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## Valid AB-Abdomen Exam Syllabus, Reliable AB-Abdomen Dumps Book

What is more difficult is not only passing the ARDMS AB-Abdomen Certification Exam, but the acute anxiety and the excessive burden also make the candidate nervous to qualify for the Abdomen Sonography Examination certification. If you are going through the same tough challenge, do not worry because ARDMS is here to assist you.

## ARDMS Abdomen Sonography Examination Sample Questions (Q142-Q147):

### NEW QUESTION # 142

Which condition is most likely associated with a common bile duct measuring 5 mm?

- A. Normal
- B. Obstruction
- C. Sclerosis
- D. Stricture

**Answer: A**

Explanation:

A common bile duct (CBD) measuring up to 5 mm is considered normal in most patients under age 60. Some references allow for up to 6 mm, especially post-cholecystectomy or in older individuals. Significant dilation (suggestive of obstruction) typically exceeds these measurements.

According to Rumack's Diagnostic Ultrasound:

"The normal common bile duct measures up to 5-6 mm, with slight increases considered normal after cholecystectomy or with advancing age." Reference:

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

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

### NEW QUESTION # 143

Which condition is most consistent with the findings in the image below?

□

- A. Emphysematous cholecystitis
- B. Adenomyomatosis
- C. Gangrenous cholecystitis
- D. Porcelain gallbladder

**Answer: A**

Explanation:

The ultrasound image shows echogenic foci with dirty shadowing and reverberation artifacts within the gallbladder wall and lumen. These features are characteristic of emphysematous cholecystitis, a severe, life-threatening variant of acute cholecystitis caused by gas-forming organisms (e.g., Clostridium or E. coli) infecting the gallbladder wall.

Sonographic features of emphysematous cholecystitis:

- \* Echogenic gas within the gallbladder wall or lumen
- \* Reverberation or "dirty" shadowing artifacts
- \* May show intramural gas bubbles or "ring-down" artifact
- \* Often seen in diabetic or immunocompromised patients
- \* No gallstones may be present ("acalculous cholecystitis")

Clinical context:

- \* More common in elderly men and diabetics
- \* Presents with right upper quadrant pain, fever, and leukocytosis
- \* Surgical emergency due to risk of perforation and sepsis

Differentiation from other options:

- \* A. Adenomyomatosis: Involves gallbladder wall thickening with "comet tail" artifacts due to Rokitansky-Aschoff sinuses, not intramural gas.
- \* B. Porcelain gallbladder: Shows curvilinear calcification of the gallbladder wall - dense echogenic rim with posterior shadowing.
- \* C. Gangrenous cholecystitis: May show wall irregularity, intraluminal membranes, and absence of Doppler flow but lacks intramural gas.

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.  
Chapter: Gallbladder and Biliary System, pp. 155-160.

American College of Radiology (ACR). Appropriateness Criteria for Right Upper Quadrant Pain, 2022.

Radiopaedia.org. Emphysematous cholecystitis: <https://radiopaedia.org/articles/emphysematous-cholecystitis>

### NEW QUESTION # 144

Based on this image, which congenital anomaly should be suspected?

□

- A. Annular pancreas
- B. Supernumerary kidney
- C. Horseshoe kidney
- D. Pancreas divisum

**Answer: A**

Explanation:

The ultrasound image demonstrates a dilated duodenum with a hypoechoic soft tissue structure encircling it.

This is a classic sonographic appearance suggestive of an annular pancreas. In annular pancreas, pancreatic tissue completely or

partially encircles the second portion of the duodenum, which can lead to duodenal narrowing or obstruction. Annular pancreas is a congenital anomaly that results from failure of the ventral pancreatic bud to rotate properly during embryologic development. As a result, pancreatic tissue encircles the duodenum. It may present in neonates with symptoms of duodenal obstruction or in adults with abdominal pain, pancreatitis, or vomiting.

**Ultrasound Findings:**

- \* Hypoechoic pancreatic tissue encircling the duodenum
- \* Evidence of duodenal dilatation proximal to the obstruction
- \* "Double bubble" sign may be seen in neonates

**Differentiation from other options:**

- \* A. Supernumerary kidney: Refers to an accessory kidney. It would be seen in the retroperitoneum and is unrelated to the duodenum or pancreas.
- \* B. Pancreas divisum: A ductal anomaly best diagnosed on MRCP or ERCP. It is not typically visible on conventional ultrasound.
- \* D. Horseshoe kidney: A renal fusion anomaly where the lower poles of the kidneys are fused. It is seen in the pelvis or lower abdomen and does not involve the duodenum or pancreas.

**References:**

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018. Chapter: Pancreas, pp. 269-272.

Radiopaedia.org. Annular pancreas: <https://radiopaedia.org/articles/annular-pancreas> AIUM Practice Parameter for the Performance of Abdominal and Retroperitoneal Ultrasound Examinations, 2020.

#### **NEW QUESTION # 145**

Which abnormality is the most common adult adrenal tumor?

- A. Pheochromocytoma
- B. Adrenal cortical carcinoma
- C. Neuroblastoma
- D. **Adenoma**

**Answer: D**

**Explanation:**

Adrenal adenomas are the most common adrenal tumors in adults. They are often discovered incidentally (adrenal incidentalomas) and are usually nonfunctioning, though some may secrete cortisol or aldosterone.

Neuroblastoma is common in children, pheochromocytomas are rarer catecholamine-producing tumors, and adrenal cortical carcinoma is malignant but much less common than adenomas.

According to Rumack's Diagnostic Ultrasound:

"Adrenal adenomas are the most common adrenal masses in adults, frequently identified incidentally on imaging studies." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017. ACR Incidental Findings Committee Guidelines for Adrenal Masses, 2017.

#### **NEW QUESTION # 146**

Which condition is a cause of intrahepatic dilatation with a normal common bile duct?

- A. Choledocholithiasis
- B. **Tumor at the porta hepatis**
- C. Acute pancreatitis
- D. Portal vein thrombus

**Answer: B**

**Explanation:**

Intrahepatic biliary dilatation with a normal common bile duct (CBD) is typically caused by obstruction located at or above the level of the hepatic duct confluence. A tumor at the porta hepatis, such as cholangiocarcinoma (Klatskin tumor), is a classic cause of this pattern. The porta hepatis is the site where the right and left hepatic ducts join to form the common hepatic duct. A mass at this location can obstruct the intrahepatic ducts while leaving the distal CBD unaffected and of normal caliber.

By contrast:

\* Portal vein thrombus (A) affects vascular flow but does not directly obstruct bile ducts.

- \* Choledocholithiasis (C) obstructs the CBD, typically resulting in both intrahepatic and extrahepatic duct dilatation.
- \* Acute pancreatitis (D) may cause distal CBD compression if there is associated inflammation or pseudocyst formation, but typically results in extrahepatic duct dilatation rather than isolated intrahepatic dilation.

Reference Extracts:

- \* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier, 2017.
- Chapter: Biliary Tract: "Klatskin tumors cause proximal (intrahepatic) biliary dilatation while the distal bile duct remains normal in caliber."
- \* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology, 4th ed. Saunders, 2015.

## NEW QUESTION # 147

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