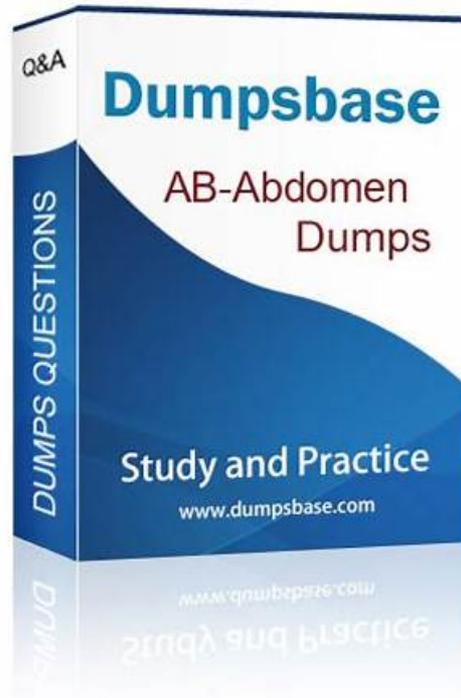


AB-Abdomen Exam Dumps & Valid Study AB-Abdomen Questions



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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 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"> • 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 3	<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 4	<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.

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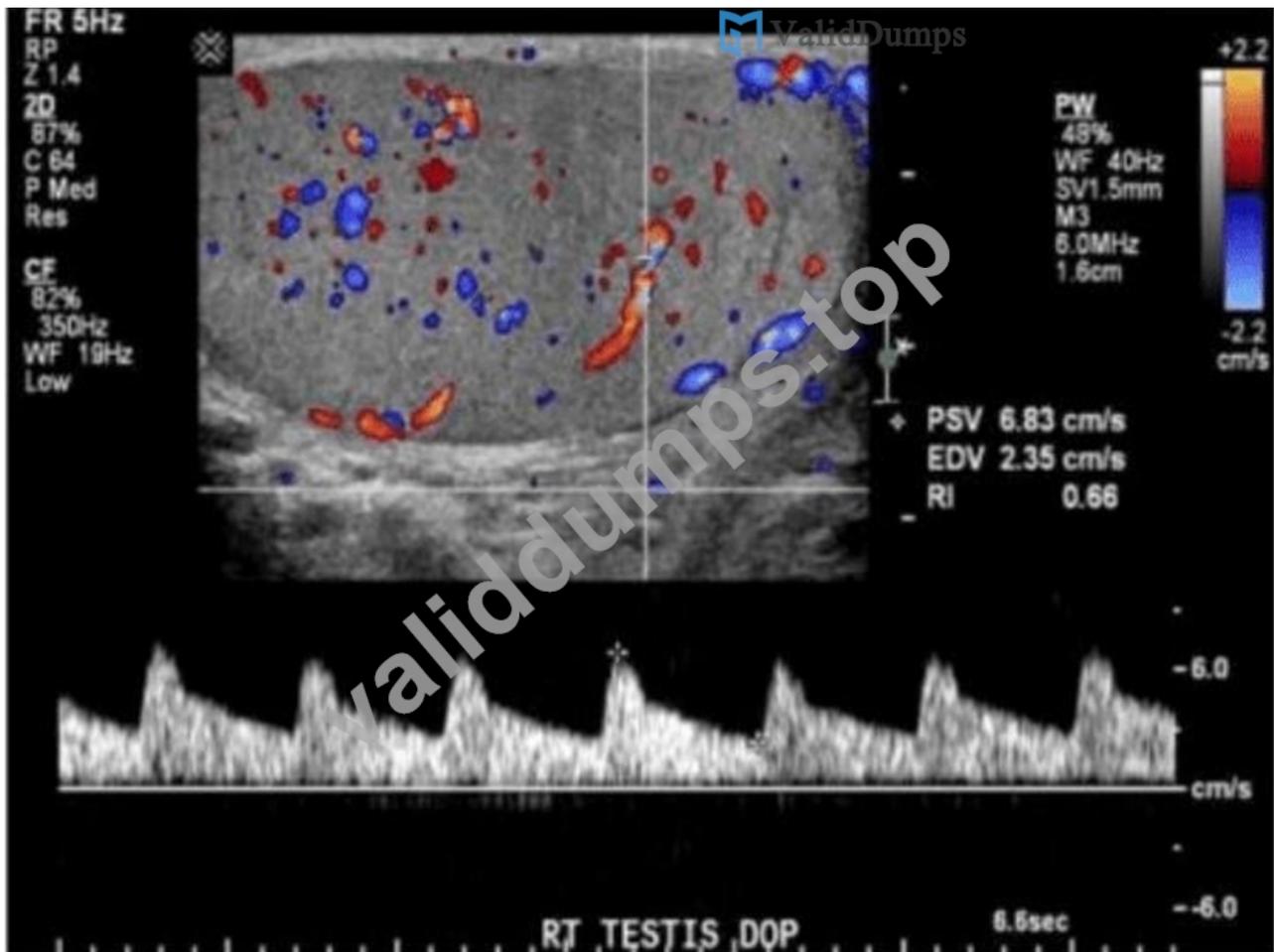
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ARDMS Abdomen Sonography Examination Sample Questions (Q133-Q138):

NEW QUESTION # 133

Which best describes the Doppler waveform findings in this image?



