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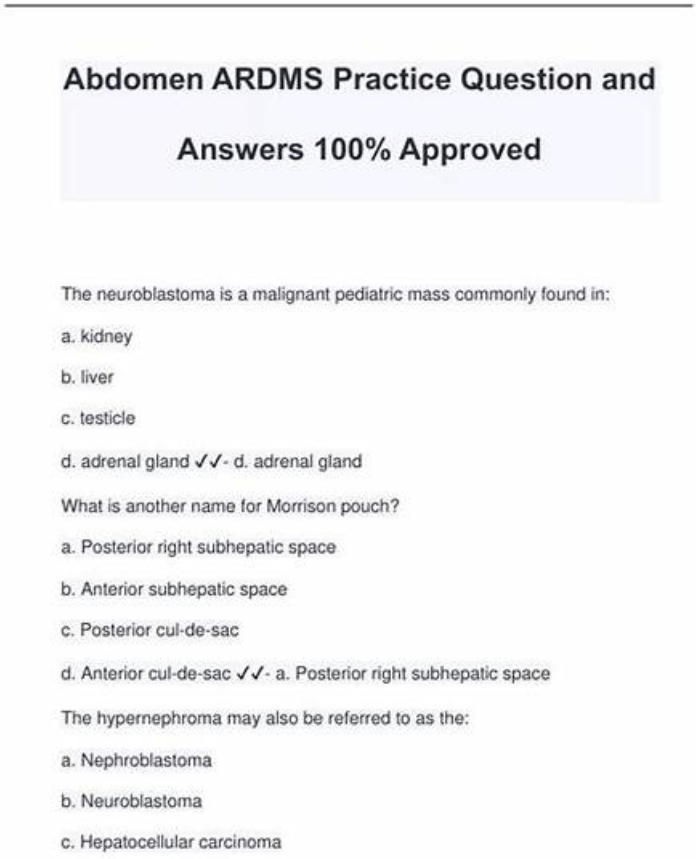
Abdomen ARDMS Practice Question and Answers 100% Approved

The neuroblastoma is a malignant pediatric mass commonly found in:

a. kidney

b. liver

c. testicle

d. adrenal gland ✓✓- d. adrenal gland

What is another name for Morrison pouch?

a. Posterior right subhepatic space

b. Anterior subhepatic space

c. Posterior cul-de-sac

d. Anterior cul-de-sac ✓✓- a. Posterior right subhepatic space

The hypernephroma may also be referred to as the:

