

AB-Abdomen Valid Test Questions | AB-Abdomen Reliable Test Questions



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> 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.
Topic 2	<ul style="list-style-type: none"> 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.

Topic 3	<ul style="list-style-type: none"> • 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.
Topic 4	<ul style="list-style-type: none"> • 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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q25-Q30):

NEW QUESTION # 25

Which is the most likely etiology of a spherical mass near the splenic hilum that is isoechoic to the normal spleen in a 55-year-old female?

- A. Kidney mass
- **B. Accessory spleen**
- C. Lymph node
- D. Pancreatic mass

Answer: B

Explanation:

An accessory spleen (splenule) is a congenital variant, commonly located near the splenic hilum, and has identical echogenicity to the native spleen. This finding is benign and often incidental.

According to Rumack's Diagnostic Ultrasound:

"Accessory spleens are typically found near the splenic hilum and are isoechoic to the normal splenic parenchyma." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

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NEW QUESTION # 26

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

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

Answer: C

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.

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NEW QUESTION # 27

Which structure is located between the fundus of the stomach and the diaphragm?

- A. Right kidney
- B. Caudate lobe of the liver
- C. Spleen
- D. Left lobe of the liver

Answer: C

Explanation:

The spleen lies in the left hypochondrium, superior and lateral to the fundus of the stomach, and directly contacts the diaphragm. It occupies the space between the stomach and diaphragm. The liver and kidneys are located more medially or inferiorly.

According to Gray's Anatomy for Students:

"The spleen lies posterolateral to the fundus of the stomach, separated from the diaphragm by its fibrous capsule." Reference:

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

Moore KL, Clinically Oriented Anatomy, 8th ed.

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NEW QUESTION # 28

Which arteries are the immediate branches of the celiac trunk?

- A. Proper hepatic, splenic, and gastroduodenal
- B. Common hepatic, splenic, and right gastric
- C. Proper hepatic, splenic, and supraduodenal
- D. Common hepatic, splenic, and left gastric

Answer: D

Explanation:

The celiac trunk arises from the abdominal aorta and immediately divides into three primary branches:

* Left gastric artery

* Common hepatic artery

* Splenic artery

The proper hepatic and gastroduodenal arteries are secondary branches of the common hepatic artery.

According to Moore's Clinically Oriented Anatomy:

"The celiac trunk trifurcates into the left gastric, common hepatic, and splenic arteries." 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 # 29

Which is the most common pancreatic cancer?

- A. Metastasis
- B. Islet cell carcinoma
- C. Adenocarcinoma
- D. Mucinous cystadenocarcinoma

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