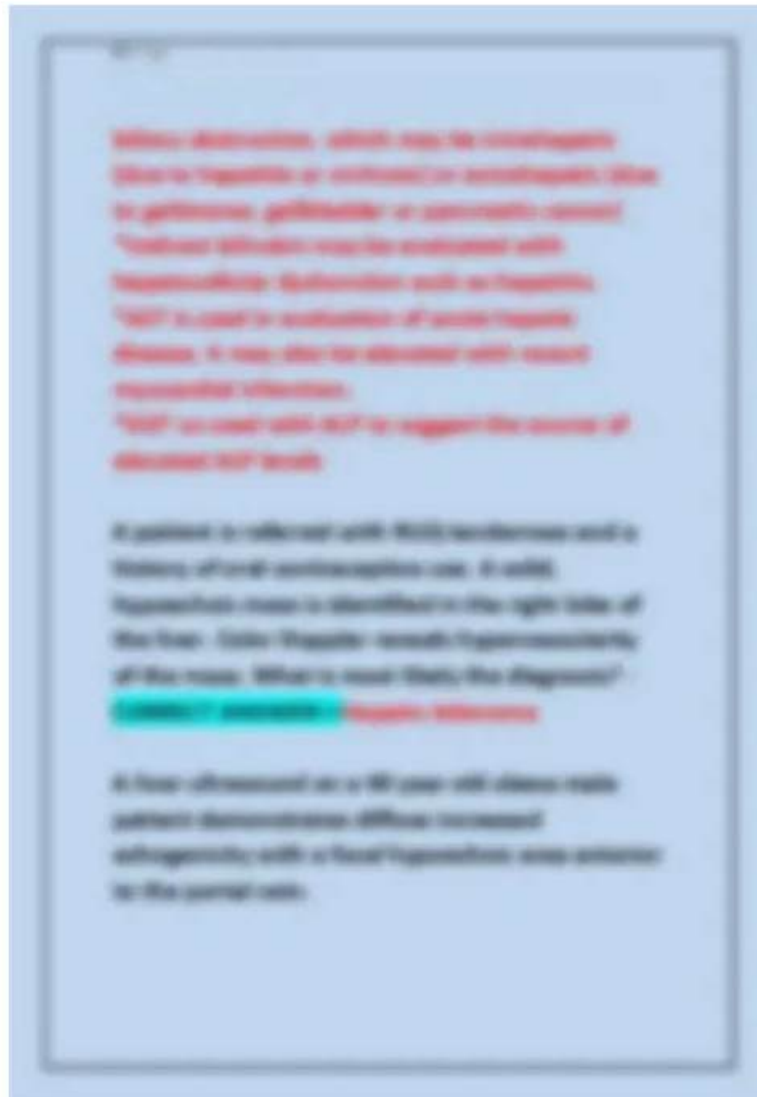


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ARDMS Abdomen Sonography Examination Sample Questions (Q54-Q59):

NEW QUESTION # 54

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Coronary vein varices
- **B. Caput medusae**
- C. Splenic vein varices
- D. Esophageal varices

Answer: B

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

* Esophageal varices (B) are gastroesophageal collaterals.

* Coronary vein varices (C) involve gastric veins.

* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

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

* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

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NEW QUESTION # 55

Which condition is most likely depicted in this image?



- A. Appendicitis
- B. Diverticulitis
- **C. Intussusception**
- D. Bowel obstruction

Answer: C

Explanation:

The ultrasound image shows a classic "target sign" or "donut sign," characterized by concentric rings of alternating echogenicity. This sonographic finding is pathognomonic for intussusception, particularly when seen in the transverse plane.

Intussusception occurs when a segment of bowel telescopes into an adjacent segment, typically in children aged 6 months to 3 years. It commonly presents with intermittent abdominal pain, vomiting, and sometimes "red currant jelly" stools.

