

AB-Abdomen Valid Practice Materials & Valid Braindumps AB-Abdomen Ebook

The Abdomen

INSPECTION	Normal
Contour - Determine abdominal profile from rib margin to the pubic bone - Word describes nutritional state - Flat? Rounded? Scaphoid? Protuberant?	- Flat to Rounded
Symmetry - Shine light lengthwise across abdomen, take deep breath - note localized bulging, visible masses, asymmetrical shape	- Symmetrical bilaterally - Smooth and Symmetrical
Umbilicus - Symmetry - No discoloration, inflammation or hernia	- Midline, inverted - everted and pushed upward (pregnancy)
Skin - note: redness, swelling, jaundice, glistening and tautness of skin, striae, pigmented nevi, lesions, surgical scars - Scar? Determine Hx. - Pigment change - Veins? - Turgor	- Smooth, even, homogeneous
Pulsation or Movement - pulsations?	- Pulsations of aorta - Respiratory movement (men) - Waves of peristalsis (very thin pt)
Hair Distribution - pattern of pubic hair growth	- Diamond shape in men - Inverted triangle in women
Appearance - Respirations? Restless? Churning? - Absolute stillness? Resisting movement? - Flexing of knees? grimace?	- Quietly relaxed - Benign facial expression - Slow, even respirations
AUSCULTATION	Normal
Bowel Sounds - Use diaphragm - Push too hard = stimulate more bowel sounds - Character? Frequency? - Irregular? (Hypoactive? Hyperactive?) - Don't count, just listen - Silent? - Hyperactive (loud, high-pitched, rushing,	- High pitched - Gurgling - Cascading - Irregular 5-30 times per minute

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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	<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.

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

NEW QUESTION # 28

Which is the most common pancreatic cancer?

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

Answer: C

Explanation:

Pancreatic ductal adenocarcinoma is by far the most common pancreatic malignancy, accounting for approximately 85-90% of pancreatic cancers. It typically arises from the exocrine portion of the pancreas, most frequently in the pancreatic head. Islet cell (neuroendocrine) tumors and cystic neoplasms (e.g., mucinous cystadenocarcinoma) are far less common.

According to Rumack's Diagnostic Ultrasound:

"Adenocarcinoma is the most common malignant neoplasm of the pancreas, representing the vast majority of pancreatic cancers."

Reference:

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

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NEW QUESTION # 29

Which structures are located within the testes?

- A. Aberrant ductules
- **B. Seminiferous tubules**
- C. Gubernacula
- D. Effèrent ductules

Answer: B

Explanation:

The seminiferous tubules are coiled structures located within the testes where spermatogenesis (sperm production) occurs. They are surrounded by Sertoli and Leydig cells that support spermatogenesis and testosterone production.

* Gubernacula (A) are fetal structures involved in testicular descent.

* Effèrent ductules (B) connect the rete testis to the epididymis but are not located within the testicular parenchyma.

* Aberrant ductules (C) are accessory ducts found outside the testis.

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.

NEW QUESTION # 30

Which liver neoplasm is associated with use of oral contraceptives and is most often seen in women under the age of 40?

- A. Hepatoblastoma
- B. Cavernous hemangioma
- C. Hepatoma
- **D. Adenoma**

Answer: D

Explanation:

Hepatic adenomas are benign liver tumors strongly associated with long-term use of oral contraceptives and are most frequently found in women under 40. Hepatoblastoma is seen in children; hepatoma (HCC) is a malignant tumor typically found in cirrhotic livers. Cavernous hemangioma is unrelated to oral contraceptives.

According to Rumack's Diagnostic Ultrasound:

"Hepatic adenomas occur predominantly in young women with a history of oral contraceptive use." Reference:

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

WHO Classification of Tumours of the Digestive System, 5th ed., IARC, 2019.

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NEW QUESTION # 31

In which position should a patient be placed when internal echoes are seen within a fluid-filled bladder?

- **A. Lateral decubitus**
- B. Trendelenburg
- C. Erect
- D. Fowler

Answer: A

Explanation:

Lateral decubitus positioning allows shifting of internal echoes within the bladder, helping differentiate mobile debris (such as blood clots or sediment) from adherent masses like tumors. This technique is helpful in evaluating questionable bladder filling defects.

According to Rumack's Diagnostic Ultrasound:

"Changing the patient's position, such as turning to the lateral decubitus, can help distinguish mobile debris from attached bladder wall

lesions." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

NEW QUESTION # 32

Which vascular condition is most commonly associated with a wandering spleen?

- A. Rupture
- B. Infarction
- C. Torsion
- D. Portal hypertension

Answer: C

Explanation:

A wandering spleen occurs when the spleen is not adequately anchored by its supporting ligaments, allowing it to move freely within the abdomen. This increases the risk of splenic torsion, which compromises vascular supply and may result in infarction if not corrected.

According to Rumack's Diagnostic Ultrasound:

"The most serious complication of a wandering spleen is torsion, which may result in splenic infarction." 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 # 33

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