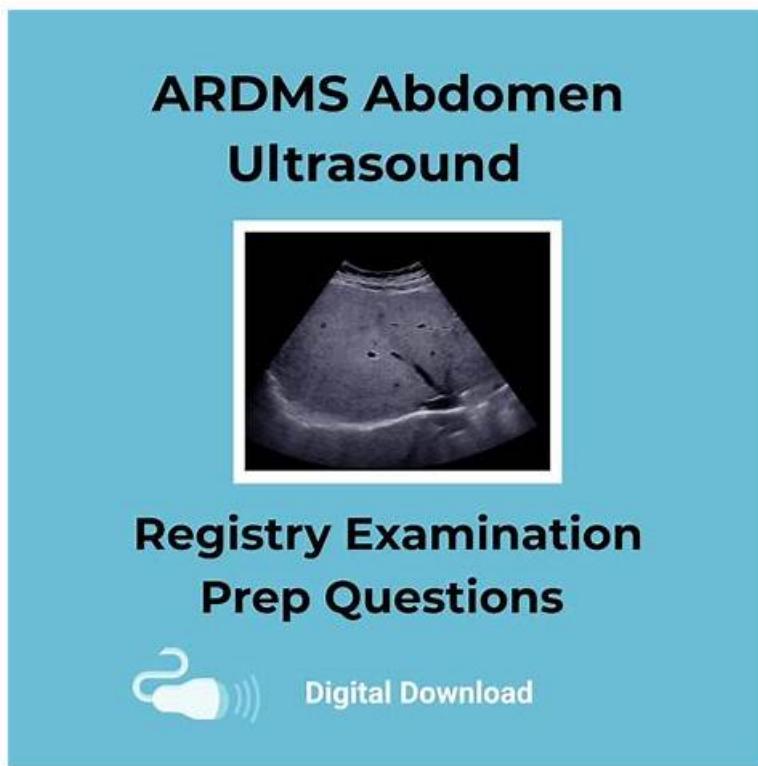


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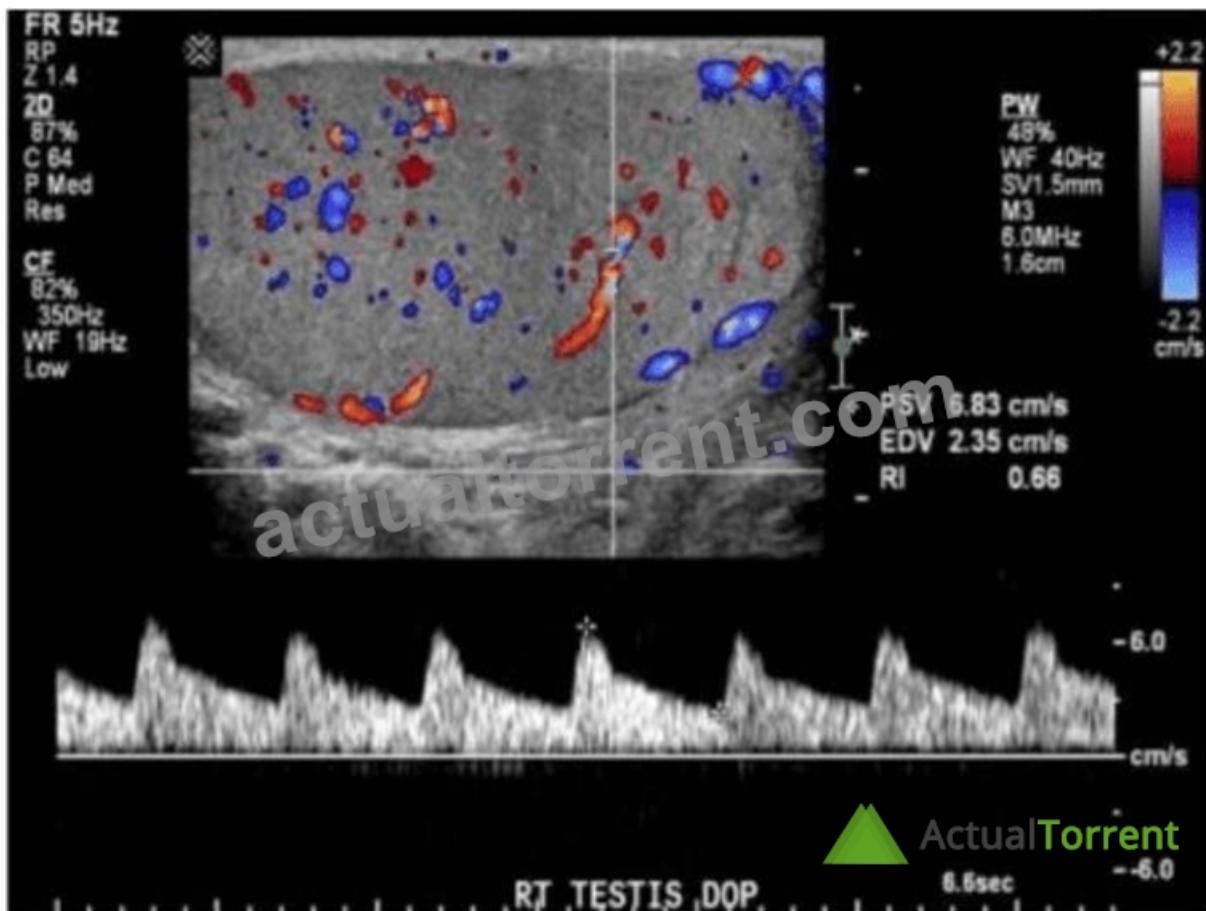
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ARDMS Abdomen Sonography Examination Sample Questions (Q97-Q102):

