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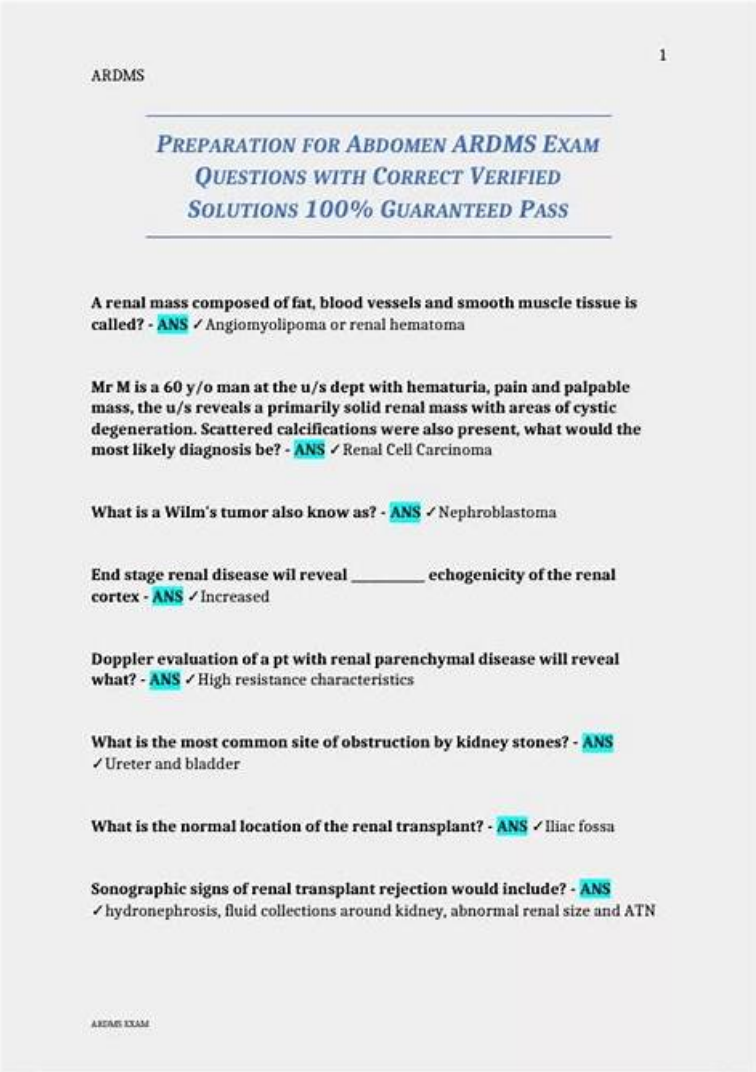

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ARDMS

PREPARATION FOR ABDOMEN ARDMS EXAM QUESTIONS WITH CORRECT VERIFIED SOLUTIONS 100% GUARANTEED PASS

A renal mass composed of fat, blood vessels and smooth muscle tissue is called? - ANS ✓Angiomyolipoma or renal hematoma

Mr M is a 60 y/o man at the u/s dept with hematuria, pain and palpable mass, the u/s reveals a primarily solid renal mass with areas of cystic degeneration. Scattered calcifications were also present, what would the most likely diagnosis be? - ANS ✓Renal Cell Carcinoma

What is a Wilm's tumor also know as? - ANS ✓Nephroblastoma

End stage renal disease wil reveal _____ echogenicity of the renal cortex - ANS ✓Increased

Doppler evaluation of a pt with renal parenchymal disease will reveal what? - ANS ✓High resistance characteristics

What is the most common site of obstruction by kidney stones? - ANS ✓Ureter and bladder

What is the normal location of the renal transplant? - ANS ✓Iliac fossa

Sonographic signs of renal transplant rejection would include? - ANS ✓hydronephrosis, fluid collections around kidney, abnormal renal size and ATN

ARDMS EXAM

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ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	• 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	• 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 3	• 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 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.

ARDMS Abdomen Sonography Examination Sample Questions (Q133-Q138):

NEW QUESTION # 133
Which diagnosis is most consistent with this image from a patient with acute scrotal pain?

- A. Epididymitis
- B. Testicular torsion
- C. Testicular rupture
- D. Scrotal abscess

Answer: B

Explanation:
The grayscale ultrasound image demonstrates a uniformly enlarged, hypoechoic (dark), and heterogeneous testis without signs of surrounding scrotal wall thickening or a discrete fluid collection. This pattern is highly suggestive of testicular torsion in the setting of acute scrotal pain.
Sonographic features of testicular torsion on grayscale imaging:
* Enlarged testis
* Diffusely hypoechoic parenchyma
* Loss of normal homogeneity

* Absence of internal vascular flow on Doppler imaging (not shown here but critical in confirming diagnosis) Testicular torsion occurs due to twisting of the spermatic cord, leading to vascular compromise and eventual infarction if not promptly corrected. It is a surgical emergency and typically presents in adolescent males with sudden-onset, severe unilateral testicular pain.
Comparison of answer choices:
* A. Scrotal abscess appears as a complex fluid collection with irregular margins and posterior enhancement.
* B. Testicular rupture would show discontinuity of the tunica albuginea, heterogeneous texture, and often a hematocele.
* C. Testicular torsion - Correct. The enlarged, hypoechoic, heterogeneous testis is characteristic, particularly in the acute phase.
* D. Epididymitis typically shows an enlarged, hypervascular epididymis and may extend to the testis (epididymo-orchitis), but vascularity is usually increased rather than absent.
References:
Dogra VS, Gottlieb RH, Oka M, Rubens DJ. Sonography of the scrotum. Radiology. 2003;227(1):18-36.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Scrotal Ultrasound Examination (2021).

NEW QUESTION # 134
Which structures are located within the testes?

- A. Gubernacula
- B. Aberrant ductules
- C. Efferent ductules
- D. Seminiferous tubules

Answer: D

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.
* Efferent 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 # 135
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. Pancreatic mass
- B. Accessory spleen
- C. Kidney mass
- D. Lymph node

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 # 136
Which syndrome is characterized by right upper quadrant pain, ascites, and hepatocellular dysfunction?

- A. Calciphylaxis
- B. Ehlers-Danlos
- C. Budd-Chiari
- D. Klippel-Trenaunay

Answer: C

Explanation:
Budd-Chiari syndrome is caused by hepatic venous outflow obstruction, resulting in hepatomegaly, ascites, right upper quadrant pain, and liver dysfunction. It may be due to thrombosis or compression of the hepatic veins or IVC.
According to Rumack's Diagnostic Ultrasound:
"Budd-Chiari syndrome results from hepatic venous outflow obstruction and presents with hepatomegaly, ascites, and right upper quadrant pain." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Liver Ultrasound, 2020.
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NEW QUESTION # 137
Which congenital disorder is most consistent with the finding identified by the arrow on this image?

- A. Biliary atresia
- B. Caroli disease
- C. Sclerosing cholangitis
- D. Alagille syndrome

Answer: B

Explanation:
The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.
Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.
Key ultrasound features of Caroli disease:
* Cystic or saccular dilations of the intrahepatic bile ducts
* The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)
* May show associated hepatosplenomegaly or signs of portal hypertension Differentiation from other options:
* A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.
* B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.
* D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Biliary System, pp. 152-155.
Radiopaedia.org. Caroli disease. https://radiopaedia.org/articles/caroli-disease American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 138
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