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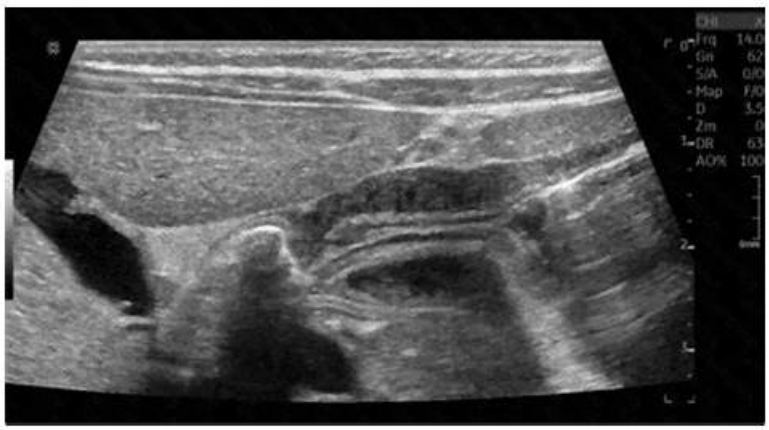

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ARDMS Abdomen Sonography Examination Sample Questions (Q128-Q133):

NEW QUESTION # 128
Which common congenital anomaly is typically seen as a cystic midline anterior neck structure?

- A. Thyroglossal duct cyst
- B. Cystic follicular adenoma
- C. Branchial cleft cyst
- D. Cystic hygroma

Answer: A

Explanation:
A thyroglossal duct cyst is the most common congenital cystic anomaly in the anterior midline neck. It arises from persistent remnants of the thyroglossal duct, typically located inferior to the hyoid bone.
According to Rumack's Diagnostic Ultrasound:
"Thyroglossal duct cysts are located in the midline anterior neck and are the most common congenital cystic neck lesions."

Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
AIUM Practice Parameter for Thyroid and Neck Ultrasound, 2020.
-

NEW QUESTION # 129
Which outcome would be present if the sample volume gate is larger than the examined vessel?

- A. Aliasing
- B. Spike turbulence
- C. Indeterminate flow direction
- D. Spectral noise

Answer: D

Explanation:
When the sample volume (gate) is too large, it captures signals from both the vessel and surrounding tissues or adjacent flows. This leads to a broadening of the spectral waveform and produces "spectral noise" or
"spectral broadening," reducing the accuracy of velocity measurements and waveform analysis. Aliasing results from high velocity relative to the Nyquist limit, not from gate size.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Increasing the sample volume beyond the vessel size causes spectral broadening, resulting in spectral noise and inaccurate Doppler measurements." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
AIUM Practice Parameter for Spectral Doppler Ultrasound, 2021.
-

NEW QUESTION # 130
Which condition puts the patient at greatest risk for a hematoma as a result of biopsy?

- A. Acute renal failure
- B. Hypertension
- C. Infection
- D. Liver disease

Answer: D

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 # 131
Which diagnosis is most consistent with this image from a patient with acute scrotal pain?

- A. Epididymitis
- B. Scrotal abscess
- C. Testicular rupture
- D. Testicular torsion

Answer: D

Explanation:

The grayscale ultrasound image demonstrates a uniformly enlarged, hypoechoic (dark), and heterogeneous testis without signs of surrounding scrotal wall thickening or a discrete fluid collection. This pattern is highly suggestive of testicular torsion in the setting of acute scrotal pain.
Sonographic features of testicular torsion on grayscale imaging:
* Enlarged testis
* Diffusely hypoechoic parenchyma
* Loss of normal homogeneity
* Absence of internal vascular flow on Doppler imaging (not shown here but critical in confirming diagnosis) Testicular torsion occurs due to twisting of the spermatic cord, leading to vascular compromise and eventual infarction if not promptly corrected. It is a surgical emergency and typically presents in adolescent males with sudden-onset, severe unilateral testicular pain.
Comparison of answer choices:
* A. Scrotal abscess appears as a complex fluid collection with irregular margins and posterior enhancement.
* B. Testicular rupture would show discontinuity of the tunica albuginea, heterogeneous texture, and often a hematocele.
* C. Testicular torsion - Correct. The enlarged, hypoechoic, heterogeneous testis is characteristic, particularly in the acute phase.
* D. Epididymitis typically shows an enlarged, hypervascular epididymis and may extend to the testis (epididymo-orchitis), but vascularity is usually increased rather than absent.
References:
Dogra VS, Gottlieb RH, Oka M, Rubens DJ. Sonography of the scrotum. Radiology. 2003;227(1):18-36.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.
AIUM Practice Parameter for the Performance of a Scrotal Ultrasound Examination (2021).

NEW QUESTION # 132
Based on this image, which congenital anomaly should be suspected?

- A. Supernumerary kidney
- B. Horseshoe kidney
- C. Annular pancreas
- D. Pancreas divisum

Answer: C

Explanation:
The ultrasound image demonstrates a dilated duodenum with a hypoechoic soft tissue structure encircling it.
This is a classic sonographic appearance suggestive of an annular pancreas. In annular pancreas, pancreatic tissue completely or partially encircles the second portion of the duodenum, which can lead to duodenal narrowing or obstruction.
Annular pancreas is a congenital anomaly that results from failure of the ventral pancreatic bud to rotate properly during embryologic development. As a result, pancreatic tissue encircles the duodenum. It may present in neonates with symptoms of duodenal obstruction or in adults with abdominal pain, pancreatitis, or vomiting.
Ultrasound Findings:
* Hypoechoic pancreatic tissue encircling the duodenum
* Evidence of duodenal dilatation proximal to the obstruction
* "Double bubble" sign may be seen in neonates
Differentiation from other options:
* A. Supernumerary kidney: Refers to an accessory kidney. It would be seen in the retroperitoneum and is unrelated to the duodenum or pancreas.
* B. Pancreas divisum: A ductal anomaly best diagnosed on MRCP or ERCP. It is not typically visible on conventional ultrasound.
* D. Horseshoe kidney: A renal fusion anomaly where the lower poles of the kidneys are fused. It is seen in the pelvis or lower abdomen and does not involve the duodenum or pancreas.
References:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th Edition. Elsevier, 2018.
Chapter: Pancreas, pp. 269-272.
Radiopaedia.org. Annular pancreas: https://radiopaedia.org/articles/annular-pancreas AIUM Practice Parameter for the Performance of Abdominal and Retroperitoneal Ultrasound Examinations,
2020.

NEW QUESTION # 133
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