

# ARDMS Certification AB-Abdomen Sample Questions: Abdomen Sonography Examination - UpdateDumps Free PDF

## ARDMS Abdomen Practice Questions With 100% Correct Answers 2024

Which tumor is most commonly seen within the renal collecting system and urinary bladder?

- a. Transitional cell carcinoma
- b. Renal cell carcinoma
- c. Oncocytoma
- d. Wilms Tumor - Correct Answer-Transitional cell carcinoma

What do these sagittal and transverse images of the epigastrium suggest?

- a. Pancreatic adenoma
- b. Acute pancreatitis
- c. Tuberous sclerosis
- d. Chronic pancreatitis - Correct Answer-Pancreatic adenoma

What is the most common location for an undescended testis?

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## ARDMS AB-Abdomen Exam Syllabus Topics:

Topic	Details

Topic 1	<ul style="list-style-type: none"> <li>• <b>Pathology, Vascular Abnormalities, Trauma, and Postoperative Anatomy:</b> 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Abdominal Physics:</b> 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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Clinical Care, Practice, and Quality Assurance:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Anatomy, Perfusion, and Function:</b> 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.</li> </ul>

### >> Certification AB-Abdomen Sample Questions <<

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

### NEW QUESTION # 129

Which portion of the biliary system is last to become dilated with biliary obstruction at the ampulla of Vater?

- A. Common bile duct
- B. Common hepatic duct
- **C. Peripheral bile ducts**
- D. Cystic duct

**Answer: C**

**Explanation:**

In biliary obstruction (such as at the ampulla of Vater), dilation begins proximally and progresses peripherally. The intrahepatic peripheral bile ducts are the last to dilate because backpressure takes time to propagate. Early dilation is typically seen in the

common bile duct and common hepatic duct.

According to Rumack's Diagnostic Ultrasound:

"The intrahepatic peripheral bile ducts dilate last in the setting of progressive biliary obstruction." Reference:

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

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

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### NEW QUESTION # 130

Which sonographic appearance of the normal epididymis is the most common?

- A. Hypoechoic with irregular borders
- **B. Homogeneous compared to the testis**
- C. Isoechoic to the testis
- D. Anechoic with hyperechoic borders

**Answer: B**

Explanation:

The normal epididymis typically appears as a homogeneous structure that is either isoechoic or slightly hypoechoic compared to the testis. The most accurate description is "homogeneous compared to the testis," meaning the texture is uniform. It is not anechoic, nor does it typically show irregular borders unless pathology is present.

According to Rumack's Diagnostic Ultrasound:

"The normal epididymis appears homogeneous and is isoechoic or slightly hypoechoic relative to the testis." (Rumack CM et al.,

Diagnostic Ultrasound, 5th ed.) Reference:

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

AIUM Practice Parameter for Scrotal Ultrasound, 2020.

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### NEW QUESTION # 131

Which vessel is typically seen with an echogenic ring of fat when imaging the upper abdominal mesenteric circulation?

- A. Common hepatic artery
- B. Splenic artery
- C. Gastroduodenal artery
- **D. Superior mesenteric artery**

**Answer: D**

Explanation:

The superior mesenteric artery (SMA) is typically visualized surrounded by an echogenic fat pad in the mesentery, producing a characteristic "echogenic ring" appearance on ultrasound. This is a helpful landmark for identifying the SMA in the transverse abdominal aortic plane.

According to Rumack's Diagnostic Ultrasound:

"The superior mesenteric artery is often seen as a round anechoic structure surrounded by echogenic fat at its origin from the anterior aorta." Reference:

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

Moore KL, Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

### NEW QUESTION # 132

Which vascular condition is most consistent with patent cutaneous para-umbilical channels and portal hypertension?

- A. Splenic vein varices
- **B. Caput medusae**
- C. Esophageal varices
- D. Coronary vein varices

**Answer: B**

Explanation:

Caput medusae refers to dilated paraumbilical veins due to portal hypertension. When portal venous pressure rises, collateral channels may open along the ligamentum teres and recanalized paraumbilical vein, resulting in visible dilated veins radiating from the umbilicus.

- \* Esophageal varices (B) are gastroesophageal collaterals.
- \* Coronary vein varices (C) involve gastric veins.
- \* Splenic vein varices (D) are typically localized to the splenic hilum.

Reference Extracts:

- \* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
- \* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology. 4th ed. Saunders, 2015.

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### NEW QUESTION # 133

Which area of the spleen is not covered by visceral peritoneum?

- **A. Hilum**
- B. Gastric surface
- C. Inferior border
- D. Capsule

**Answer: A**

Explanation:

The spleen is almost entirely covered by visceral peritoneum, except at the hilum where vessels, nerves, and lymphatics enter and exit. This area lacks peritoneal covering to allow vascular connection to the splenic artery and vein.

According to Moore's Clinically Oriented Anatomy:

"The spleen is entirely covered by visceral peritoneum except at its hilum where the vascular structures enter." Reference:

Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.

Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

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### NEW QUESTION # 134

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