a. Nephroblastoma

b. Neuroblastoma

c. Hepatocellular carcinoma

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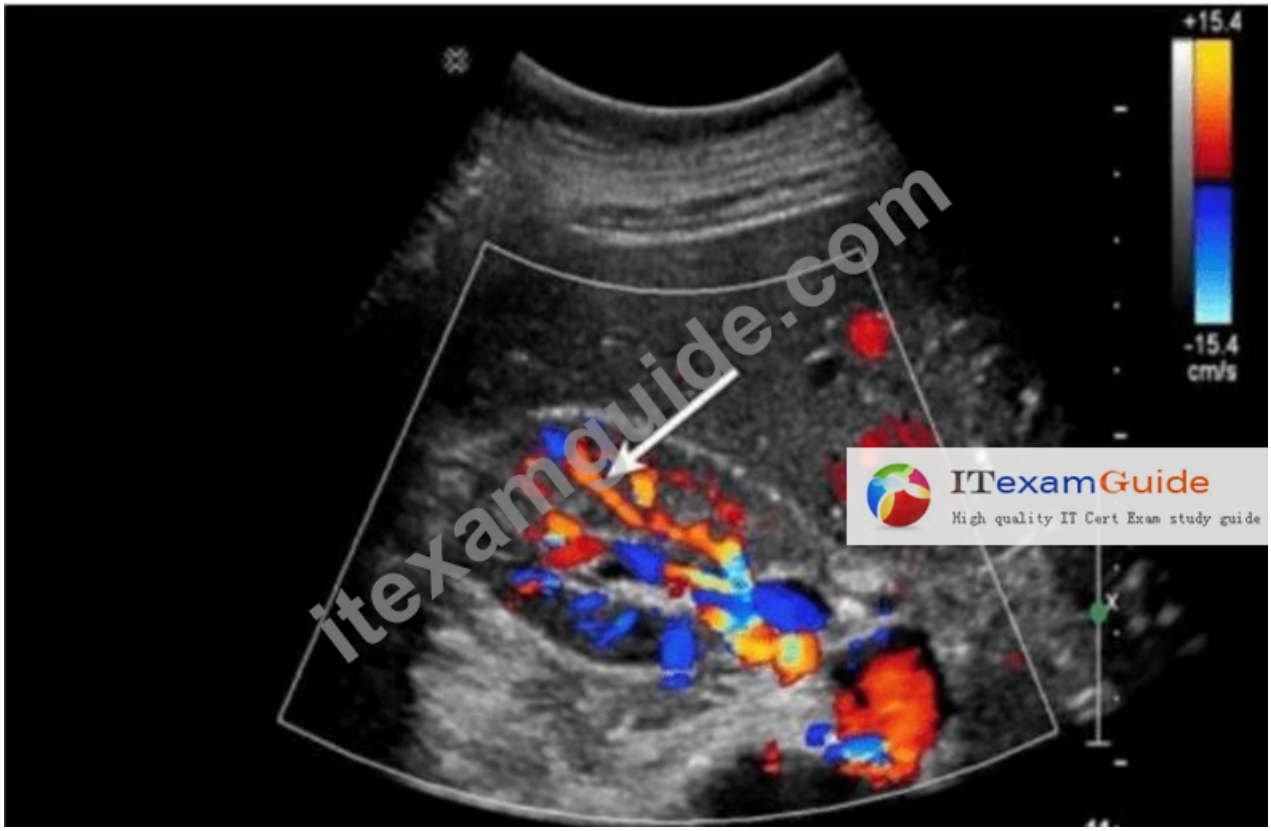
ARDMS Abdomen Sonography Examination Sample Questions (Q13-Q18):

NEW QUESTION # 13
Which portion of the renal arterial vasculature is indicated by the arrow in this image?



- A. Segmental
- B. Interlobular
- C. Interlobar
- D. Arcuate

Answer: D

Explanation:
The arrow in this Doppler ultrasound image of the kidney is pointing to vessels located at the corticomedullary junction, arching over the bases of the medullary pyramids. This vascular pattern is characteristic of the arcuate arteries.
Renal arterial anatomy follows a specific branching hierarchy:
* Segmental arteries branch off the main renal artery.
* Interlobar arteries travel between renal pyramids.
* Arcuate arteries arch over the base of the pyramids at the corticomedullary junction.
* Interlobular arteries extend into the cortex from the arcuate arteries.
Key characteristics of arcuate arteries on ultrasound:
* Located at the corticomedullary junction (between the medullary pyramids and renal cortex).
* Run perpendicular to the long axis of the kidney, often forming an arching or curving pattern.
* Commonly targeted in Doppler studies to assess resistive index (RI) in renal perfusion studies.
Comparison of answer choices:
* A. Interlobular arteries are smaller vessels that extend perpendicularly from the arcuate arteries into the cortex-not visible at this level.
* B. Arcuate - Correct. The arrow is indicating these vessels arching over the medullary pyramids.
* C. Segmental arteries are larger and deeper, branching off the renal artery near the hilum.
* D. Interlobar arteries course between the pyramids but do not arch along their base.
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.
AIUM Practice Parameter for the Performance of a Renal Artery Duplex Sonogram (2020).

NEW QUESTION # 14
Which condition is a cause of intrahepatic dilatation with a normal common bile duct?

