

ARDMS certification AB-Abdomen exam questions and answers come out

Abdomen ARDMS MOCK exam

1. Progression of which of the following abnormalities flattens the portal veins?(Answer) Biliary obstruction
2. The wall thickness in a normal fasting gallbladder should not exceed(Answer) 3 mm
3. This color Doppler sonogram is most likely demonstrating which of the following abnormalities?(Answer) Pseudoaneurysm

This color Doppler image demonstrates turbulent swirling blood flow within a fluid collection, classic sonographic findings of a common femoral artery pseudoaneurysm.

4. A patient presents with sudden onset of upper abdominal pain. Ultrasound demonstrates prominence in the stomach rugae. These findings are most suspicious for which of the following conditions?(Answer) Gastritis

Prominence of the stomach rugae in a patient with upper abdominal pain is most suspicious for gastritis. Hypervascular, thick gastric walls are sonographic findings associated with gastric ulcers.

5. Which of the following is a complication of acute pancreatitis?(Answer) Duodenal obstruction

Complications of acute pancreatitis may include abscess formation, duodenal obstruction, hemorrhage, phlegmon, and pseudocyst formation. Cholecystitis is a possible etiology of acute pancreatitis.

6. A patient presents with a history of hematuria. The findings in this duplex image are most suspicious for which of the following pathologies?(Answer) Carcinoma

A vascular echogenic mass is identified protruding from the posterior

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ARDMS Abdomen Sonography Examination Sample Questions (Q158-Q163):

NEW QUESTION # 158

Which technique may provide better visualization of the common bile duct in a patient with hepatic steatosis?

- A. Increase dynamic range
- B. Scan patient after a fatty meal
- C. Decrease overall gain
- **D. Decrease transducer frequency**

Answer: D

Explanation:

In hepatic steatosis (fatty liver), increased echogenicity can obscure visualization of deeper structures like the common bile duct. Lowering the transducer frequency increases sound wave penetration, allowing better visualization of deep structures despite increased liver echogenicity. Decreasing gain or increasing dynamic range primarily adjusts image brightness and contrast but does not improve penetration.

According to Rumack's Diagnostic Ultrasound:

"Lower frequency transducers are used to improve penetration and visualization of deeper structures in patients with fatty liver."

Reference:

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

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

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NEW QUESTION # 159

Which structure is indicated by the arrow on this image?



- **A. Middle hepatic vein**
- B. Inferior vena cava
- C. Proper hepatic artery
- D. Left portal vein

Answer: A

Explanation:

The structure indicated by the arrow is the middle hepatic vein. This is confirmed by both its anatomical location within the liver and

its Doppler waveform characteristics.

Key ultrasound and Doppler features:

* The middle hepatic vein runs between the right and left hepatic lobes and drains into the inferior vena cava (IVC). On grayscale imaging, it appears as a tubular anechoic structure extending toward the IVC.

* On spectral Doppler, hepatic veins (including the middle hepatic vein) demonstrate a characteristic triphasic waveform due to pressure changes in the right atrium. This triphasic pattern is clearly visible in the Doppler tracing below the image.

* This differs significantly from the monophasic low-resistance flow of the hepatic artery or the continuous hepatopetal flow of the portal vein.

Differentiation from other options:

* A. Left portal vein: Would show continuous, hepatopetal flow (toward the liver) and lies more anterior and medial within the liver.

* C. Proper hepatic artery: Small-caliber vessel with low-resistance pulsatile waveform (not triphasic).

* D. Inferior vena cava: Lies posterior to the liver and demonstrates phasic flow with respiration, but this vessel is more centrally located and not shown in this field of view.

References:

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

Chapter: Hepatic Vasculature, pp. 90-95.

AIUM Practice Parameter for the Performance of Hepatic Doppler Ultrasound Examinations, 2020.

Radiopaedia.org. Hepatic vein Doppler waveform: <https://radiopaedia.org/articles/hepatic-vein-doppler-waveform>

NEW QUESTION # 160

Where is the most common location for a branchial cyst in relation to the thyroid?

- A. Lateral
- B. Medial
- C. Anterior
- D. Posterior

Answer: A

Explanation:

Branchial cleft cysts are congenital epithelial cysts that typically occur laterally in the neck, often anterior to the sternocleidomastoid muscle, and lateral to the thyroid gland. The second branchial cleft cyst is the most common type and is found in the lateral neck region.

* Medial (B) would be more consistent with thyroglossal duct cysts.

* Anterior (C) or posterior (D) do not specifically describe branchial cyst location relative to the thyroid.

Reference Extracts:

* Som PM, Curtin HD. Head and Neck Imaging. 5th ed. Elsevier, 2011.

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

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NEW QUESTION # 161

Which congenital anomaly is characterized by the failure of the dorsal and ventral pancreatic buds to fuse?

- A. Annular pancreas
- B. Ectopic pancreas
- C. Pancreatic agenesis
- D. Pancreas divisum

Answer: D

Explanation:

Pancreas divisum occurs when the dorsal and ventral pancreatic ducts fail to fuse during embryologic development. This results in most pancreatic secretions draining through the minor papilla via the dorsal duct (duct of Santorini).

According to Rumack's Diagnostic Ultrasound:

"In pancreas divisum, the dorsal and ventral pancreatic ducts fail to fuse, resulting in separate drainage systems." Reference:

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

Moore KL, Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

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NEW QUESTION # 162

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

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

Answer: D

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 # 163

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