

# AB-Abdomen Prüfungs-Guide & AB-Abdomen Online Tests



Tun Sie, was Sie gesagt haben, was Beginn des Erfolgs ist. Weil Sie die schwierige IT-Zertifizierungsprüfung ablegen wollen, sollen Sie sich bemühen, um das Zertifikat zu bekommen. Die Fragenkataloge zur ARDMS AB-Abdomen Prüfung von Fast2test sind sehr gut. Mit Ihr können Sie Ihren Erfolg ganz leicht erzielen. Sie sind ganz zuverlässig. Ich glaube, Sie werden die Prüfung 100% bestehen.

## ARDMS AB-Abdomen Prüfungsplan:

| Thema   | Einzelheiten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Thema 1 | <ul style="list-style-type: none"><li>• 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.</li></ul> |
| Thema 2 | <ul style="list-style-type: none"><li>• 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.</li></ul>                                                                                                                            |

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|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thema 3 | <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>                                                       |
| Thema 4 | <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> |

### >>> AB-Abdomen Prüfungs-Guide <<<

## AB-Abdomen Online Tests & AB-Abdomen Tests

Die Chance sind für die Menschen, die gut vorbereitet sind. Wenn Sie vor dem Einstieg des Berufslebens schon die Zertifizierung der ARDMS AB-Abdomen erworbt haben, sind Sie gut bereit für die Jobsuche. Die ARDMS AB-Abdomen zu bestehen ist tatsächlich nicht leicht. Trotzdem haben schon zahlreiche Leute mit Hilfe der ARDMS AB-Abdomen Prüfungsunterlagen, die von uns Fast2test angeboten werden, die Prüfung erfolgreich bestanden. Möchten Sie einer von ihnen zu werden? Dann lassen Sie unsere Produkte Ihnen helfen!

## ARDMS Abdomen Sonography Examination AB-Abdomen Prüfungsfragen mit Lösungen (Q90-Q95):

### 90. Frage

What is the normal Doppler waveform signature of the hepatic veins?

- A. Low resistant
- B. Monophasic
- C. Turbulent
- **D. Triphasic**

### Antwort: D

Begründung:

The normal hepatic vein Doppler waveform is triphasic, reflecting cardiac cycle variations in central venous pressure transmitted from the right atrium through the IVC. Loss of triphasicity may suggest elevated right atrial pressures or hepatic venous obstruction.

According to Rumack's Diagnostic Ultrasound:

"The normal hepatic vein waveform is triphasic due to transmitted right atrial pressure variations." Reference:

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

AIUM Practice Parameter for Abdominal Vascular Ultrasound, 2020.

### 91. Frage

Hepatitis is classified into groups. Which of these four types are transmitted by fecal-oral route?

- **A. Hepatitis A**
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D

### Antwort: A

Begründung:

Hepatitis A is primarily transmitted via the fecal-oral route, often through contaminated food or water.

Hepatitis B, C, and D are transmitted through blood and body fluids.

According to CDC and WHO guidelines:

"Hepatitis A virus (HAV) is transmitted primarily by the fecal-oral route via ingestion of contaminated food or water." Reference:

CDC. Viral Hepatitis Surveillance - United States, 2020.

WHO. Hepatitis A Fact Sheet, 2022.

## 92. Frage

Which sonographic appearance of the bile ducts is demonstrated in this image?

□

- A. Dilated common hepatic
- B. Normal intrahepatic
- **C. Dilated intrahepatic**
- D. Dilated common bile

**Antwort: C**

Begründung:

The image shows a transverse view of the left lobe of the liver with the portal triads clearly visible. The

"parallel channel" or "double barrel" sign is observed-where dilated intrahepatic bile ducts run alongside the portal veins, creating a characteristic sonographic pattern of paired anechoic (black) tubular structures.

This sonographic feature is diagnostic for dilated intrahepatic bile ducts and is typically seen in obstructive jaundice or biliary obstruction from conditions such as:

\* Choledocholithiasis (stone in the common bile duct)

\* Stricture or mass compressing the bile ducts

\* Cholangiocarcinoma

The intrahepatic bile ducts normally are too small to visualize clearly unless dilated. Their dilation gives the liver a "too many tubes" appearance, where bile ducts become as prominent as the portal veins.

Comparison of answer choices:

\* A. Normal intrahepatic ducts are not usually seen this clearly or prominently on ultrasound.

\* B. Dilated intrahepatic - Correct. The parallel channel sign supports this diagnosis.

\* C. Dilated common bile duct would be visualized extrahepatically, typically anterior to the portal vein near the head of the pancreas.

\* D. Dilated common hepatic duct is also extrahepatic and seen in the porta hepatis, not within the liver parenchyma.

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.

Taylor KJW, Burns PN, Wells PNT. Clinical Applications of Doppler Ultrasound. Raven Press; 1990.

## 93. Frage

Which condition is demonstrated in this image?

□

- **A. Cryptorchidism**
- B. Inguinal hernia
- C. Pyocele
- D. Bell clapper deformity

**Antwort: A**

Begründung:

The ultrasound image shows an ovoid, homogeneously hypoechoic soft tissue structure located in the inguinal canal, surrounded by echogenic fat and soft tissue. This is consistent with an undescended testis, also known as cryptorchidism.

Cryptorchidism refers to the failure of one or both testes to descend into the scrotal sac. On ultrasound, the undescended testis typically appears:

\* Ovoid in shape

\* Homogeneous and hypoechoic compared to scrotal testis

\* Located in the inguinal canal or, less commonly, within the abdomen

\* Smaller in size than a normally descended testis

Comparison of answer choices:

\* A. Bell clapper deformity refers to an anatomic predisposition for testicular torsion where the tunica vaginalis surrounds the entire testis and epididymis-usually a clinical rather than directly sonographic diagnosis.

\* B. Inguinal hernia appears as bowel or omentum within the inguinal canal or scrotum with peristalsis or fat-no bowel loops are seen here.

\* C. Pyocele is a complex fluid collection around the testis (usually with septations and internal echoes)- not evident in this image.

\* D. Cryptorchidism - Correct. The findings match those of an undescended testis in the inguinal canal.

References:

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

Dogra VS, Gottlieb RH, Rubens DJ, Oka M. Sonography of the scrotum. Radiology. 2003;227(1):18-36.

AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations (2021).

#### 94. Frage

Which technique best differentiates a bladder mass from a hematoma?

- A. Fill the bladder
- **B. Change patient position**
- C. Obtain post-void image
- D. Use harmonic imaging

**Antwort: B**

Begründung:

Changing the patient's position allows evaluation of lesion mobility. Blood clots and hematomas are often mobile, while true bladder wall masses remain fixed. This technique helps differentiate between solid masses and non-adherent debris.

According to Rumack's Diagnostic Ultrasound:

"Changing patient position may distinguish between mobile blood clots and fixed bladder wall masses." Reference:

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

AIUM Practice Parameter for Bladder Ultrasound, 2020.

#### 95. Frage

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Schicken Sie doch die Produkte von Fast2test in den Warenkorb. Sie werden mit 100% selbstbewusst die ARDMS AB-Abdomen Zertifizierungsprüfung nur einmalig erfolgreich ablegen. Sie würden sicher Ihre Wahl nicht bereuen.

**AB-Abdomen Online Tests:** <https://de.fast2test.com/AB-Abdomen-premium-file.html>

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