Key ultrasound features of intussusception:

- * Target sign in transverse view (concentric rings of bowel layers)
 - * Pseudokidney or sandwich sign in longitudinal view
 - * May show intraluminal mesenteric fat or vessels dragged in with the intussusceptum
- Comparison of answer choices:
- * A. Bowel obstruction may show dilated loops of bowel with air-fluid levels and to-and-fro peristalsis but lacks the concentric ring sign.
 - * B. Diverticulitis typically shows bowel wall thickening and pericolic fat stranding; not the concentric target appearance.
 - * C. Appendicitis may appear as a blind-ending tubular structure (>6 mm), not with concentric ring pattern.
 - * D. Intussusception - Correct. The image demonstrates the classic target sign seen with this condition.

References:

Coley BD. US of gastrointestinal tract abnormalities in infants and children. Radiographics. 2005;25(1):27-47.

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

AIUM Practice Parameter for the Performance of Pediatric Ultrasound (2021).

NEW QUESTION # 56

Which normal anatomical structure is also known as the accessory pancreatic duct?

- A. Duct of Wirsung

- B. Duct of Vater
- **C. Duct of Santorini**
- D. Common pancreatic duct

Answer: C

Explanation:

The Duct of Santorini is the accessory pancreatic duct that drains the superior portion of the pancreatic head into the minor duodenal papilla. The main pancreatic duct (Duct of Wirsung) drains into the major papilla, often joining the common bile duct at the Ampulla of Vater.

According to Moore's Clinically Oriented Anatomy:

"The accessory pancreatic duct (Duct of Santorini) may be present and drains into the minor duodenal papilla." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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NEW QUESTION # 57

Which condition is most likely associated with this image of the common bile duct?



- A. Liver mass
- B. Cystic duct stone
- **C. Pancreatic head mass**
- D. Gallbladder stones

Answer: C

Explanation:

The ultrasound image demonstrates a dilated common bile duct (CBD), measuring approximately 7.7 mm in diameter. A normal CBD should generally measure less than 6 mm in a patient under 60 years old and may increase approximately 1 mm per decade thereafter or after cholecystectomy.

In the absence of gallstones within the CBD, one of the most concerning causes of CBD dilation is distal obstruction due to an extrinsic compressive lesion. The most common and clinically significant cause of distal CBD obstruction is a mass at the head of the pancreas.

A pancreatic head mass (e.g., adenocarcinoma) may compress the distal CBD and pancreatic duct simultaneously, resulting in the "double duct sign" - dilation of both the CBD and pancreatic duct. This is a classic finding in pancreatic cancer.

Comparison of answer choices:

- * A. Liver mass - unlikely to cause isolated CBD dilation unless invading the porta hepatis.
- * B. Cystic duct stone - may cause gallbladder hydrops but typically not CBD dilation unless Mirizzi syndrome is present.
- * C. Pancreatic head mass - Correct. This is the most likely cause of painless progressive CBD dilation without visible intraductal stones.
- * D. Gallbladder stones - These may be associated with biliary colic or cholecystitis but typically do not cause CBD dilation unless the stone has migrated and obstructed the distal duct.

References:

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

Lee JK, Sagel SS, Stanley RJ. Computed Body Tomography with MRI Correlation, 4th ed. Lippincott Williams & Wilkins; 2006.

ACR Appropriateness Criteria Right Upper Quadrant Pain (2021).

NEW QUESTION # 58

Which abnormality is the most common adult adrenal tumor?

- **A. Adenoma**
- B. Pheochromocytoma
- C. Adrenal cortical carcinoma
- D. Neuroblastoma

Answer: A

Explanation:

Adrenal adenomas are the most common adrenal tumors in adults. They are often discovered incidentally (adrenal incidentalomas) and are usually nonfunctioning, though some may secrete cortisol or aldosterone.

Neuroblastoma is common in children, pheochromocytomas are rarer catecholamine-producing tumors, and adrenal cortical carcinoma is malignant but much less common than adenomas.

According to Rumack's Diagnostic Ultrasound:

"Adrenal adenomas are the most common adrenal masses in adults, frequently identified incidentally on imaging studies." Reference:

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

ACR Incidental Findings Committee Guidelines for Adrenal Masses, 2017.

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NEW QUESTION # 59

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