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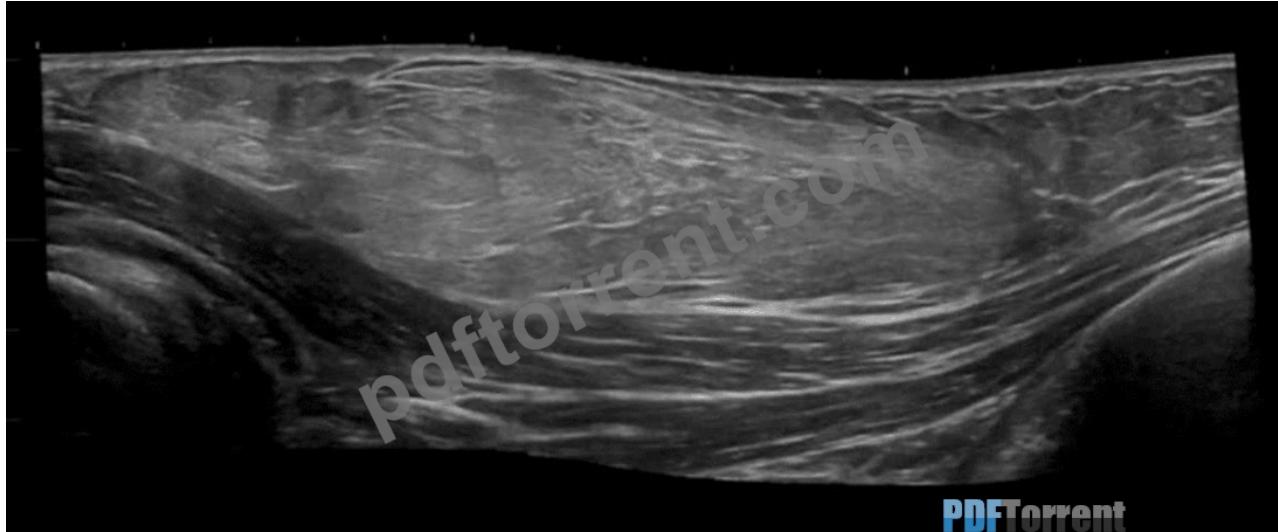
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## ARDMS Abdomen Sonography Examination Sample Questions (Q13-Q18):

### NEW QUESTION # 13

Which clinical indication is most consistent with the finding depicted in this image?



- A. Trauma
- B. Focal pain
- C. Decreased range of motion
- D. Palpable abnormality

**Answer: A**

Explanation:

The ultrasound image shows disruption of the normal fibrillar echotexture of a muscle or tendon, consistent with a soft tissue injury such as a muscle or tendon tear. There is likely hypoechoic fluid consistent with a hematoma or edema, which commonly results from blunt or direct trauma.

This image is typical of a traumatic injury (e.g., partial or complete tendon rupture or muscle strain/tear).

These findings are frequently encountered in athletic injuries or blunt force trauma and correlate strongly with the clinical history of trauma.

Key sonographic features suggestive of trauma:

- \* Discontinuity or heterogeneity of normal striated muscle or tendon pattern
- \* Hypoechoic or anechoic area representing hematoma or fluid collection
- \* Retraction of muscle or tendon ends (in full-thickness tears)
- \* Surrounding soft tissue edema

Differentiation from other options:

- \* B. Focal pain: While pain may be a symptom, trauma is the more definitive and primary clinical indication for the findings shown.
- \* C. Palpable abnormality: May suggest a mass or cystic lesion (e.g., lipoma, abscess), not typically the appearance shown here.
- \* D. Decreased range of motion: May be present secondarily, but not the most consistent or primary clinical indication in this case.

References:

Bianchi S, Martinoli C. Ultrasound of the Musculoskeletal System. Springer, 2007. Chapters on Muscle and Tendon Injuries.  
American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of a Musculoskeletal Ultrasound Examination, 2020.

