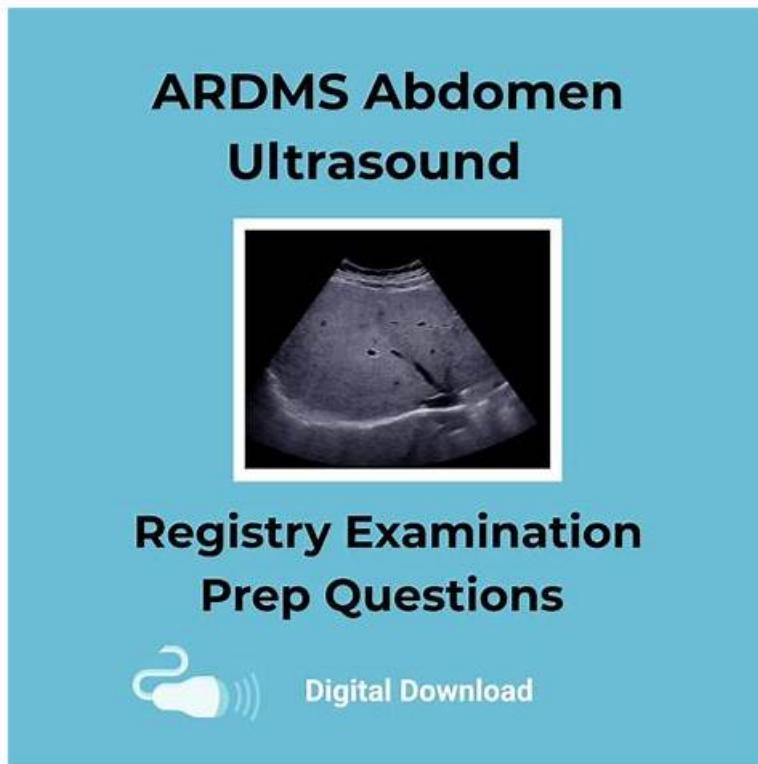


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ARDMS Abdomen Sonography Examination Sample Questions (Q43-Q48):

NEW QUESTION # 43

Which condition puts the patient at greatest risk for a hematoma as a result of biopsy?

- A. Liver disease
- B. Infection

- C. Hypertension
- D. Acute renal failure

Answer: A

Explanation:

Patients with liver disease often have coagulopathy due to impaired synthesis of clotting factors. This places them at greater risk for bleeding or hematoma formation after biopsy. While hypertension may increase bleeding risk slightly, liver disease presents a significantly higher risk due to impaired coagulation.

According to the Society of Interventional Radiology (SIR) guidelines:

"Liver dysfunction is a significant risk factor for post-biopsy hemorrhage due to associated coagulopathy." Reference:

SIR Consensus Guidelines for Coagulation Parameters in Image-Guided Procedures, 2019.

American Association for the Study of Liver Diseases (AASLD), Practice Guidance, 2021.

NEW QUESTION # 44

Which mechanism is used for a fine needle aspiration?

- A. Injection of saline and suction
- B. **Packing of cells in the needle**
- C. Cutting needle obtains core tissue
- D. Automated spring loaded device

Answer: B

Explanation:

Fine needle aspiration (FNA) uses a thin needle to aspirate cells, which are then packed into the lumen of the needle for cytological evaluation. It is distinct from core biopsy, which uses cutting needles to obtain tissue cores.

According to AIUM Practice Parameters:

"Fine needle aspiration involves insertion of a thin needle into a lesion to aspirate cells for cytologic analysis.

The cells are collected inside the needle lumen."

Reference:

AIUM Practice Parameter for the Performance of Ultrasound-Guided Percutaneous Needle Biopsy, 2020.

Rumack CM, Diagnostic Ultrasound, 5th ed. Elsevier, 2017.

NEW QUESTION # 45

Which condition is demonstrated in this image?

- A. Pyocoele
- B. Inguinal hernia
- C. Bell clapper deformity
- D. **Cryptorchidism**

Answer: D

Explanation:

The ultrasound image shows an ovoid, homogeneously hypoechoic soft tissue structure located in the inguinal canal, surrounded by echogenic fat and soft tissue. This is consistent with an undescended testis, also known as cryptorchidism.

Cryptorchidism refers to the failure of one or both testes to descend into the scrotal sac. On ultrasound, the undescended testis typically appears:

- * Ovoid in shape
- * Homogeneous and hypoechoic compared to scrotal testis
- * Located in the inguinal canal or, less commonly, within the abdomen
- * Smaller in size than a normally descended testis

Comparison of answer choices:

* A. Bell clapper deformity refers to an anatomic predisposition for testicular torsion where the tunica vaginalis surrounds the entire testis and epididymis-usually a clinical rather than directly sonographic diagnosis.

* B. Inguinal hernia appears as bowel or omentum within the inguinal canal or scrotum with peristalsis or fat-no bowel loops are seen

here.

* C. Pyocele is a complex fluid collection around the testis (usually with septations and internal echoes)- not evident in this image.

* D. Cryptorchidism - Correct. The findings match those of an undescended testis in the inguinal canal.

References:

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

Dogra VS, Gottlieb RH, Rubens DJ, Oka M. Sonography of the scrotum. Radiology. 2003;227(1):18-36.

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

NEW QUESTION # 46

Which clinical finding is most likely associated with the splenic pathology demonstrated in this image?

□

- A. Immunocompromised
- B. Portal hypertension
- C. Sickle cell anemia
- D. Trauma

Answer: C

Explanation:

The ultrasound image demonstrates a heterogeneous and echogenic spleen with evidence of atrophy and multiple areas of calcification-consistent with autosplenectomy. This appearance is classically associated with chronic sickle cell anemia.

In sickle cell disease, repeated vaso-occlusive episodes result in infarctions, fibrosis, and progressive calcification of the spleen. Over time, this leads to functional asplenia or complete autosplenectomy (involution and shrinkage of the spleen). The hallmark sonographic features include:

- * A small, echogenic spleen
- * Multiple coarse calcifications
- * Irregular contour or atrophic appearance

These findings are not typically seen in other conditions:

- * A. Trauma may cause subcapsular hematomas or lacerations, but not chronic atrophy with calcifications.
- * C. Immunocompromised patients may develop abscesses or infections but not the classic features of autosplenectomy.
- * D. Portal hypertension typically causes splenomegaly and varices, not atrophic and calcified spleens.

References:

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

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

Kellenberger CJ. Imaging of the spleen in children. Eur Radiol. 2004;14(5):92-102.

NEW QUESTION # 47

Which retroperitoneal finding is most likely associated with trauma?

- A. Adenoma
- B. Fibrosis
- C. Neuroblastoma
- D. Urinoma

Answer: D

Explanation:

Urinomas are collections of urine in the retroperitoneum that result from trauma, surgery, or obstruction causing urine leakage.

Trauma is a frequent cause of urinoma formation due to disruption of the urinary tract.

According to Rumack's Diagnostic Ultrasound:

"Urinomas may develop as a complication of trauma, surgery, or obstructive uropathy with urinary extravasation into the retroperitoneum" Reference:

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

AIUM Practice Parameter for Renal Ultrasound, 2020.

NEW QUESTION # 48

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