- A. Increased resistance
- **B. Normal**
- C. Triphasic
- D. Tardus parvus

Answer: B

Explanation:

The Doppler spectral waveform shown in this image of the right testis demonstrates low-resistance, forward-flowing arterial waveforms with continuous diastolic flow - this is characteristic of normal testicular perfusion. The presence of both color Doppler flow and a resistive index (RI) of 0.66 further supports normal testicular arterial circulation.

Key Doppler features of a normal testicular waveform:

- * Low-resistance waveform (RI typically 0.5-0.75)
- * Continuous diastolic flow
- * No reversal of flow or spectral broadening
- * Color Doppler confirms uniform intratesticular vascularity

Clinical context:

- * Normal testicular flow on Doppler imaging excludes testicular torsion, infarction, or significant inflammation.
- * Testicular torsion would show either absent or very high-resistance (reduced or absent diastolic flow) waveform.
- * Epididymo-orchitis may show hyperemia with low resistance but often presents with other gray-scale findings like heterogeneous echotexture or scrotal wall thickening.

Differentiation from other options:

- * **B. Increased resistance:** RI >0.75 and reduced or reversed diastolic flow; may indicate impending torsion or ischemia.
- * **C. Tardus parvus:** A slow systolic upstroke and diminished amplitude; indicates proximal arterial stenosis.
- * **D. Triphasic:** Normal waveform in peripheral arteries, such as extremities, not seen in testicular circulation.

References:

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

Chapter: Male Pelvis - Testis and Scrotum, pp. 793-800.

AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations, 2020.

Radiopaedia.org. Testicular Doppler assessment: <https://radiopaedia.org/articles/testicular-doppler-assessment>

NEW QUESTION # 134

What is the most common ultrasound appearance of the pancreas in mild acute pancreatitis?

- A. Enlarged
- B. Normal
- C. Hypoechoic
- D. Heterogeneous

Answer: A

Explanation:

In mild acute pancreatitis, the pancreas often appears diffusely enlarged and slightly hypoechoic due to edema and inflammation. However, in very early or mild cases, the pancreas may still appear normal. Heterogeneous echotexture may develop in more severe or necrotizing pancreatitis.

According to Rumack's Diagnostic Ultrasound:

"In mild pancreatitis, the pancreas is commonly enlarged and hypoechoic due to inflammatory edema." Reference:

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

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen, 2020.

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NEW QUESTION # 135

Which finding is most likely demonstrated in this image?



- A. Hemoperitoneum
- B. Bowel obstruction
- C. Hydropic gallbladder
- D. Ascites

Answer: D

Explanation:

The ultrasound image shows an anechoic (black) fluid collection in the perihepatic and perirenal spaces. The fluid outlines the liver (LIV) and right kidney (RK), which is characteristic of free fluid in the peritoneal cavity - consistent with ascites.

Sonographic features of ascites:

- * Anechoic (or hypoechoic) fluid in dependent areas of the abdomen
- * Seen surrounding the liver, spleen, and intestines
- * Can be free-flowing or loculated
- * Bowel loops may be floating or displaced centrally

This image is consistent with a typical finding of ascites: free fluid in Morison's pouch (hepatorenal recess), a common site for fluid accumulation.

Differentiation from other options:

- * A. Hydropic gallbladder: Refers to an enlarged gallbladder filled with clear bile; not visible in this image.
- * B. Hemoperitoneum: May appear similar to ascites, but usually has complex echogenicity or layering if acute; clinical context (trauma, bleeding) is essential for diagnosis.
- * C. Bowel obstruction: Would show dilated, fluid-filled bowel loops with peristalsis or to-and-fro motion, not evident here.

References:

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

Chapter: Peritoneal Cavity and Abdominal Trauma, pp. 125-130.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Focused Assessment with Sonography for Trauma (FAST) Examination, 2020.

Radiopaedia.org. Ascites (ultrasound): <https://radiopaedia.org/articles/ascites-ultrasound>

NEW QUESTION # 136

Which neoplasm is a benign tumor of the spleen?

- A. Lymphoma
- B. Angiosarcoma
- C. Littoral cell angioma
- D. Metastasis

Answer: C

Explanation:

Littoral cell angioma is a rare, benign vascular tumor of the spleen, arising from the littoral cells lining the splenic sinusoids. In contrast, lymphoma, metastasis, and angiosarcoma are malignant splenic neoplasms.

According to WHO Classification and Rumack's Diagnostic Ultrasound:

"Littoral cell angioma is a rare benign vascular neoplasm of the spleen with characteristic imaging findings." 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 # 137

Elevation of alpha-fetoprotein levels is a characteristic finding in which tumor?

- A. Focal nodular hyperplasia
- B. Hepatoma
- C. Cholangiocarcinoma
- D. Adenoma

Answer: B

Explanation:

Alpha-fetoprotein (AFP) is commonly elevated in patients with hepatocellular carcinoma (hepatoma), particularly in those with underlying cirrhosis or chronic hepatitis B/C. AFP is not typically elevated in adenomas, cholangiocarcinoma, or FNH.

According to Rumack's Diagnostic Ultrasound:

"Serum AFP levels are elevated in 50-70% of patients with hepatocellular carcinoma." Reference:

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

AASLD Guidelines for HCC Surveillance, 2018.

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NEW QUESTION # 138

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