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ARDMS Abdomen Sonography Examination Sample Questions (Q115-Q120):

NEW QUESTION # 115

Which condition is demonstrated in this image?

- A. Tumor extension
- B. Portal hypertension
- C. Portal vein thrombosis
- **D. Cavernous transformation**

Answer: D

Explanation:

The image shows a color Doppler ultrasound of the main portal vein (MPV), which appears irregular and replaced by multiple small, serpiginous vascular channels - a hallmark of cavernous transformation.

Cavernous transformation of the portal vein is a late complication of chronic portal vein thrombosis, in which collateral vessels develop around the thrombosed portal vein to bypass the obstruction.

Key Doppler ultrasound features of cavernous transformation:

- * Absence of a normal portal vein
- * Multiple tortuous vessels in the porta hepatis
- * Color Doppler shows hepatopetal flow in these channels
- * Low velocity, continuous waveform flow in collateral vessels

Differentiation from other options:

* B. Portal vein thrombosis: Would show an absence of color flow within the portal vein lumen and possibly echogenic material within the vessel. There would be no serpiginous collateral vessels yet if it's an acute process.

* C. Portal hypertension: Often diagnosed with other sonographic findings (e.g., splenomegaly, reversed portal flow, varices) but not characterized by the replacement of the portal vein by collateral vessels.

* D. Tumor extension: Typically appears as echogenic intraluminal material within the portal vein with arterial waveforms on Doppler due to neovascularity. Tumor thrombus can be seen in hepatocellular carcinoma or pancreatic cancer, not multiple small collateral vessels.

References:

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

Chapter: Portal Venous System, pp. 107-110.

American Institute of Ultrasound in Medicine (AIUM). Practice Parameter for the Performance of a Vascular Ultrasound Examination, 2021.

Radiopaedia.org. Cavernous transformation of the portal vein: <https://radiopaedia.org/articles/cavernous-transformation-of-the-portal-vein>

NEW QUESTION # 116

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

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

Answer: B

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 # 117

Which condition is associated with multiple pancreatic cysts?

- A. Cystic fibrosis

- B. Autosomal recessive polycystic kidney disease
- C. Beckwith Wiedemann syndrome
- **D. Von Hippel Lindau syndrome**

Answer: D

Explanation:

Von Hippel-Lindau (VHL) syndrome is a genetic disorder associated with multiple pancreatic cysts, pancreatic neuroendocrine tumors, and other systemic neoplasms. While cystic fibrosis can produce thickened pancreatic secretions, it rarely causes true pancreatic cysts.

According to Rumack's Diagnostic Ultrasound:

"Multiple pancreatic cysts are strongly associated with Von Hippel Lindau syndrome." Reference:

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

WHO Classification of Digestive System Tumors, 5th ed., IARC, 2019.

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NEW QUESTION # 118

Which adjustment would most likely improve visualization of a small superficial tubular structure such as a peripheral artery?

- A. Decreasing power output
- B. Decreasing frame rate
- C. Decreasing transducer wavelength
- **D. Decreasing slice width**

Answer: D

Explanation:

Reducing slice (section) width improves spatial resolution, particularly elevational resolution, which enhances visualization of small, superficial structures. Lower slice width reduces off-axis beam artifacts and blurring.

Wavelength depends on transducer frequency, not adjustable directly during scanning.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Reduction in slice thickness improves imaging of small superficial structures by minimizing volume averaging and improving elevational resolution." Reference:

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

AIUM Practice Parameter for Vascular Ultrasound, 2021.

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NEW QUESTION # 119

Which congenital disorder is most consistent with the finding identified by the arrow on this image?

□

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

Answer: A

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 # 120

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