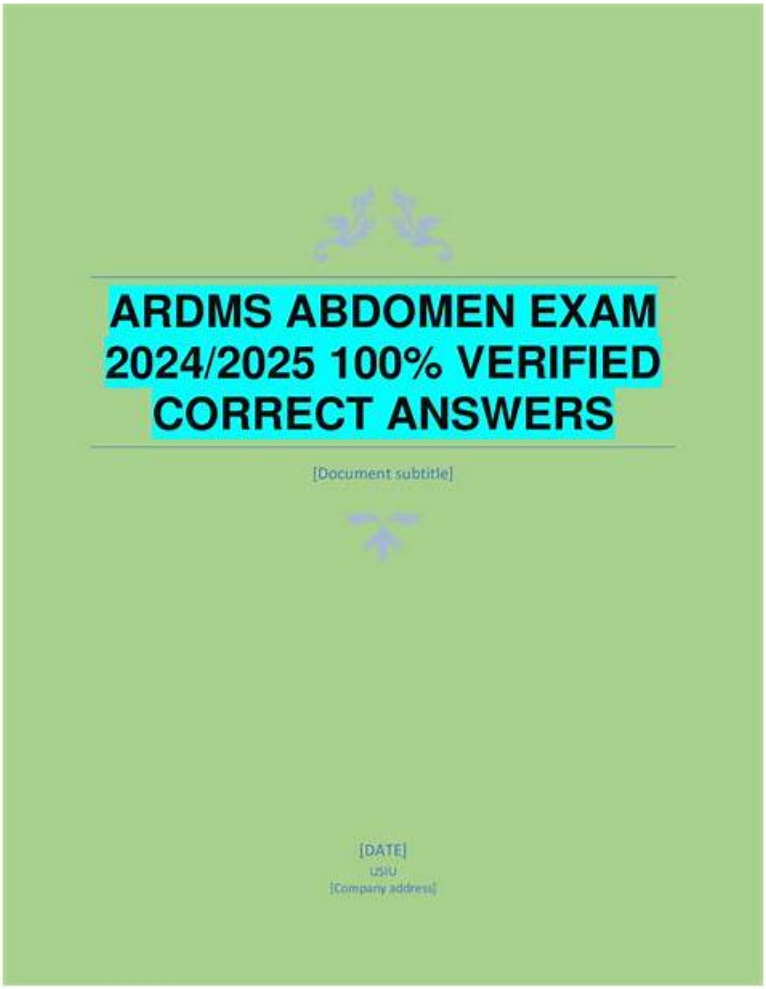
# ARDMS Exam AB-Abdomen Reviews: Abdomen Sonography Examination - ITexamReview Updated Download

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## ARDMS AB-Abdomen Exam Syllabus Topics:

| Topic | Details |
|---|---|
| Topic 1 | • 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. |

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|---|---|
| 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 | • 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 4 | • 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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## ARDMS Abdomen Sonography Examination Sample Questions (Q129-Q134):

**NEW QUESTION # 129**
What is the location of the left lobe of the thyroid gland?

- A. Posterior to the longus colli muscle
- B. Anterior to the left jugular vein
- C. Anterolateral to the esophagus
- D. Anterior to the trachea

**Answer: C**

Explanation:
The left lobe of the thyroid is located anterolateral to the esophagus. On transverse ultrasound imaging, the esophagus can often be seen posterior to the left thyroid lobe as a circular structure with echogenic mucosa and hypoechoic muscular layer. The longus colli muscle lies posterior to the thyroid. The thyroid is anterior to the trachea but this refers more to the isthmus or midline portion.
According to Rumack's Diagnostic Ultrasound:
"The esophagus is seen as a target-shaped structure posterior to the left thyroid lobe; thus, the thyroid lobe is anterolateral to the esophagus." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Thyroid Ultrasound, 2020.
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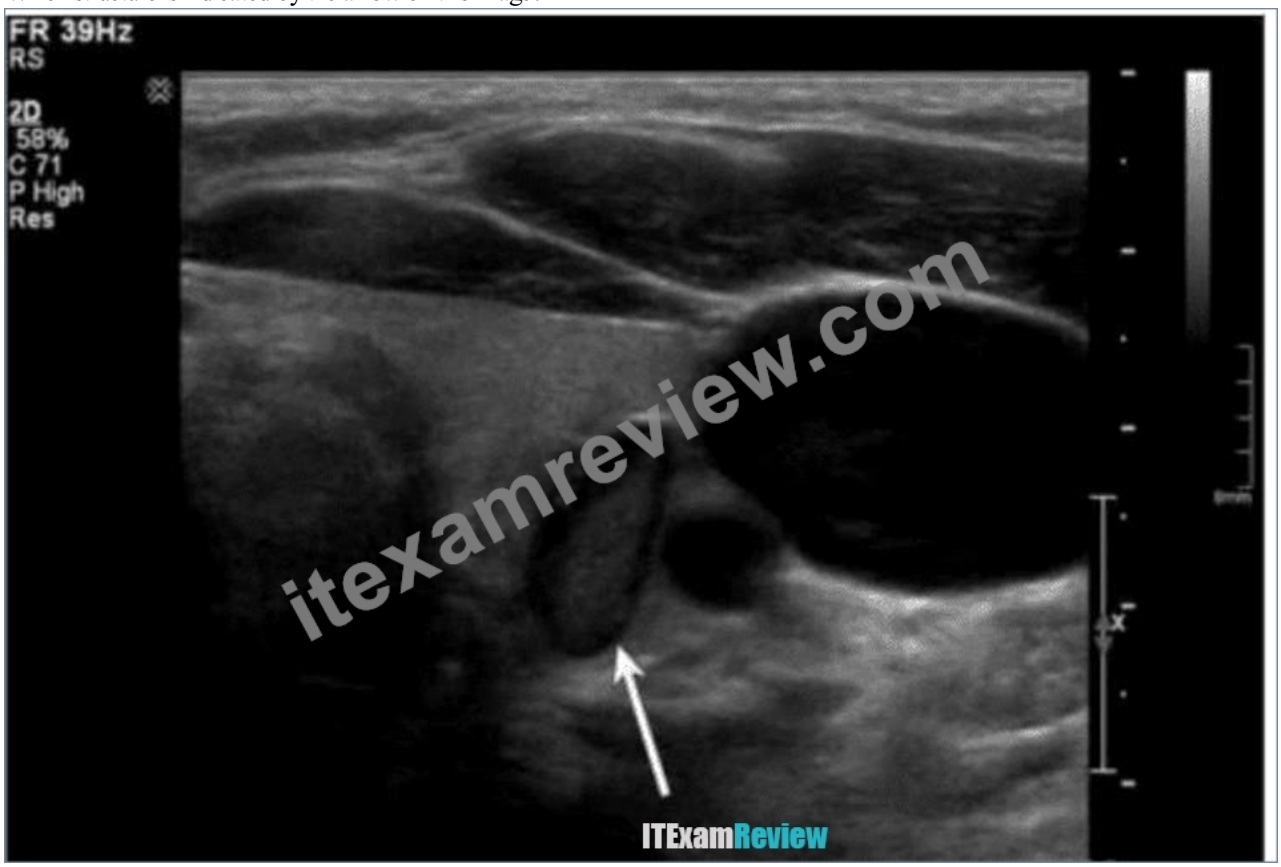
**NEW QUESTION # 130**

