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Practice materials are typically seen as the tools of reviving, practicing and remembering necessary exam questions for the exam, spending much time on them you may improve the chance of winning. However, our AB-Abdomen training materials can offer better condition than traditional practice materials and can be used effectively. We treat it as our major responsibility to offer help so our AB-Abdomen Practice Guide can provide so much help, the most typical one is the efficiency of our AB-Abdomen exam questions, which can help you pass the AB-Abdomen exam only after studying for 20 to 30 hours.

ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> • 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 2	<ul style="list-style-type: none"> • 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.
Topic 3	<ul style="list-style-type: none"> • 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.

Topic 4	<ul style="list-style-type: none">• 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.
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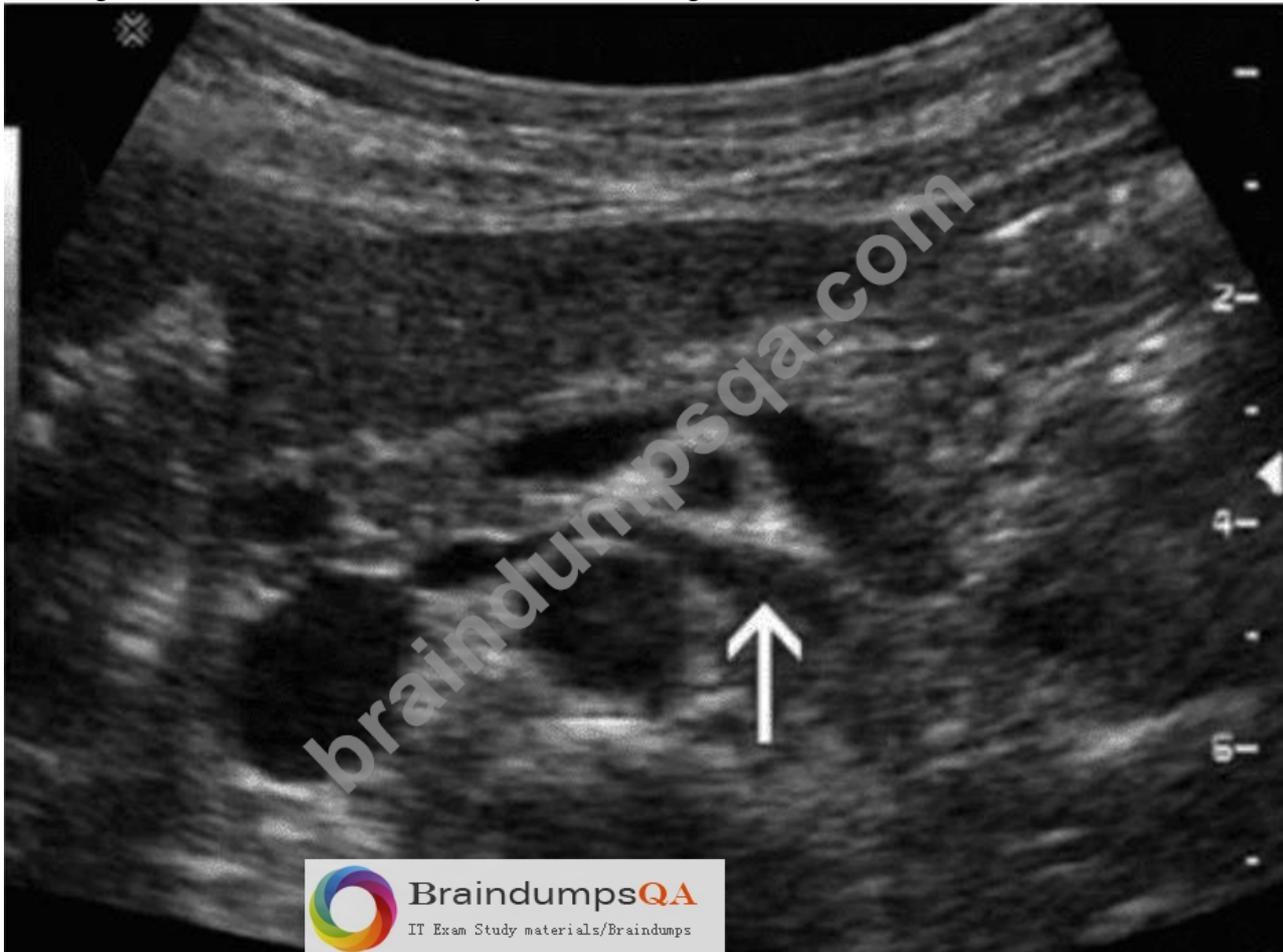
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ARDMS Abdomen Sonography Examination Sample Questions (Q147-Q152):

NEW QUESTION # 147

Which organ is drained via the vessel indicated by the arrow in this image?



