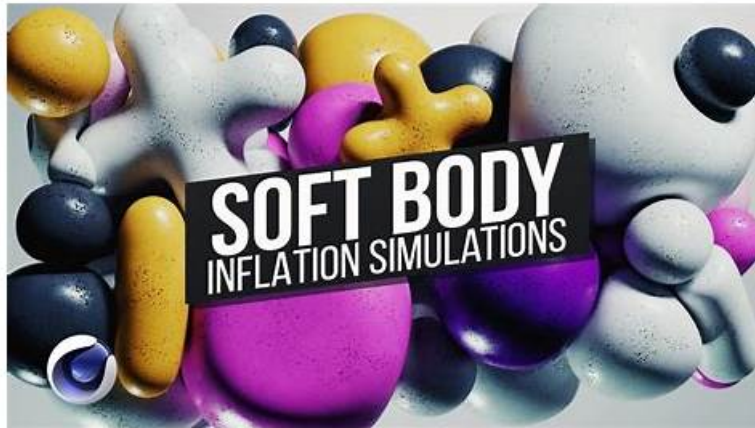


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ARDMS Abdomen Sonography Examination Sample Questions (Q23-Q28):

NEW QUESTION # 23

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.

-

NEW QUESTION # 24

Which condition presents sonographically as an anechoic mass between the umbilicus and the bladder?

- A. Mesenteric cyst
- **B. Urachal cyst**
- C. Bladder abscess
- D. Urinoma

Answer: B

Explanation:

A urachal cyst arises from incomplete closure of the urachus, a remnant of the fetal allantoic duct connecting the bladder to the umbilicus. It appears as a midline, anechoic, nonvascular mass located between the bladder dome and the umbilicus.

According to Rumack's Diagnostic Ultrasound:

"A urachal cyst is a midline, anechoic structure located between the bladder and umbilicus, resulting from incomplete obliteration of the urachus." Reference:

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

AIUM Practice Parameter for the Performance of Ultrasound of the Pelvis, 2020.

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NEW QUESTION # 25

A lactating female presents with a tender, swollen breast, erythema, and fever. Which condition is most likely present in this image?

□

- **A. Mastitis**
- B. Abscess
- C. Galactocele
- D. Ductal carcinoma

Answer: A

Explanation:

The clinical presentation-tender, swollen breast with erythema and fever-in a lactating female strongly suggests acute mastitis. The sonographic findings support this diagnosis. In the image, the breast parenchyma shows diffuse, hypoechoic, and heterogeneous echotexture with increased vascularity, which is consistent with inflammatory changes typical of mastitis.

Mastitis is a common complication during lactation, particularly in the first few weeks postpartum. It results from milk stasis and subsequent bacterial infection, commonly due to *Staphylococcus aureus*. Ultrasound features of mastitis include:

* Ill-defined, hypoechoic, edematous areas in the breast parenchyma

* Increased Doppler flow due to hyperemia

* Skin thickening

* Ductal dilatation may also be present

If left untreated, mastitis may progress to abscess formation, which would appear as a localized, complex fluid collection with peripheral hyperemia and internal debris. However, the image does not show a well- formed fluid collection consistent with abscess.

Option B (Ductal carcinoma): Inappropriate here due to the acute clinical scenario and patient age. Ductal carcinoma typically presents as a hypoechoic mass with irregular margins and posterior shadowing, not diffuse edema or inflammatory changes.

Option D (Galactocele): This benign milk-filled retention cyst typically appears anechoic or with fluid-fluid levels but lacks signs of inflammation and systemic symptoms such as fever.

Option A (Abscess): This could be a differential, but abscesses usually present with a well-defined anechoic or complex mass. The absence of a discrete collection and the diffuse appearance makes mastitis more likely.

References:

Mendelson EB. Practical Ultrasound: An Illustrated Guide. Springer, 2004. Chapter: Breast Ultrasound.

American College of Radiology (ACR). ACR Practice Parameter for the Performance of a Breast Ultrasound Examination, 2022.

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

Chapter: Breast, pp. 1169-1175.

NEW QUESTION # 26

Which type of artifact is indicated by the arrows on this image?

- A. Comet tail
- B. Speed error
- C. Focal enhancement
- **D. Edge shadow**

Answer: D

Explanation:

The ultrasound image of the thyroid clearly shows posterior shadowing originating from the lateral edges of a rounded structure, which is indicative of edge shadow artifact. Edge shadowing occurs when an ultrasound beam passes tangentially to a rounded or curved structure, such as a cyst or blood vessel. The difference in sound wave refraction and beam divergence at the edges leads to decreased echo signals deep to the edges, creating linear hypoechoic bands - which is exactly what the arrows are pointing to in the image.

Edge shadow artifact is purely a result of beam physics and not a real anatomic or pathologic finding.

Key characteristics of edge shadowing:

- * Appears as a narrow, linear hypoechoic (dark) shadow extending deep to the edge of a curved interface (e.g., cyst, vessel, thyroid nodule)
- * Caused by refraction and beam deflection, leading to reduced beam intensity distal to the edges
- * Most commonly seen adjacent to cysts or fluid-filled structures

Differentiation from other options:

- * A. Focal enhancement: Appears as increased echogenicity distal to a fluid-filled structure due to lower attenuation of the sound beam through fluid (opposite of shadowing).
- * C. Speed error: A less common artifact that results in displacement of structures due to variation in assumed sound speed.
- * D. Comet tail: A reverberation artifact that appears as a series of closely spaced bright echoes, often associated with metallic objects or cholesterol crystals in adenomyomatosis.

References:

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

Chapter: Ultrasound Physics and Artifacts, pp. 38-42.

Krenkau FW. Sonography Principles and Instruments. 9th Edition. Elsevier, 2015. Chapter: Image Artifacts, pp. 132-136.

NEW QUESTION # 27

Which change of the inferior vena cava spectral Doppler waveform is expected superior to a nonocclusive thrombus?

- **A. Dampening**
- B. Absence of flow
- C. Becomes multiphasic
- D. Increased velocity

Answer: A

Explanation:

In the presence of a nonocclusive thrombus, Doppler waveform above the thrombus typically shows dampened flow with loss of normal respiratory phasicity due to partial venous outflow obstruction. Complete absence of flow is typically seen with occlusive thrombus.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Partial obstruction produces dampened and continuous flow patterns superior to a nonocclusive thrombus." Reference:

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

AIUM Practice Parameter for Venous Ultrasound, 2020.

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NEW QUESTION # 28

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