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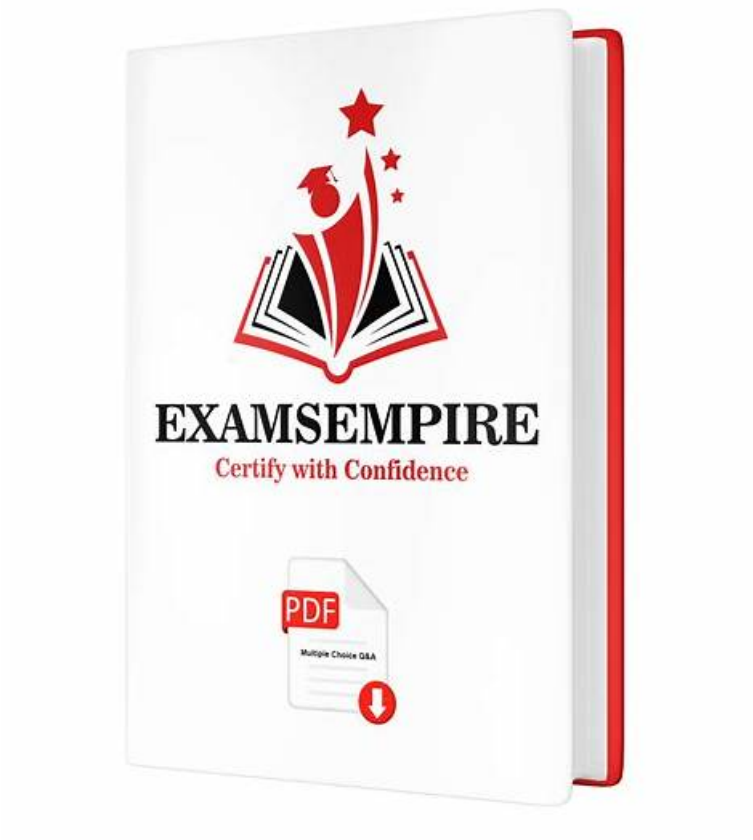

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ARDMS Abdomen Sonography Examination Sample Questions (Q28-Q33):

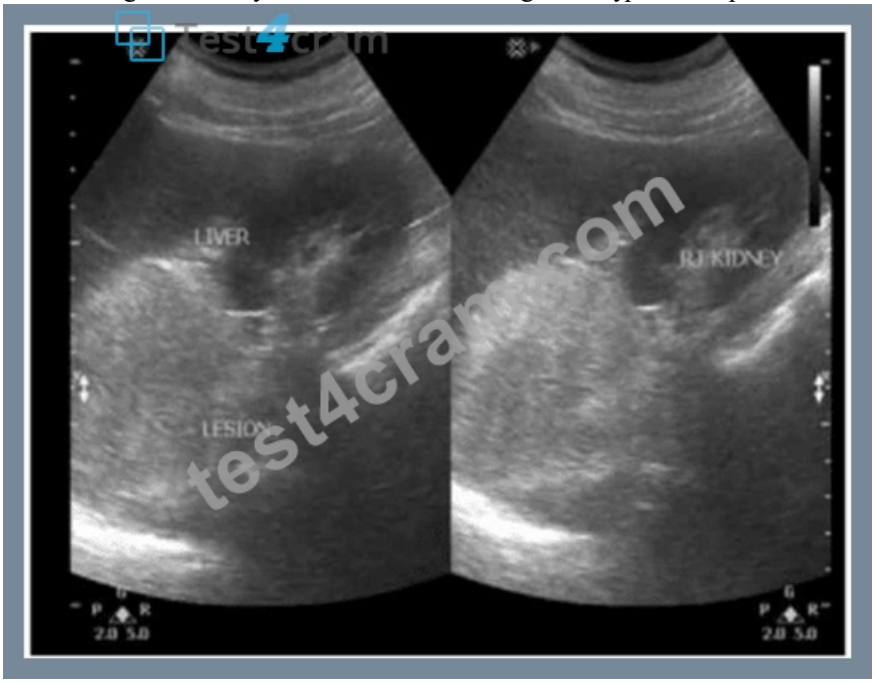
NEW QUESTION # 28
Which sonographic finding is most consistent with scrotal inflammation?