- A. Stomach
- B. Spleen
- C. Duodenum

- D. Left kidney

Answer: B

Explanation:

The ultrasound image shows a transverse section through the upper abdomen. The arrow is pointing to a vascular structure running posterior to the pancreas and anterior to the left kidney. This vessel is the splenic vein.

Anatomically:

- * The splenic vein runs along the posterior border of the pancreas.
- * It courses medially to join the superior mesenteric vein (SMV) and form the portal vein.
- * It receives tributaries from the spleen, short gastric veins (draining the stomach), and the inferior mesenteric vein.

In this case, the question asks which organ is primarily drained via the vessel marked by the arrow. The splenic vein's main tributary is from the spleen.

Comparison of answer choices:

- * A. Spleen - Correct. The splenic vein is the primary drainage vessel for the spleen.
- * B. Stomach - Some gastric veins drain into the splenic vein, but the primary drainage is via left and right gastric veins into the portal system.
- * C. Left kidney - Drains into the left renal vein, not the splenic vein.
- * D. Duodenum - Drains mainly into the superior mesenteric vein (SMV).

References:

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.

Netter FH. Atlas of Human Anatomy, 7th ed. Elsevier; 2018.

NEW QUESTION # 148

Which hernia characteristic is demonstrated in these images?



- A. Incarcerated
- B. Strangulated
- C. Fat only
- D. Reducible

Answer: D

Explanation:

The ultrasound images show two views of the same groin region - one without compression (left image labeled "W/O COMPRESSION") and one with graded probe compression (right image labeled "W/ COMPRESSION").

In the non-compression image, a hypoechoic mass-like structure is visible protruding through the abdominal wall, consistent with a hernia sac. On the compression image, the herniated content is no longer visible, indicating that the contents have been pushed back into the abdominal cavity. This is the hallmark feature of a reducible hernia.

Key characteristics of a reducible hernia on ultrasound:

- * Herniated contents are visible without pressure.
- * Contents disappear or reduce back into the abdomen with graded probe compression or Valsalva release.
- * Typically includes omental fat or bowel, but reduction confirms lack of incarceration or strangulation.

Comparison of answer choices:

- * A. Fat only refers to the hernia content type, not the behavior or reducibility shown here.
- * B. Reducible - Correct. The change in hernia appearance between images demonstrates successful reduction with compression.

* C. Incarcerated hernia would remain visible and not compressible or reducible.

* D. Strangulated hernia would show signs of ischemia (bowel wall thickening, absent perfusion, hyperechoic mesentery), and would also not reduce with compression.

References:

Radswiki. Ultrasound evaluation of hernia. Radiopaedia.org

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

AIUM Practice Parameter for the Performance of a Focused Ultrasound Examination for Hernia (2021)

NEW QUESTION # 149

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



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

Answer: D

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 # 150

How are portal veins differentiated from hepatic veins?

- A. Portal veins branch horizontally
- B. Hepatic veins have more echogenic walls
- C. Portal veins vary in size during respiration
- D. Hepatic veins are oriented towards the porta hepatis

Answer: A

Explanation:

Portal veins course horizontally within the liver and have echogenic walls due to their fibrous sheath. In contrast, hepatic veins course vertically toward the IVC and lack echogenic walls. Hepatic veins also demonstrate a triphasic waveform.

According to Rumack's Diagnostic Ultrasound:

"Portal veins course horizontally within the liver and are easily recognized by their echogenic walls." 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 # 151

Which condition is demonstrated in this image?



- A. Portal hypertension
- B. Cavernous transformation

- C. Portal vein thrombosis
- D. Tumor extension

Answer: B

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 # 152

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