NEW QUESTION # 97

Which best describes the Doppler waveform findings in this image?



- A. Normal
- B. Triphasic
- C. Tardus parvus
- D. Increased resistance

Answer: A

Explanation:

The Doppler spectral waveform shown in this image of the right testis demonstrates low-resistance, forward-flowing arterial waveforms with continuous diastolic flow - this is characteristic of normal testicular perfusion. The presence of both color Doppler flow and a resistive index (RI) of 0.66 further supports normal testicular arterial circulation.

Key Doppler features of a normal testicular waveform:

- * Low-resistance waveform (RI typically 0.5-0.75)
- * Continuous diastolic flow
- * No reversal of flow or spectral broadening
- * Color Doppler confirms uniform intratesticular vascularity

Clinical context:

- * Normal testicular flow on Doppler imaging excludes testicular torsion, infarction, or significant inflammation.
- * Testicular torsion would show either absent or very high-resistance (reduced or absent diastolic flow) waveform.
- * Epididymo-orchitis may show hyperemia with low resistance but often presents with other gray-scale findings like heterogeneous echotexture or scrotal wall thickening.

Differentiation from other options:

- * B. Increased resistance: RI >0.75 and reduced or reversed diastolic flow; may indicate impending torsion or ischemia.
- * C. Tardus parvus: A slow systolic upstroke and diminished amplitude; indicates proximal arterial stenosis.
- * D. Triphasic: Normal waveform in peripheral arteries, such as extremities, not seen in testicular circulation.

References:

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

Chapter: Male Pelvis - Testis and Scrotum, pp. 793-800.

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

Radiopaedia.org. Testicular Doppler assessment: <https://radiopaedia.org/articles/testicular-doppler-assessment>

NEW QUESTION # 98

Which congenital disorder is most consistent with the finding identified by the arrow on this image?



- A. Biliary atresia
- B. Sclerosing cholangitis
- C. Caroli disease
- D. Alagille syndrome

Answer: C

Explanation:

The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.

Key ultrasound features of Caroli disease:

- * Cystic or saccular dilations of the intrahepatic bile ducts
- * The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)
- * May show associated hepatosplenomegaly or signs of portal hypertension
- * A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.
- * B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.
- * D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.

References:

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

Chapter: Biliary System, pp. 152-155.

Radiopaedia.org. Caroli disease. <https://radiopaedia.org/articles/caroli-disease> American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 99

Which condition is most consistent with thinning of the renal cortex, reduction in renal length, and prominence of the renal sinus fat in a patient presenting four months after renal transplant with slightly reduced renal function?

- A. Arterial stricture
- B. Acute rejection
- C. Normal findings
- D. Chronic rejection

Answer: D

Explanation:

Chronic rejection presents sonographically as cortical thinning, decreased renal size, and increased echogenicity of the renal sinus fat. Acute rejection typically causes an enlarged, edematous kidney with increased parenchymal echogenicity but preserved size early on.

