as shown here.

References:

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

Chapter: Kidneys, pp. 210-215.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Renal Ultrasound Examination, 2020.

Radiopaedia.org. Duplex collecting system: <https://radiopaedia.org/articles/duplex-collecting-system>

NEW QUESTION # 114

Which sections of the liver are divided by the structure indicated by the arrow on this image?

□

- A. Right and left lobes
- B. Right anterior and posterior
- C. Left superior and inferior
- D. Left medial and lateral

Answer: A

Explanation:

The ultrasound image shows the liver in a transverse view with the arrow pointing to the middle hepatic vein (MHV). The MHV is a key sonographic landmark that anatomically divides the right and left lobes of the liver.

According to Couinaud's segmental anatomy, which is the basis for surgical and radiological liver segmentation:

- * The middle hepatic vein runs within the main lobar fissure.
- * It separates the right lobe (segments V-VIII) from the left lobe (segments II-IV).
- * This division is crucial in liver surgery and interventional procedures.

Comparison of answer choices:

- * A. Right anterior and posterior segments are divided by the right hepatic vein, not the middle hepatic vein.
- * B. Right and left lobes - Correct. The middle hepatic vein, shown by the arrow, defines this boundary.
- * C. Left medial and lateral segments are divided by the left hepatic vein or falciform ligament.
- * D. Left superior and inferior is not a standard anatomic division in liver segmentation.

References:

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

Couinaud C. Liver anatomy: portal (and hepatic) segmentation. In: Trans. Assoc. Am. Physicians. 1957.

Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 115

What is the most common cause of nutcracker syndrome?

- A. Compression of right renal vein between inferior vena cava and aorta
- B. Compression of left renal vein between superior mesenteric artery and aorta
- C. Compression of left renal vein between inferior vena cava and aorta
- D. Compression of right renal vein between superior mesenteric artery and aorta

Answer: B

Explanation:

Nutcracker syndrome results from compression of the left renal vein between the superior mesenteric artery (SMA) and the aorta. This can cause hematuria, flank pain, and pelvic congestion due to impaired venous drainage.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In nutcracker syndrome, the left renal vein is compressed between the aorta and SMA, resulting in venous hypertension."

Reference:

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

AIUM Practice Parameter for Abdominal Vascular Ultrasound, 2020.

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NEW QUESTION # 116

When measuring the abdominal aorta, where should the calipers be placed?

- A. Inner wall to inner wall
- B. Outer wall to inner wall
- C. Inner wall to outer wall
- D. Outer wall to outer wall

Answer: D

Explanation:

When measuring the abdominal aorta (or any vessel diameter for aneurysm evaluation), calipers should be placed from outer wall to outer wall to ensure inclusion of the full vessel diameter, including any mural thrombus. This is the standard method accepted by professional societies.

According to AIUM and SRU Guidelines:

"Vessel diameter measurements should be performed from outer wall to outer wall to avoid underestimation of aneurysm size."

Reference:

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

Society of Radiologists in Ultrasound (SRU) Consensus Statement, 2003.

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NEW QUESTION # 117

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Caput medusae
- B. Esophageal varices
- C. Coronary vein varices
- D. Splenic vein varices

Answer: A

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

* Esophageal varices (B) are gastroesophageal collaterals.

* Coronary vein varices (C) involve gastric veins.

* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

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NEW QUESTION # 118

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