

# ARDMS AB-Abdomen Passleader Review & AB-Abdomen Reliable Braindumps Pdf

## Abdomen ARDMS Review Pathology 2023 EXAM WITH COMPLETE SOLUTIONS

What type of thyroid carcinoma is most lethal?

- A) medullary
- B) anaplastic
- C) papillary
- D) follicular - Answer B) anaplastic

Adrenal hemorrhage is most commonly seen in \_\_\_\_\_.

- A) adults over 70yrs
- B) juvenile patients with chromosomal defects
- C) adults over 50yrs
- D) newborns - Answer D) newborns

A right renal mass will displace the IVC:

- A) laterally
- B) medially
- C) superiorly
- D) inferiorly - Answer B) medially

A patient presents with an acute onset of left scrotal pain this morning. The US exam demonstrates small hydrocele and an enlarged body and tail of the epididymis. There is minimal flow demonstrated in the body and tail but the head appears normal. These findings are most suggestive of:

- A) focal epididymitis of body and tail
- B) torsion of epididymal body
- C) focal epididymitis of the head

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## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• 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.</li></ul>

Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>

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## Free PDF ARDMS - AB-Abdomen - Abdomen Sonography Examination – Professional Passleader Review

It is apparent that a majority of people who are preparing for the AB-Abdomen exam would unavoidably feel nervous as the exam approaching. If you are still worried about the coming exam, since you have clicked into this website, you can just take it easy now, I can assure you that our company will present the antidote for you–our AB-Abdomen Learning Materials. Our company has spent more than 10 years on compiling study materials for the exam in this field, and now we are delighted to be here to share our study materials with all of the candidates for the exam in this field.

### ARDMS Abdomen Sonography Examination Sample Questions (Q127-Q132):

#### NEW QUESTION # 127

Which organ is held in place by the lienorenal, gastrosplenic, and phrenocolic ligaments?

- A. Stomach
- B. Pancreas
- C. Spleen
- D. Left kidney

**Answer: C**

Explanation:

The spleen is suspended in the left upper quadrant by several peritoneal ligaments, including:

\* Lienorenal (splenorenal) ligament - attaches spleen to the left kidney.

\* Gastrosplenic ligament - attaches spleen to the stomach.

\* Phrenocolic ligament - supports the spleen inferiorly between diaphragm and colon.

These ligaments stabilize the spleen's position while allowing some mobility.

According to Moore's Clinically Oriented Anatomy:

"The spleen is connected to the stomach by the gastrosplenic ligament and to the posterior abdominal wall (near the left kidney) by the splenorenal (lienorenal) ligament. The phrenocolic ligament provides inferior support." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

### NEW QUESTION # 128

Which condition is demonstrated in this image of a febrile patient with breast redness and tenderness?

- A. Sebaceous cyst
- B. Ductal ectasia
- **C. Abscess**
- D. Galactocele

**Answer: C**

Explanation:

The ultrasound image demonstrates an irregular, complex fluid collection in the subareolar region of the breast with internal echoes, septations, and poorly defined margins. These sonographic findings are classic for a breast abscess, particularly in a patient presenting with clinical signs of infection-fever, redness, and localized tenderness.

A breast abscess is typically seen as:

- \* A hypoechoic or anechoic area with thick walls
- \* Presence of internal debris, septations, or floating echoes
- \* Posterior acoustic enhancement
- \* Increased peripheral vascularity on Doppler (surrounding inflammation)
- \* Surrounding hyperechoic fat due to cellulitis

This clinical and imaging profile strongly supports the diagnosis of a breast abscess, most commonly seen in lactating women (puerperal mastitis) or in non-lactating women with chronic infection.

Comparison of answer choices:

- \* A. Ductal ectasia usually presents with dilated ducts and minimal inflammatory changes, often asymptomatic or causing nipple discharge.
- \* B. Abscess - Correct. The irregular fluid collection with complex echoes and clinical signs of infection supports this.
- \* C. Sebaceous cysts are typically superficial, round, and well-defined with a punctum
- \* D. Galactocele appears as a well-circumscribed, fat-fluid level-containing lesion in lactating women but lacks surrounding inflammation.

References:

Mendelson EB, Bohm-Velez M, Berg WA. ACR BI-RADS Atlas: Ultrasound. American College of Radiology; 2013.

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

AIUM Practice Parameter for the Performance of Diagnostic and Screening Ultrasound of the Breast (2021).

### NEW QUESTION # 129

Which condition puts the patient at greatest risk for a hematoma as a result of biopsy?

- **A. Liver disease**
- B. Infection
- C. Acute renal failure
- D. Hypertension

**Answer: A**

Explanation:

Patients with liver disease often have coagulopathy due to impaired synthesis of clotting factors. This places them at greater risk for bleeding or hematoma formation after biopsy. While hypertension may increase bleeding risk slightly, liver disease presents a significantly higher risk due to impaired coagulation.

According to the Society of Interventional Radiology (SIR) guidelines:

"Liver dysfunction is a significant risk factor for post-biopsy hemorrhage due to associated coagulopathy." Reference:

SIR Consensus Guidelines for Coagulation Parameters in Image-Guided Procedures, 2019.

American Association for the Study of Liver Diseases (AASLD), Practice Guidance, 2021.

### NEW QUESTION # 130

Which pancreatic condition is commonly associated with complete or partial atresia of the duodenum?

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

**Answer: B**

Explanation:

Annular pancreas is a congenital anomaly in which pancreatic tissue encircles the second part of the duodenum, potentially causing partial or complete duodenal obstruction (atresia). It is due to abnormal migration of the ventral pancreatic bud.

According to Rumack's Diagnostic Ultrasound:

"Annular pancreas results from failure of the ventral pancreatic bud to rotate properly, leading to encirclement of the duodenum."

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.

#### NEW QUESTION # 131

Which finding is most likely demonstrated in these images of a hypertensive patient with a history of hematuria?

□

- **A. Renal cell carcinoma**
- B. Adenoma
- C. Pheochromocytoma
- D. Nephroblastoma

**Answer: A**

Explanation:

The ultrasound images show a heterogeneous, solid-appearing mass within the right kidney. The patient has a history of hypertension and hematuria—classic clinical features that raise suspicion for renal cell carcinoma (RCC), especially in an adult.

Renal cell carcinoma is the most common primary malignant tumor of the kidney in adults. Common presenting symptoms include:

- \* Hematuria (most frequent symptom)
- \* Flank pain
- \* Palpable abdominal mass
- \* Hypertension (due to increased renin secretion)
- \* Sometimes paraneoplastic syndromes (e.g., polycythemia due to erythropoietin production)
- Ultrasound Features of RCC:
  - \* Solid renal mass, often with heterogeneous echotexture
  - \* May contain cystic components, calcifications, or necrotic areas
  - \* May distort the renal contour
  - \* Doppler may show internal vascularity

Differentiation from other options:

- \* B. Adenoma: Rare and typically small, benign cortical lesions. They do not typically present with hematuria or hypertension and cannot be reliably distinguished from RCC on ultrasound.
- \* C. Nephroblastoma (Wilms tumor): Pediatric renal tumor seen almost exclusively in children under age 5.
- \* D. Pheochromocytoma: Arises from the adrenal gland (not the kidney); associated with hypertension but not hematuria.

References:

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

Chapter: Urinary Tract, pp. 210-222.

American College of Radiology (ACR) Appropriateness Criteria - Hematuria, 2022.

Radiopaedia.org. Renal cell carcinoma: <https://radiopaedia.org/articles/renal-cell-carcinoma>

#### NEW QUESTION # 132

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