- A. Abscess
- B. Hyperemia
- C. Hydrocele
- D. Granuloma

Answer: B

Explanation:
Scrotal inflammation, such as epididymitis or orchitis, typically presents with increased blood flow (hyperemia) on color Doppler sonography. This finding reflects the inflammatory process and vascular dilation. Abscesses, granulomas, or hydroceles may be present but are not as consistent or specific for inflammation.
According to AIUM Practice Parameters and Rumack's Diagnostic Ultrasound:
"In acute inflammation, color Doppler ultrasound demonstrates prominent hyperemia of the epididymis or testis." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Scrotal Ultrasound, 2020.
-

NEW QUESTION # 29
Which finding is most likely demonstrated in these images of a hypertensive patient with a history of hematuria?



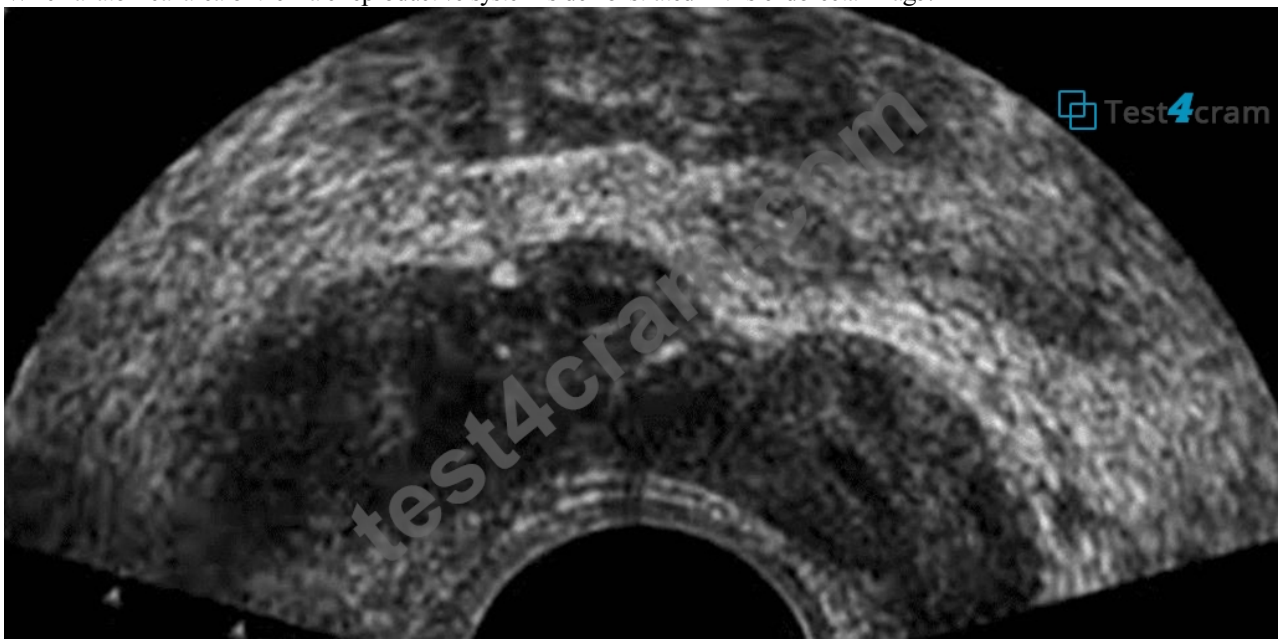
- A. Renal cell carcinoma
- B. Nephroblastoma
- C. Adenoma
- D. Pheochromocytoma

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 # 30
Which anatomical area of the male reproductive system is demonstrated in this endorectal image?



