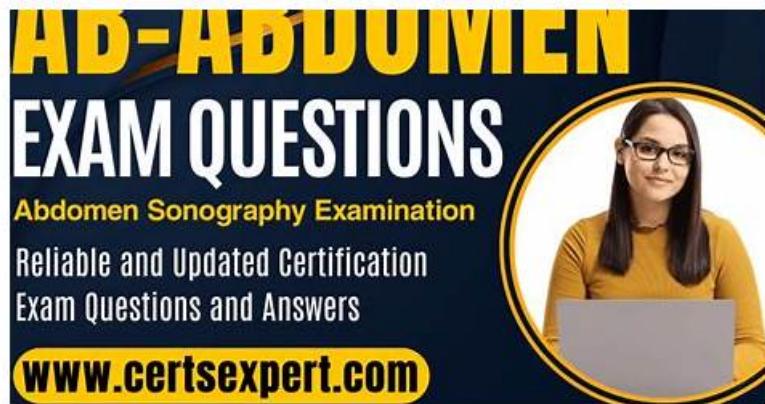


AB-Abdomen Exam Lab Questions, AB-Abdomen Dump File



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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.
Topic 2	<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 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

- 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.

>> **AB-Abdomen Exam Lab Questions <<**

Quiz ARDMS - Useful AB-Abdomen Exam Lab Questions

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ARDMS Abdomen Sonography Examination Sample Questions (Q134-Q139):

NEW QUESTION # 134

Which condition results in the vascular abnormality shown in this image of a renal transplant?

- A. Arteriovenous malformation
- B. Renal vein thrombosis
- C. Iliac arteritis
- D. Renal artery stenosis

Answer: D

Explanation:

The Doppler ultrasound image shows an elevated peak systolic velocity (PSV) of 637 cm/s, an elevated end- diastolic velocity (EDV) of 312 cm/s, and a low resistive index (RI) of 0.51 at the arterial anastomosis of a renal transplant. These findings are characteristic of significant renal artery stenosis (RAS) at the transplant vascular anastomosis.

Key sonographic features of renal artery stenosis:

- * Peak systolic velocity (PSV) > 250-300 cm/s at the stenotic segment (this case: 637 cm/s)
- * Post-stenotic turbulence with spectral broadening
- * Low resistive index (RI < 0.56 suggests downstream vasodilation)
- * Elevated acceleration time (AT > 0.07 sec), and reduced acceleration slope
- * Aliasing on color Doppler due to high velocity

In this image, the marked increase in velocity with spectral aliasing and low RI is diagnostic of transplant renal artery stenosis - the most common vascular complication post-transplant, typically occurring at the site of surgical anastomosis.

Differentiation from other options:

- * A. Iliac arteritis: A rare condition, not typically presenting with these Doppler changes.
- * C. Renal vein thrombosis: Would show reversed or absent diastolic flow, not elevated systolic velocities.
- * D. Arteriovenous malformation (AVM): Produces a high-velocity, low-resistance waveform but is associated with color bruit, aliasing, and pulsatile venous waveforms - not evident here.

References:

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

Chapter: Transplant Imaging, pp. 1035-1045.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Renal Artery Duplex Sonographic Examination, 2020.

Radiopaedia.org. Renal artery stenosis (transplant): <https://radiopaedia.org/articles/renal-artery-stenosis-transplant>

NEW QUESTION # 135

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 # 136

Which condition is demonstrated in this image?

□

- A. Gastritis
- **B. Pyloric stenosis**
- C. Hydronephrosis
- D. Intussusception

Answer: B

Explanation:

The ultrasound image clearly demonstrates a thickened and elongated pyloric muscle with a visible channel, which is characteristic of hypertrophic pyloric stenosis (HPS). This condition is most commonly seen in male infants between 2 and 8 weeks of age who present with non-bilious projectile vomiting, dehydration, and a palpable "olive-like" mass in the right upper quadrant.

Ultrasound is the imaging modality of choice and is highly sensitive and specific for diagnosing pyloric stenosis.

Key sonographic criteria for HPS:

- * Muscle thickness >3 mm
- * Pyloric channel length >15-17 mm
- * "Target sign" or "doughnut sign" on transverse imaging (concentric rings)
- * "Cervix" or "railroad track sign" on longitudinal imaging (elongated canal with echogenic center)
- * Differentiation from other options:
 - * A. Intussusception: Also shows a target sign, but it occurs in the right lower quadrant or periumbilical region, not in the gastric antrum.
 - * C. Hydronephrosis: Refers to dilation of the renal pelvis and calyces - not gastrointestinal.
 - * D. Gastritis: May show gastric wall thickening but lacks the distinct elongated, thickened pyloric muscle seen here.

References:

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

Chapter: Gastrointestinal Tract, pp. 474-479.

American College of Radiology (ACR) Appropriateness Criteria - Vomiting in Infants Up to 3 Months of Age.

AIUM Practice Parameter for the Performance of a Pediatric Abdominal Ultrasound Examination, 2020.

NEW QUESTION # 137

Which term refers to the testicular capsule?

- A. Dartos fascia
- **B. Tunica albuginea**
- C. Pampiniform plexus
- D. Tunica vaginalis

Answer: B

Explanation:

The tunica albuginea is the dense fibrous capsule that directly surrounds the testicular parenchyma. The tunica vaginalis is a serous covering surrounding the testis externally, and the dartos fascia and pampiniform plexus are part of the scrotal wall and spermatic cord, respectively.

According to Rumack's Diagnostic Ultrasound:

"The tunica albuginea is the fibrous capsule surrounding the testis and forming septa within the gland." Reference:

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

AIUM Practice Parameter for Scrotal Ultrasound, 2020.

NEW QUESTION # 138

Which condition is most consistent with this image of a postsurgical breast?

□

- **A. Seroma**
- B. Blood clot
- C. Carcinoma
- D. Abscess

Answer: A

Explanation:

The ultrasound image reveals a well-defined, anechoic (black), thin-walled fluid collection located in the subcutaneous or parenchymal plane of the breast. This is most consistent with a seroma, particularly in the context of recent breast surgery.

A seroma is a common postsurgical finding, representing a sterile collection of serous fluid that accumulates in the surgical bed. It typically appears:

- * Anechoic (or hypoechoic if older)
- * Well circumscribed
- * Without internal septations or debris
- * Lacking hyperemia or surrounding inflammatory changes

This contrasts with:

- * A. Carcinoma - typically presents as an irregular, hypoechoic mass with angular margins, internal vascularity, and shadowing.
- * B. Blood clot (hematoma) - often appears heterogeneous, with internal echoes and variable echotexture depending on the age of the clot.
- * C. Abscess - appears as a complex fluid collection with thick walls, internal debris, septations, and surrounding hyperemia (often with clinical signs of infection).

D: Seroma - Correct. The described anechoic, clean-walled fluid collection is classic for a postoperative seroma.

References:

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

Stavros AT. Breast Ultrasound. Lippincott Williams & Wilkins; 2004.

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

NEW QUESTION # 139

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