- A. Choledocholithiasis
- B. Tumor at the porta hepatis
- C. Acute pancreatitis
- D. Portal vein thrombus

Answer: B

Explanation:
Intrahepatic biliary dilatation with a normal common bile duct (CBD) is typically caused by obstruction located at or above the level of the hepatic duct confluence. A tumor at the porta hepatis, such as cholangiocarcinoma (Klatskin tumor), is a classic cause of this pattern. The porta hepatis is the site where the right and left hepatic ducts join to form the common hepatic duct. A mass at this location can obstruct the intrahepatic ducts while leaving the distal CBD unaffected and of normal caliber.
By contrast:
* Portal vein thrombus (A) affects vascular flow but does not directly obstruct bile ducts.
* Choledocholithiasis (C) obstructs the CBD, typically resulting in both intrahepatic and extrahepatic duct dilatation.
* Acute pancreatitis (D) may cause distal CBD compression if there is associated inflammation or pseudocyst formation, but typically results in extrahepatic duct dilatation rather than isolated intrahepatic dilation.
Reference Extracts:
* Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier, 2017.
Chapter: Biliary Tract: "Klatskin tumors cause proximal (intrahepatic) biliary dilatation while the distal bile duct remains normal in caliber."
* Gore RM, Levine MS. Textbook of Gastrointestinal Radiology, 4th ed. Saunders, 2015.
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NEW QUESTION # 15
Which description best characterizes a normal systolic spectral waveform of the renal artery?

- A. Early reversal
- B. Slow acceleration
- C. Blunt peak
- D. Rapid acceleration

Answer: D

Explanation:
A normal renal artery waveform demonstrates rapid systolic upstroke (acceleration) with continuous forward flow in diastole due to the kidney's low-resistance vascular bed. Slow acceleration or blunted peaks may indicate significant renal artery stenosis.
According to Zwiebel's Introduction to Vascular Ultrasound:
"Normal renal artery waveforms demonstrate a rapid systolic acceleration with a sharp systolic peak." Reference:
Zwiebel WJ, Pellerito JS. Introduction to Vascular Ultrasound. 6th ed. Elsevier, 2019.
ACR Practice Parameter for the Performance of a Duplex Doppler Examination, 2021.
-

NEW QUESTION # 16
Which neoplasm is a benign tumor of the spleen?

- A. Metastasis
- B. Lymphoma
- C. Angiosarcoma
- D. Littoral cell angioma

Answer: D

Explanation:
Littoral cell angioma is a rare, benign vascular tumor of the spleen, arising from the littoral cells lining the splenic sinusoids. In contrast, lymphoma, metastasis, and angiosarcoma are malignant splenic neoplasms.
According to WHO Classification and Rumack's Diagnostic Ultrasound:
"Littoral cell angioma is a rare benign vascular neoplasm of the spleen with characteristic imaging findings." Reference:
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
WHO Classification of Tumours of the Digestive System, 5th ed., IARC, 2019.
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NEW QUESTION # 17
Which arteries are the immediate branches of the celiac trunk?

- A. Common hepatic, splenic, and left gastric
- B. Proper hepatic, splenic, and gastroduodenal
- C. Proper hepatic, splenic, and supraduodenal
- D. Common hepatic, splenic, and right gastric

Answer: A

Explanation:
The celiac trunk arises from the abdominal aorta and immediately divides into three primary branches:
* Left gastric artery
* Common hepatic artery
* Splenic artery
The proper hepatic and gastroduodenal arteries are secondary branches of the common hepatic artery.
According to Moore's Clinically Oriented Anatomy:
"The celiac trunk trifurcates into the left gastric, common hepatic, and splenic arteries." Reference:
Moore KL, Dalley AF, Agur AMR. Clinically Oriented Anatomy. 8th ed. Wolters Kluwer, 2018.
Gray's Anatomy for Students, 4th ed., Elsevier, 2019.

NEW QUESTION # 18
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