Which structure is indicated by the arrow on this image?




- A. Parathyroid
- B. Paraganglioma
- C. Esophagus
- D. Lymph node

**Answer: C**

Explanation:
The ultrasound image shows a transverse view of the lower neck region at the thyroid level. The arrow is pointing to a round-to-oval structure located posterior and slightly to the left of the thyroid gland. The structure has a characteristic "target" or "bull's-eye" appearance with a hypoechoic outer ring and echogenic central mucosal interface - this is classic for the esophagus when seen in transverse view.
Key sonographic features of the esophagus:
* It lies posterior to the left lobe of the thyroid.
* It demonstrates a layered wall structure ("target" or "bull's-eye" appearance).
* It may change shape or move during swallowing, and occasionally air bubbles or movement of fluid may be observed.
Comparison of answer choices:
* A. Parathyroid glands are small, homogeneous, hypoechoic, and located posterior to the thyroid - but do not have this layered target appearance.
* B. Lymph nodes have a hypoechoic cortex and echogenic hilum and are typically oval or bean-shaped, without the concentric ring appearance.
* C. Esophagus - Correct. The location, appearance, and structure are consistent with the cervical esophagus.
* D. Paragangliomas are highly vascular and more commonly located in the carotid body or adrenal region, not in this location or with this sonographic pattern.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
Grant EG, Tessler FN, Hoang JK, et al. Thyroid Ultrasound Reporting Lexicon: White Paper of the ACR TI- RADS Committee. J Am Coll Radiol. 2015.
Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

**NEW QUESTION # 131**

During a renal artery Doppler study, which vessel should also be sampled to verify patency?

- A. Inferior vena cava
- B. Portal vein
- C. Main renal vein
- D. Iliac vein

**Answer: C**

Explanation:
The main renal vein should be assessed in addition to the renal arteries during renal Doppler exams. Venous thrombosis may coexist with arterial abnormalities and can impact renal perfusion. Evaluation of both arterial inflow and venous outflow ensures a comprehensive assessment of renal vascular patency.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Renal vein assessment should be performed during renal artery Doppler studies to exclude venous thrombosis or outflow obstruction." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
AIUM Practice Parameter for Renal Artery Duplex Sonography, 2020.
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**NEW QUESTION # 132**
Which sonographic finding is most consistent with scrotal inflammation?

- A. Abscess
- B. Granuloma
- C. Hyperemia
- D. Hydrocele

**Answer: C**

Explanation:
Scrotal inflammation, such as epididymitis or orchitis, typically presents with increased blood flow (hyperemia) on color Doppler sonography. This finding reflects the inflammatory process and vascular dilation. Abscesses, granulomas, or hydroceles may be present but are not as consistent or specific for inflammation.
According to AIUM Practice Parameters and Rumack's Diagnostic Ultrasound:
"In acute inflammation, color Doppler ultrasound demonstrates prominent hyperemia of the epididymis or testis." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Scrotal Ultrasound, 2020.
-

**NEW QUESTION # 133**
What is a major advantage of power Doppler over color flow Doppler?

- A. Improved signal-to-noise ratio
- B. Decreased sensitivity to motion artifacts
- C. Ease of determining flow direction
- D. Doppler angle independent

**Answer: A**

Explanation:
Power Doppler measures the amplitude (strength) of Doppler signals rather than frequency shift, making it more sensitive to low-velocity and small-vessel blood flow. Its primary advantage is an improved signal-to- noise ratio, allowing for better visualization of slow or weak flow.
* A: Power Doppler is more sensitive to motion artifacts, not less.
* B: It is still angle dependent, though somewhat less so than color Doppler.
* D: Power Doppler does not display flow direction (a limitation).
Reference Extracts:
* Kremkau FW. Sonography Principles and Instruments. 9th ed. Elsevier, 2015.

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

**NEW QUESTION # 134**

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