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

NEW QUESTION # 128

Which technique would best assist the sonographer to verify the finding in this image obtained from the right upper quadrant?



- A. Use compound imaging
- **B. Assess for sonographic Murphy sign**
- C. Change the patient's position
- D. Ask patient to perform Valsalva

Answer: B

Explanation:

The image demonstrates a gallbladder with a possible echogenic focus (likely a gallstone) and posterior acoustic shadowing. This is suggestive of cholelithiasis. To differentiate uncomplicated gallstones from acute cholecystitis, the most effective technique is to assess for a positive sonographic Murphy sign.

A positive sonographic Murphy sign refers to the presence of focal tenderness over the gallbladder when it is directly palpated with the ultrasound transducer. It is a strong indicator of acute cholecystitis when combined with other features such as gallbladder wall thickening, pericholecystic fluid, and gallstones.

Sonographic Murphy sign - key points:

- * Assessed during real-time scanning
- * Localized tenderness when pressure is applied over the gallbladder
- * Highly sensitive for acute cholecystitis (especially in the presence of stones) Differentiation from other options:
 - * A. Use compound imaging: Improves image quality by reducing artifacts but does not verify tenderness or confirm acute inflammation.
 - * B. Change the patient's position: Helpful to confirm mobility of gallstones, but not diagnostic of inflammation.
 - * C. Ask patient to perform Valsalva: Used primarily in vascular studies (e.g., assessing for varicocele or venous reflux), not relevant here.

References:

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

Chapter: Gallbladder and Biliary System, pp. 148-152.

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

Radiopaedia.org. Sonographic Murphy sign: <https://radiopaedia.org/articles/sonographic-murphy-sign>

NEW QUESTION # 129

Which gray scale artifact is caused by the oscillation of gas bubbles?

- A. Refraction
- **B. Ring down**
- C. Reverberation
- D. Mirror image

Answer: B

Explanation:

Ring-down artifact occurs when gas bubbles resonate or oscillate, creating continuous echoes distal to the structure that appear as a vertical, echogenic band extending posteriorly. This is distinct from reverberation, which produces multiple discrete reflections.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Ring-down artifact results from resonance of gas bubbles, producing a continuous, echogenic tail distal to the reflecting interface."

Reference:

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

AIUM Practice Parameter for Abdominal Ultrasound, 2020.

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NEW QUESTION # 130

Where in the neck are most thyroid cancer recurrences found?

- A. Bilateral
- **B. Ipsilateral**
- C. Subauricular
- D. Contralateral

Answer: B

Explanation:

Most thyroid cancer recurrences are found in the ipsilateral neck-particularly in the central (level VI) or lateral (levels II-V) compartments on the same side as the original malignancy.

According to AIUM Practice Parameters:

"Post-thyroidectomy recurrence most frequently occurs ipsilateral to the original tumor, commonly involving regional lymph nodes."

Reference:

AIUM Practice Parameter for Thyroid and Neck Ultrasound, 2020.

American Thyroid Association (ATA) Guidelines for Thyroid Cancer Management, 2015.

NEW QUESTION # 131

Which of the following is a possible early complication of a renal transplant?

- **A. Acute tubular necrosis**
- B. Ureterocele
- C. Transitional cell carcinoma
- D. Transplant artery stenosis

Answer: A

Explanation:

Acute tubular necrosis (ATN) is the most common cause of early graft dysfunction following renal transplantation. It results from ischemia-reperfusion injury during the transplantation process. Ultrasound findings may be nonspecific but Doppler may show elevated resistive indices.

Ureterocele (A) is a congenital anomaly.

Transplant artery stenosis (C) is a late complication.

Transitional cell carcinoma (D) is rare and not typically an early complication.

Reference Extracts:

Middleton WD, Kurtz AB, Hertzberg BS. Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.

NEW QUESTION # 132

Which artifact is seen within the gallbladder in this image?



- A. Shadowing
- B. Banding
- C. Attenuation
- **D. Reverberation**

Answer: D

Explanation:

The ultrasound image demonstrates multiple parallel echogenic lines within the gallbladder lumen, extending distally and diminishing in intensity. These equidistant lines are classic for a reverberation artifact.

Reverberation occurs when the ultrasound beam reflects multiple times between two strong reflectors (such as the anterior gallbladder wall and the transducer), creating repeating echoes that appear as equally spaced lines.

This is frequently seen in:

- * The gallbladder (especially when collapsed or near the wall)
- * Near air-filled structures
- * With metallic objects or surgical clips

Reverberation does not represent a true anatomical structure and should be distinguished from real pathology.

Comparison of answer choices:

- * A. Banding refers to speed displacement or slice-thickness artifacts and typically does not appear as repetitive lines.
- * B. Shadowing is a dark band posterior to highly attenuating structures like gallstones or bone, not present here.
- * C. Attenuation is a general term for the reduction in sound energy as it travels-posterior acoustic shadowing is one type.
- * D. Reverberation - Correct. The characteristic bright, parallel lines within the gallbladder lumen confirm this artifact.

References:

Krenkau FW. Sonography Principles and Instruments, 9th ed. Elsevier; 2015.
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.

NEW QUESTION # 133

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