According to Zwiebel's Introduction to Vascular Ultrasound:

"In chronic rejection, the allograft becomes smaller with cortical thinning, increased echogenicity, and prominence of the central sinus fat." Reference:

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

AIUM Practice Parameter for Renal Transplant Ultrasound, 2020.

NEW QUESTION # 100

Which condition is associated with multiple pancreatic cysts?

- A. Cystic fibrosis
- B. Autosomal recessive polycystic kidney disease
- C. Beckwith Wiedemann syndrome
- D. Von Hippel Lindau syndrome

Answer: D

Explanation:

Von Hippel-Lindau (VHL) syndrome is a genetic disorder associated with multiple pancreatic cysts, pancreatic neuroendocrine tumors, and other systemic neoplasms. While cystic fibrosis can produce thickened pancreatic secretions, it rarely causes true pancreatic cysts.

According to Rumack's Diagnostic Ultrasound:

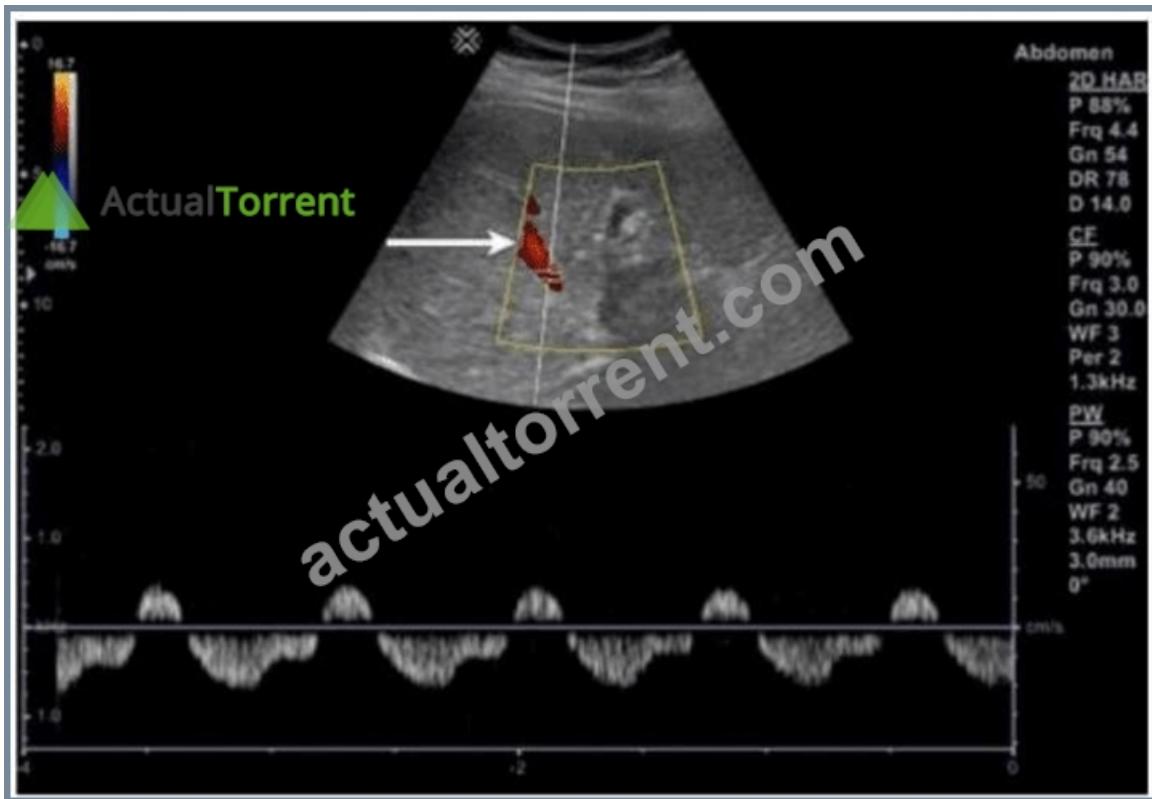
"Multiple pancreatic cysts are strongly associated with Von Hippel Lindau syndrome." Reference:

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

WHO Classification of Digestive System Tumors, 5th ed., IARC, 2019.

NEW QUESTION # 101

Which structure is indicated by the arrow on this image?



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

Answer: D

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 # 102

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