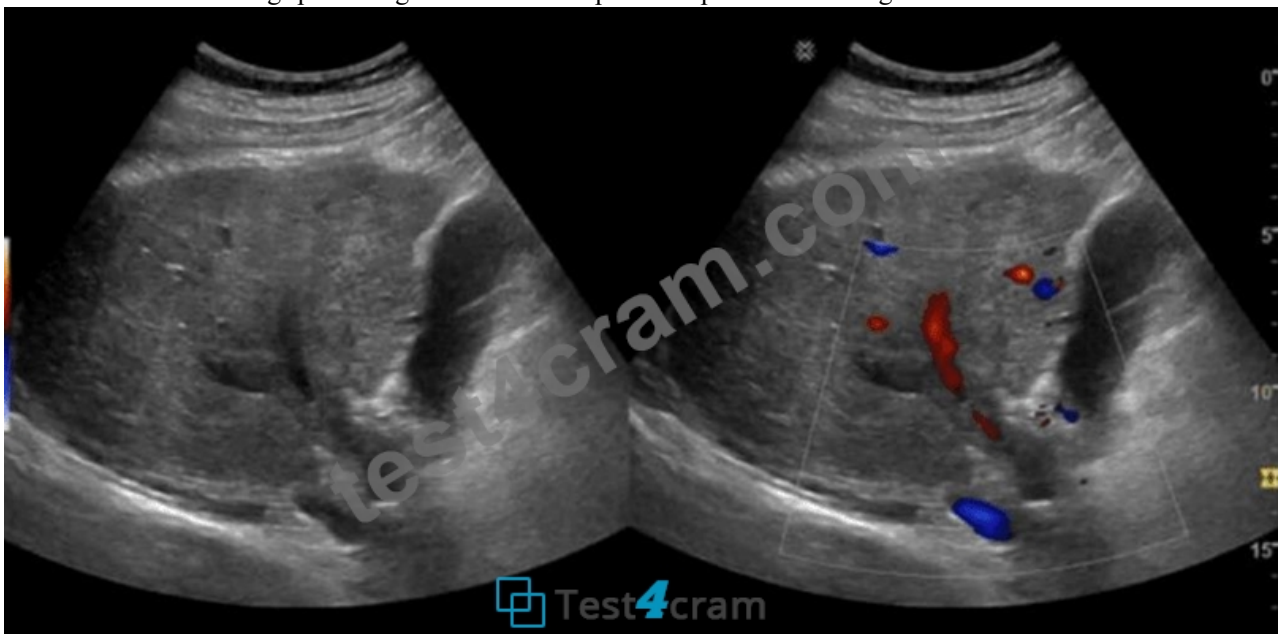
- A. Ejaculatory ducts
- B. Urethra
- C. Prostate base
- D. Seminal vesicles

Answer: D

Explanation:
The ultrasound image shown is a transverse endorectal (transrectal) ultrasound, commonly used to evaluate the prostate and adjacent structures. The two hypoechoic (dark) oval-shaped structures seen superior and posterior to the prostate are characteristic of the seminal vesicles.
The seminal vesicles are paired, elongated glands located superior and posterior to the base of the prostate and are best visualized in transverse planes on endorectal imaging. They appear as hypoechoic or anechoic structures with internal septations, depending on the degree of fluid content.
In contrast:
* The urethra appears as a central echogenic linear structure within the prostate.
* The prostate base is more inferior in the scan and is visualized just above the urethra.
* The ejaculatory ducts are usually not as prominently visualized and are located medial to the seminal vesicles, entering the prostate near the verumontanum.
This image most clearly demonstrates the bilateral seminal vesicles.
References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
ACR-AIUM-SRU Practice Parameter for the Performance of an Ultrasound Examination of the Prostate (2021).
Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 31
The absence of which sonographic finding indicates the acute process depicted in these images?

