

100% Pass ARDMS - The Best AB-Abdomen Questions 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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The questions and answers of our AB-Abdomen study tool have simplified the important information and seized the focus and are updated frequently by experts to follow the popular trend in the industry. Because of these wonderful merits the client can pass the exam successfully with high probability. It is easy for you to pass the exam because you only need 20-30 hours to learn and prepare for the exam. You may worry there is little time for you to learn the AB-Abdomen Study Tool and prepare the exam because you have spent your main time and energy on your most important thing such as the job and the learning and can't spare too much time to learn.

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"> 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 3	<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.
Topic 4	<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.

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ARDMS Abdomen Sonography Examination Sample Questions (Q81-Q86):

NEW QUESTION # 81

Which probe frequency is most appropriate for imaging of the salivary glands?

- A. 12 MHz
- B. 4 MHz
- C. 2 MHz
- D. 8 MHz

Answer: A

Explanation:

Salivary glands are superficial structures, and high-frequency transducers (10-15 MHz) are optimal to obtain high spatial resolution. Lower frequencies are inappropriate as they lack sufficient resolution for superficial structures. A 12 MHz transducer provides

excellent detail necessary for detecting small lesions, duct abnormalities, and vascular structures.

According to Rumack et al, Diagnostic Ultrasound:

"High-frequency linear transducers (10-15 MHz) are recommended for evaluating superficial structures such as salivary glands."
(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 the Performance of a Head and Neck Ultrasound Examination, 2020.

NEW QUESTION # 82

What is the most common ultrasound appearance of the pancreas in mild acute pancreatitis?

- A. Enlarged
- B. Heterogeneous
- C. Normal
- D. Hypoechoic

Answer: A

Explanation:

In mild acute pancreatitis, the pancreas often appears diffusely enlarged and slightly hypoechoic due to edema and inflammation. However, in very early or mild cases, the pancreas may still appear normal. Heterogeneous echotexture may develop in more severe or necrotizing pancreatitis.

According to Rumack's Diagnostic Ultrasound:

"In mild pancreatitis, the pancreas is commonly enlarged and hypoechoic due to inflammatory edema." Reference:

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

AIUM Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen, 2020.

NEW QUESTION # 83

Which finding is most likely demonstrated in this abdominal wall image of a patient with a history of atrial fibrillation?

- A. Hernia
- B. Hematoma
- C. Lipoma
- D. Abscess

Answer: B

Explanation:

The ultrasound image demonstrates a complex, heterogeneous hypoechoic collection within the abdominal wall, with mixed echogenicity and ill-defined margins. The lesion appears to contain internal debris but lacks definitive signs of vascularity or air (which would be seen in an abscess). There is no peristalsis, herniated bowel, or fat to suggest hernia.

Given the history of atrial fibrillation - a condition commonly treated with anticoagulation therapy (e.g., warfarin, apixaban) - this clinical background raises high suspicion for a rectus sheath or abdominal wall hematoma.

Key ultrasound features of hematomas:

- * Early (acute): hyperechoic or heterogeneous
- * Chronic/resolving: complex or cystic with fluid-debris levels
- * No internal vascularity on Doppler
- * May be confined to muscle or fascial planes

This is consistent with a hematoma, particularly in patients on anticoagulation therapy.

Comparison of answer choices:

- * A. Hernia - typically shows bowel or fat with movement/peristalsis passing through a fascial defect.
- * B. Lipoma - usually homogeneous and echogenic, not complex or fluid-filled.
- * C. Abscess - often presents as a complex fluid collection with peripheral hyperemia and possibly air, plus systemic signs of infection.
- * D. Hematoma - Correct. The image and clinical history (anticoagulation due to atrial fibrillation) strongly support this diagnosis.

References:

Berman L, et al. Sonographic appearance and evolution of rectus sheath hematomas. AJR Am J Roentgenol.

1996.

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

AIUM Practice Parameter for the Performance of Diagnostic Ultrasound Examinations of the Abdomen and Retroperitoneum (2020).

NEW QUESTION # 84

Which term best describes the common bile duct measured in this image of a postcholecystectomy patient?

□

- A. Inflamed
- B. Dilated
- C. Normal
- D. Atretic

Answer: C

Explanation:

The ultrasound image shows a measured common bile duct (CBD) diameter of 7.9 mm in a postcholecystectomy patient. In patients who have undergone cholecystectomy, mild dilation of the CBD is considered normal and is a well-recognized post-surgical change. Normal upper limits for CBD diameter:

- * In patients with a gallbladder: #6 mm is generally considered normal.
- * In postcholecystectomy patients: up to 10 mm is considered within normal limits, as the CBD compensates for the absence of the gallbladder and slightly enlarges over time.
- * With aging, the CBD may enlarge by approximately 1 mm per decade after age 60.

Therefore, a CBD diameter of 7.9 mm in a patient without a gallbladder is considered normal.

Differentiation from other options:

- * B. Dilated: This would typically refer to a CBD diameter >10 mm in postcholecystectomy patients, or >6 mm in patients with an intact gallbladder.
- * C. Inflamed: Inflammation refers to wall thickening or hyperemia, which is not evaluated simply by measuring diameter.
- * D. Atretic: Describes a congenitally absent or severely narrowed duct - not applicable here.

References:

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

Chapter: Biliary System, pp. 143-146.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of a Hepatobiliary Ultrasound Examination, 2020.

Radiopaedia.org. Common bile duct: <https://radiopaedia.org/articles/common-bile-duct>

NEW QUESTION # 85

Which sections of the liver are divided by the structure indicated by the arrow on this image?

□

- A. Left superior and inferior
- B. Left medial and lateral
- C. Right and left lobes
- D. Right anterior and posterior

Answer: C

Explanation:

The ultrasound image shows the liver in a transverse view with the arrow pointing to the middle hepatic vein (MHV). The MHV is a key sonographic landmark that anatomically divides the right and left lobes of the liver.

According to Couinaud's segmental anatomy, which is the basis for surgical and radiological liver segmentation:

- * The middle hepatic vein runs within the main lobar fissure.
- * It separates the right lobe (segments V-VIII) from the left lobe (segments II-IV).
- * This division is crucial in liver surgery and interventional procedures.

Comparison of answer choices:

- * A. Right anterior and posterior segments are divided by the right hepatic vein, not the middle hepatic vein.
- * B. Right and left lobes - Correct. The middle hepatic vein, shown by the arrow, defines this boundary.
- * C. Left medial and lateral segments are divided by the left hepatic vein or falciform ligament.
- * D. Left superior and inferior is not a standard anatomic division in liver segmentation.

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017. Couinaud C. Liver anatomy: portal (and hepatic) segmentation. In: Trans. Assoc. Am. Physicians. 1957. Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

NEW QUESTION # 86

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