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Ardms Abdomen Board Review Questions and Answers 100% Pass

the normal AP dimension of the aorta lumen should not exceed ✓✓3 cm

the celiac trunk is the first _____ branch of the aorta ✓✓anterior

the celiac trifurcates into...? ✓✓the common hepatic artery

the left gastric artery

the splenic artery

the gastroduodenal artery is a branch of the...? ✓✓the common hepatic artery

this artery branches off the anterior aspect of the aorta and travels vertically anterior and parallel

to the aorta ✓✓the superior mesenteric artery

which renal artery has a more complicated course? ✓✓the right renal artery

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ARDMS Abdomen Sonography Examination Sample Questions (Q119-Q124):

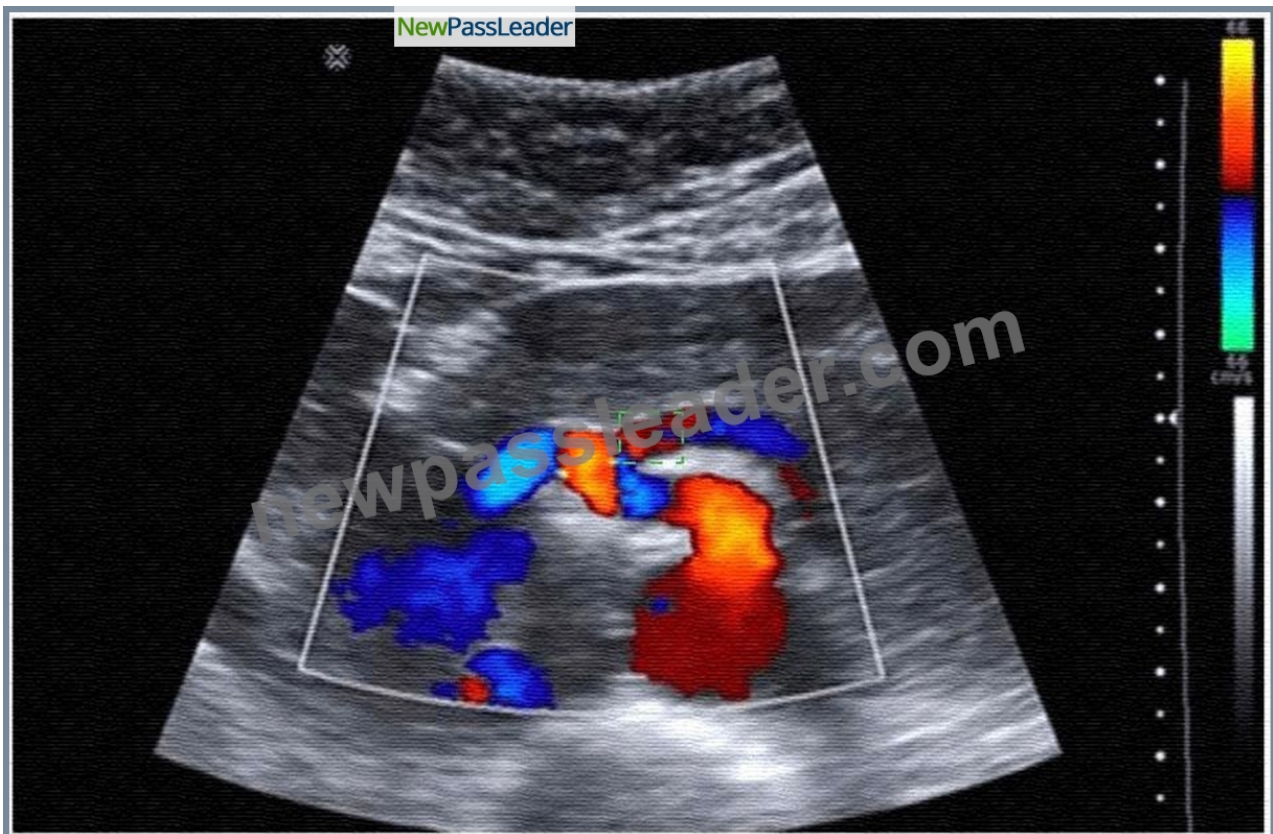
NEW QUESTION # 119

Identify the region where Doppler sampling should be performed in a young woman with severe postprandial pain.



Answer:

Explanation:



Explanation:

A ultrasound image of a person's body AI-generated content may be incorrect.



The origin of the superior mesenteric artery (SMA)

The image provided is a color Doppler ultrasound scan of the abdominal aorta and its major branches. In the center of the image, just anterior to the aorta, we see the superior mesenteric artery (SMA) arising in the sagittal plane. This is the critical area for Doppler sampling in a patient with symptoms suggestive of mesenteric ischemia.

Severe postprandial pain in a young woman may be a manifestation of median arcuate ligament syndrome (MALS) or chronic mesenteric ischemia. Both of these conditions are assessed via Doppler sampling of mesenteric vessels, specifically:

* The origin and proximal segment of the SMA

* The celiac artery (especially for MALS)

Doppler waveform analysis should assess:

* Peak systolic velocity (PSV): >275 cm/s suggests #70% SMA stenosis

* Angle correction should be aligned properly

* Sampling must be performed at the narrowest origin point (as shown in the image) This type of Doppler interrogation is typically done in both fasting and postprandial states to evaluate changes in flow and symptom correlation.

Why this area?

* The SMA is anterior to the aorta and travels inferiorly into the mesentery.

* The site shown in the image is ideal for measuring PSV and evaluating for stenosis or extrinsic compression.

References:

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

Moneta GL, et al. Duplex ultrasound criteria for diagnosis of mesenteric artery stenosis. J Vasc Surg. 1991.

AIUM Practice Parameter for the Performance of a Mesenteric Artery Duplex Ultrasound Examination (2020).

NEW QUESTION # 120

Which vessel is located directly proximal to the origination of the renal arteries?

- A. Superior mesenteric artery
- B. Left portal vein
- C. Splenic vein
- D. Hepatic artery

Answer: A

Explanation:

The renal arteries originate from the abdominal aorta just inferior to the superior mesenteric artery (SMA).

The SMA arises anteriorly from the abdominal aorta at the level of L1, and just below it, the renal arteries branch laterally. The splenic vein, portal vein, and hepatic artery are located more superiorly in relation to the renal arteries.

According to Moore's Clinically Oriented Anatomy:

"The superior mesenteric artery arises from the anterior surface of the abdominal aorta just above the renal arteries." (Moore KL et al., Clinically Oriented Anatomy, 8th ed.) 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 # 121

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Coronary vein varices
- B. Caput medusae
- C. Splenic vein varices
- D. Esophageal varices

Answer: B

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

* Esophageal varices (B) are gastroesophageal collaterals.

* Coronary vein varices (C) involve gastric veins.

* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

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NEW QUESTION # 122

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

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

Answer: D

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 # 123

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

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

Answer: B

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.

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NEW QUESTION # 124

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