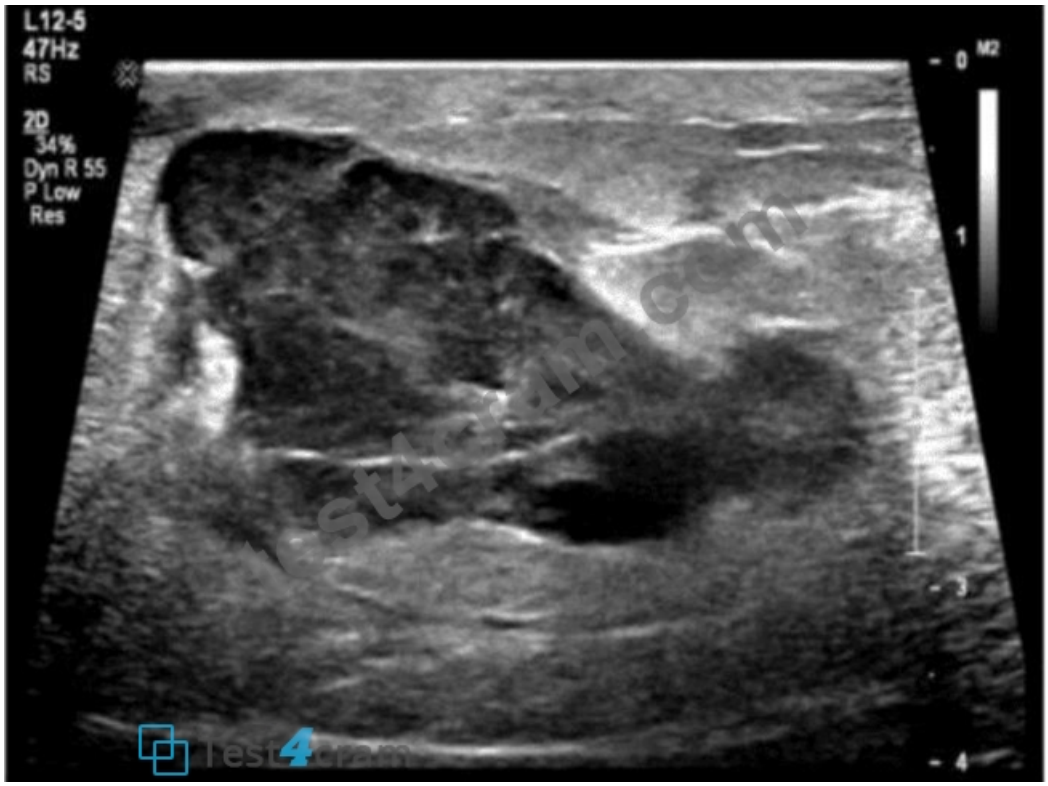


- A. Cavernous transformation
- B. Ductal dilatation
- C. Hepatic vein thrombosis
- D. Free fluid

Answer: A

Explanation:
The sonographic images depict an acute thrombotic process involving the portal venous system. The absence of cavernous transformation in the setting of portal vein thrombus indicates that the process is acute. In chronic portal vein thrombosis, collateral vessels form in the porta hepatis to bypass the obstruction, a process known as cavernous transformation.
Sonographic features suggesting acute portal vein thrombosis:
* Echogenic thrombus within the portal vein lumen
* Absence of flow on color Doppler
* Enlarged portal vein diameter early in the process
* No evidence of cavernous transformation (i.e., no serpiginous collateral vessels at porta hepatis) Cavernous transformation is a hallmark of chronic portal vein thrombosis and takes weeks to months to develop. Therefore, its absence on ultrasound supports an acute diagnosis.
Differentiation from other options:
* A. Free fluid: Non-specific and may or may not be present in hepatic vascular thrombosis.
* B. Ductal dilatation: Related to biliary obstruction, not portal or hepatic venous thrombosis.
* C. Hepatic vein thrombosis: Seen in Budd-Chiari syndrome, which affects hepatic outflow, not portal inflow.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Portal Venous System, pp. 105-108.
American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of Hepatic Doppler Ultrasound Examinations, 2020.
Radiopaedia.org. Cavernous transformation of the portal vein: https://radiopaedia.org/articles/cavernous- transformation-of-the-portal-vein

NEW QUESTION # 32
Which finding is most likely demonstrated in this abdominal wall image of a patient with a history of atrial fibrillation?



- A. Abscess
- B. Lipoma
- C. Hernia
- D. Hematoma

Answer: D

Explanation:
The ultrasound image demonstrates a complex, heterogeneous hypoechoic collection within the abdominal wall, with mixed echogenicity and ill-defined margins. The lesion appears to contain internal debris but lacks definitive signs of vascularity or air (which would be seen in an abscess). There is no peristalsis, herniated bowel, or fat to suggest hernia.
Given the history of atrial fibrillation - a condition commonly treated with anticoagulation therapy (e.g., warfarin, apixaban) - this clinical background raises high suspicion for a rectus sheath or abdominal wall hematoma.
Key ultrasound features of hematomas:
* Early (acute): hyperechoic or heterogeneous
* Chronic/resolving: complex or cystic with fluid-debris levels
* No internal vascularity on Doppler
* May be confined to muscle or fascial planes
This is consistent with a hematoma, particularly in patients on anticoagulation therapy.
Comparison of answer choices:
* A. Hernia - typically shows bowel or fat with movement/peristalsis passing through a fascial defect.
* B. Lipoma - usually homogeneous and echogenic, not complex or fluid-filled.
* C. Abscess - often presents as a complex fluid collection with peripheral hyperemia and possibly air, plus systemic signs of infection.
* D. Hematoma - Correct. The image and clinical history (anticoagulation due to atrial fibrillation) strongly support this diagnosis.
References:
Berman L, et al. Sonographic appearance and evolution of rectus sheath hematomas. AJR Am J Roentgenol. 1996.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of Diagnostic Ultrasound Examinations of the Abdomen and Retroperitoneum (2020).

NEW QUESTION # 33
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