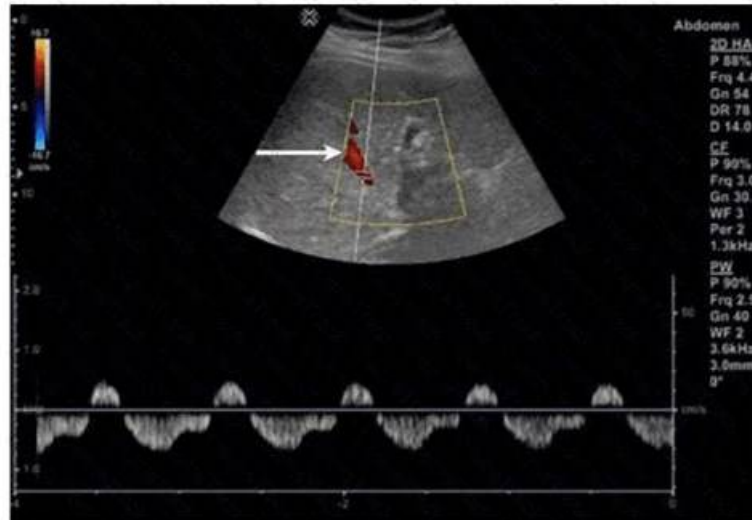


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ARDMS Abdomen Sonography Examination Sample Questions (Q72-Q77):

NEW QUESTION # 72

A patient presents with ampulla of Vater obstruction, distention of the gallbladder, and painless jaundice. Which condition is most likely associated with these findings?

- A. Porcelain gallbladder
- **B. Courvoisier sign**
- C. Mirizzi syndrome
- D. Choledochal cyst

Answer: B

Explanation:

Courvoisier sign describes the clinical finding of painless jaundice combined with a palpable, distended gallbladder. This typically results from obstruction at the distal common bile duct, often due to pancreatic head carcinoma or cholangiocarcinoma, leading to bile accumulation and gallbladder distention. In contrast, Mirizzi syndrome involves compression of the common hepatic duct by an impacted stone in the cystic duct.

According to Rumack's Diagnostic Ultrasound and standard clinical references:

"Courvoisier sign refers to a palpable, enlarged gallbladder due to obstruction of the distal bile duct, often from malignancy."

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.

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NEW QUESTION # 73

Which condition is most consistent with the sonographic appearance indicated by the arrows on this image obtained post thyroidectomy?



- A. Residual glandular tissue
- **B. Recurring papillary thyroid cancer**
- C. Reactive lymph node
- D. Normal postsurgical lymph node

Answer: B

Explanation:

The ultrasound image shows a hypoechoic, round structure with internal microcalcifications - hallmarks of recurrent papillary thyroid carcinoma (PTC) metastasis in a lymph node.

Key sonographic features supporting recurrent papillary thyroid cancer:

- * Hypoechoic round lymph node (loss of normal oval shape and hilum)
- * Microcalcifications (punctate echogenic foci) - highly suggestive of metastatic PTC
- * Abnormal morphology (loss of fatty hilum, rounded shape, increased vascularity if Doppler used)
- * Seen in the thyroid bed or lateral neck post-thyroidectomy

Why the other options are incorrect:

- * B. Normal postsurgical lymph node - Would be oval with echogenic hilum and no microcalcifications
- * C. Residual glandular tissue - Would have a more homogeneous echotexture similar to thyroid tissue and be located at the thyroid bed, not necessarily nodal
- * D. Reactive lymph node - May be enlarged but retain a normal hilum and vascular pattern, and lack microcalcifications

Reference:

NEW QUESTION # 74

Which vessel is indicated by the arrow on this image?



- A. Superior mesenteric artery
- B. Left renal vein
- C. Proper hepatic artery
- D. Right renal artery

Answer: A

Explanation:

The ultrasound image demonstrates a transverse view of the abdominal vasculature, where the arrow is pointing to a circular vascular structure anterior to the aorta and posterior to the body of the pancreas - consistent with the superior mesenteric artery (SMA). The SMA originates from the anterior aspect of the abdominal aorta just below the level of the celiac trunk and courses anterior to the left renal vein and uncinate process of the pancreas. On transverse ultrasound, it is often seen in cross-section as a round, pulsatile structure with echogenic walls, situated just anterior to the aorta. This appearance is known as the "target sign" or "bull's-eye" appearance.

Vessel Position Landmarks (transverse plane):

- * Aorta: Posterior and central
 - * SMA: Just anterior to the aorta
 - * Left renal vein: Passes between the aorta and SMA (nutcracker location)
 - * Right renal artery: Courses posterior to the IVC toward the right kidney
- Differentiation from other options:**
- * A. Proper hepatic artery: Typically visualized within the liver hilum (portal triad), not in this anatomic location.
 - * C. Left renal vein: Seen in transverse as a longer, oval structure crossing anterior to the aorta and posterior to the SMA.
 - * D. Right renal artery: Arises laterally from the aorta and courses posterior to the IVC - not visualized in this axial midline location.

References:

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

Chapter: Vascular Anatomy and Abdominal Vessels, pp. 471-475.

American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2020.

Radiopaedia.org. Superior mesenteric artery: <https://radiopaedia.org/articles/superior-mesenteric-artery>

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NEW QUESTION # 75

Which outcome would be present if the sample volume gate is larger than the examined vessel?

- A. Aliasing
- B. Spike turbulence
- C. Indeterminate flow direction
- D. Spectral noise

Answer: D

Explanation:

When the sample volume (gate) is too large, it captures signals from both the vessel and surrounding tissues or adjacent flows. This leads to a broadening of the spectral waveform and produces "spectral noise" or

"spectral broadening," reducing the accuracy of velocity measurements and waveform analysis. Aliasing results from high velocity relative to the Nyquist limit, not from gate size.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Increasing the sample volume beyond the vessel size causes spectral broadening, resulting in spectral noise and inaccurate Doppler measurements." Reference:

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

AIUM Practice Parameter for Spectral Doppler Ultrasound, 2021.

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NEW QUESTION # 76

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

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

Answer: D

Explanation:

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.

NEW QUESTION # 77

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