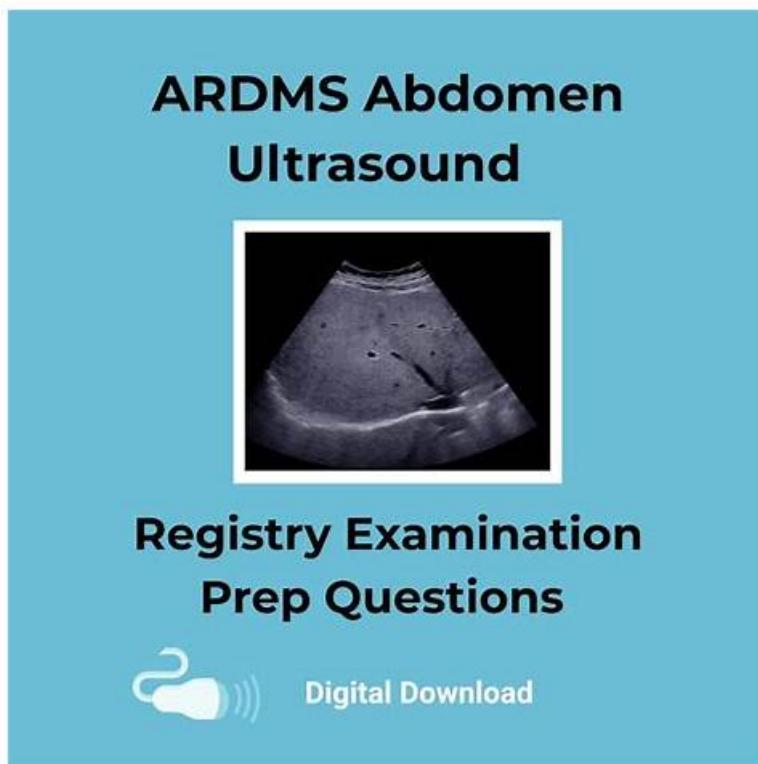


ARDMS AB-Abdomen Exam Practice Material in Three Diverse Versions



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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<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's 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 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"> 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 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 (Q112-Q117):

NEW QUESTION # 112

A 60-year-old man presents to the emergency room, complaining of tearing pain in the chest and abdomen.

Blood pressure readings from the two arms show a difference of more than 20 mm. Which ultrasound finding is most likely associated with this presentation?

- A. Thickened gallbladder wall
- B. Pericardial fluid
- C. Intimal flap in the aorta**
- D. Echogenic material in the inferior vena cava

Answer: C

Explanation:

An intimal flap in the aorta is a hallmark ultrasound finding of aortic dissection, which can present with tearing chest/abdominal pain and differential blood pressures between arms. The flap represents separation of the intimal and medial layers of the aortic wall.

According to Rumack's Diagnostic Ultrasound:

"An intimal flap visualized within the aorta is diagnostic of an aortic dissection." Reference:

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

American Heart Association (AHA) Guidelines for Aortic Disease, 2020.

NEW QUESTION # 113

Which change of the inferior vena cava spectral Doppler waveform is expected superior to a nonocclusive thrombus?

- A. Absence of flow
- B. Dampening**

- C. Increased velocity
- D. Becomes multiphasic

Answer: B

Explanation:

In the presence of a nonocclusive thrombus, Doppler waveform above the thrombus typically shows damped flow with loss of normal respiratory phasicity due to partial venous outflow obstruction. Complete absence of flow is typically seen with occlusive thrombus.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Partial obstruction produces damped and continuous flow patterns superior to a nonocclusive thrombus." Reference:

Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.

AIUM Practice Parameter for Venous Ultrasound, 2020.

NEW QUESTION # 114

Which imaging technique best demonstrates ureteral patency?

- A. Spectral Doppler
- B. Graded compression
- C. Gray scale
- D. Color Doppler

Answer: D

Explanation:

Color Doppler imaging can detect ureteral jets, which represent urine entering the bladder from the ureters.

The presence of bilateral ureteral jets confirms ureteral patency. Gray scale may show hydronephrosis but does not directly assess flow.

According to Rumack's Diagnostic Ultrasound:

"Color Doppler demonstrates ureteral jets within the bladder, confirming ureteral patency." Reference:

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

AIUM Practice Parameter for Renal Ultrasound, 2020.

NEW QUESTION # 115

Which of the following would optimize visualization of a bladder mass?

- A. Compression technique to move bowel gas
- B. Have patient fill bladder
- C. Utilize a high-frequency linear transducer
- D. Have patient empty bladder

Answer: B

Explanation:

A full bladder provides an acoustic window that displaces bowel gas and distends the bladder walls, allowing optimal visualization of any bladder masses or lesions. An empty bladder may collapse, obscuring masses.

According to Rumack's Diagnostic Ultrasound:

"Bladder evaluation should be performed with the bladder optimally distended to visualize its walls and any intraluminal masses." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

NEW QUESTION # 116

Which scanning approach was utilized to obtain this image?

A grayscale ultrasound image showing the liver and diaphragm. The liver is visible in the upper left, and the diaphragm is at the bottom. Multiple rib shadows are visible as echogenic lines running obliquely across the image, casting acoustic shadows. The costophrenic angles are visible at the top right.

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- A. Left coronal
- B. Right coronal
- C. Anterior
- D. Posterior

Answer: B**Explanation:**

The ultrasound image provided shows the liver and diaphragm imaged in a coronal plane with characteristic rib shadows and costophrenic angles. The orientation of the image and the structures visualized suggest that the transducer is placed in the right mid-axillary line, with the sound beam directed coronally - this is a classic right coronal scanning approach.

Key features supporting this:

- * The liver appears superiorly in the image.
- * Multiple echogenic lines (representing the ribs) run obliquely, casting acoustic shadows.
- * The diaphragm and adjacent lung base are seen clearly, which is commonly imaged through the right intercostal spaces in a coronal plane.

Comparison of answer choices:

- * A. Anterior: Would show a more transverse view of the liver and not typically image the diaphragm and lung this way.
- * B. Posterior: Not used for upper abdominal scanning due to shadowing from the spine and posterior ribs.
- * C. Left coronal: Would show the spleen and left kidney - not the liver as seen here.
- * D. Right coronal - Correct. This image was obtained using the right coronal (intercostal) approach through the right flank.

References:

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

Hagen-Ansart SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum (2020).

NEW QUESTION # 117

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