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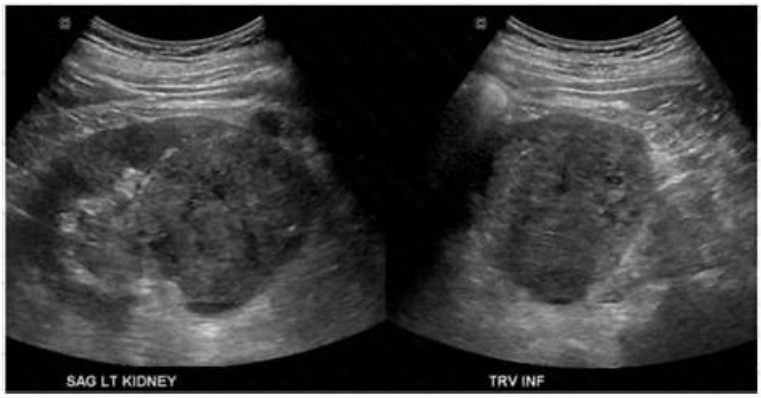

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ARDMS Abdomen Sonography Examination Sample Questions (Q133-Q138):

NEW QUESTION # 133
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. Normal findings
- B. Chronic rejection
- C. Acute rejection
- D. Arterial stricture

Answer: B

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 # 134
Which arterial branches lie at the base of the renal pyramids?

- A. Arcuate
- B. Segmental
- C. Interlobar
- D. Interlobular

Answer: A

Explanation:
The arcuate arteries are located at the corticomedullary junction, arching over the base of the renal pyramids.
They form as the interlobar arteries reach the boundary between the cortex and medulla. The arcuate arteries give rise to the interlobular arteries, which supply the renal cortex.
* Segmental arteries (A) branch directly from the renal artery.
* Interlobar arteries (B) course between the renal pyramids.
* Interlobular arteries (D) extend into the cortex from the arcuate arteries.
Reference Extracts:
* Moore KL, Dalley AF, Agur AM. Clinically Oriented Anatomy. 7th ed. Lippincott Williams & Wilkins, 2013.
* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
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NEW QUESTION # 135
Which term best describes the common bile duct measured in this image of a postcholecystectomy patient?

- A. Inflamed
- B. Atretic
- C. Dilated
- D. Normal

Answer: D

Explanation:
The ultrasound image shows a measured common bile duct (CBD) diameter of 7.9 mm in a postcholecystectomy patient. In patients who have undergone cholecystectomy, mild dilation of the CBD is considered normal and is a well-recognized post-surgical change.
Normal upper limits for CBD diameter:
* In patients with a gallbladder: #6 mm is generally considered normal.
* In postcholecystectomy patients: up to 10 mm is considered within normal limits, as the CBD compensates for the absence of the gallbladder and slightly enlarges over time.
* With aging, the CBD may enlarge by approximately 1 mm per decade after age 60.
Therefore, a CBD diameter of 7.9 mm in a patient without a gallbladder is considered normal.
Differentiation from other options:
* B. Dilated: This would typically refer to a CBD diameter >10 mm in postcholecystectomy patients, or >6 mm in patients with an intact gallbladder.
* C. Inflamed: Inflammation refers to wall thickening or hyperemia, which is not evaluated simply by measuring diameter.
* D. Atretic: Describes a congenitally absent or severely narrowed duct - not applicable here.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Biliary System, pp. 143-146.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of a Hepatobiliary Ultrasound Examination, 2020.
Radiopaedia.org. Common bile duct: https://radiopaedia.org/articles/common-bile-duct

NEW QUESTION # 136
A patient presents with right lower quadrant pain and fever. Which condition is most likely indicated by the arrow on this image?

- A. Bowel obstruction
- B. Intussusception
- C. Ruptured appendix
- D. Enlarged lymph node

Answer: C

Explanation:
The ultrasound image demonstrates a tubular, non-compressible, blind-ending structure located in the right lower quadrant (RLQ) with associated echogenic periappendiceal fat and possibly adjacent fluid or phlegmon.
These features are consistent with appendicitis. Given the clinical history of fever and RLQ pain, along with the irregular borders and complex periappendiceal findings, the diagnosis of a ruptured appendix is most likely.
Key sonographic features of ruptured appendicitis include:
* Non-visualization or distortion of the normal appendiceal wall architecture
* Periappendiceal fluid collection or abscess
* Disruption of the echogenic submucosal layer
* Surrounding fat stranding (hyperechoic inflammatory changes)
* Clinical correlation with fever and peritonitis
Comparison of answer choices:
* A. Bowel obstruction typically shows dilated bowel loops with air-fluid levels, not a tubular structure like the appendix.
* B. Intussusception presents with a target or "donut" sign in a transverse view, not a linear tubular structure.
* C. Enlarged lymph nodes are usually round or oval and hypoechoic with a central echogenic hilum, without a tubular appearance.
* D. Ruptured appendix - Correct. The ultrasound features and clinical presentation match.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
Jeffrey RB, Laing FC, Townsend RR. Acute appendicitis: sonographic criteria based on 250 cases. Radiology. 1988;167(2):327-329.
American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of the Ultrasound Examination for Appendicitis (2020).

NEW QUESTION # 137
Which type of hernia is located medial to the inferior epigastric artery?

- A. Femoral
- B. Spigelian
- C. Direct inguinal
- D. Indirect inguinal

Answer: C

Explanation:
Direct inguinal hernias protrude through Hesselbach's triangle, which lies medial to the inferior epigastric artery. In contrast, indirect inguinal hernias pass lateral to the inferior epigastric artery via the deep inguinal ring.
According to Moore's Clinically Oriented Anatomy:
"Direct inguinal hernias occur medial to the inferior epigastric vessels, within Hesselbach's triangle." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Gray's Anatomy for Students, 4th ed., Elsevier, 2019.
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NEW QUESTION # 138

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