Radiopaedia.org. Muscle tear (ultrasound):<https://radiopaedia.org/articles/muscle-tear-ultrasound>

### NEW QUESTION # 14

Which structure is indicated by the arrow on this image?



- A. Esophagus
- B. Lymph node
- C. Parathyroid
- D. Paraganglioma

**Answer: A**

**Explanation:**

The ultrasound image shows a transverse view of the lower neck region at the thyroid level. The arrow is pointing to a round-to-oval structure located posterior and slightly to the left of the thyroid gland. The structure has a characteristic "target" or "bull's-eye" appearance with a hypoechoic outer ring and echogenic central mucosal interface - this is classic for the esophagus when seen in transverse view.

Key sonographic features of the esophagus:

- \* It lies posterior to the left lobe of the thyroid.
- \* It demonstrates a layered wall structure ("target" or "bull's-eye" appearance).
- \* It may change shape or move during swallowing, and occasionally air bubbles or movement of fluid may be observed.

Comparison of answer choices:

- \* A. Parathyroid glands are small, homogeneous, hypoechoic, and located posterior to the thyroid - but do not have this layered target appearance.
- \* B. Lymph nodes have a hypoechoic cortex and echogenic hilum and are typically oval or bean-shaped, without the concentric ring appearance.
- \* C. Esophagus - Correct. The location, appearance, and structure are consistent with the cervical esophagus.
- \* D. Paragangliomas are highly vascular and more commonly located in the carotid body or adrenal region, not in this location or with this sonographic pattern.

References:

Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound, 5th ed. Elsevier; 2017.  
Grant EG, Tessler FN, Hoang JK, et al. Thyroid Ultrasound Reporting Lexicon: White Paper of the ACR TI- RADS Committee. J Am Coll Radiol. 2015.  
Hagen-Ansert SL. Textbook of Diagnostic Sonography, 8th ed. Elsevier; 2017.

**NEW QUESTION # 15**

Which organ is held in place by the lienorenal, gastrosplenic, and phrenocolic ligaments?

- A. Spleen
- B. Stomach
- C. Left kidney
- D. Pancreas

**Answer: A**

Explanation:

The spleen is suspended in the left upper quadrant by several peritoneal ligaments, including:

\* Lienorenal (splenorenal) ligament - attaches spleen to the left kidney.

\* Gastrosplenic ligament - attaches spleen to the stomach.

\* Phrenocolic ligament - supports the spleen inferiorly between diaphragm and colon.

These ligaments stabilize the spleen's position while allowing some mobility.

According to Moore's Clinically Oriented Anatomy:

"The spleen is connected to the stomach by the gastrosplenic ligament and to the posterior abdominal wall (near the left kidney) by the splenorenal (lienorenal) ligament. The phrenocolic ligament provides inferior support." 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 # 16

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

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

**Answer: C**

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 # 17

Which condition is most likely in a patient presenting with weight loss and fatigue along with elevated liver enzymes, elevated potassium, and decreased sodium?

- A. Conn syndrome
- B. Hepatocellular carcinoma
- C. Addison disease
- D. Acute pancreatitis

**Answer: C**

Explanation:

Addison disease (primary adrenal insufficiency) results in insufficient production of cortisol and aldosterone.

The hallmark laboratory findings include:

\* Hyponatremia (low sodium)

\* Hyperkalemia (high potassium)

\* Elevated liver enzymes (due to nonspecific hepatic involvement)

\* Fatigue, weight loss, and hypotension are common clinical features.

\* Conn syndrome (B) causes hyperaldosteronism, leading to hypokalemia (not hyperkalemia).

\* Acute pancreatitis (C) would typically show elevated amylase/lipase.

\* Hepatocellular carcinoma (D) may present with elevated liver enzymes but not the electrolyte pattern described.

Reference Extracts:

\* Nieman LK. "Diagnosis and Treatment of Primary Adrenal Insufficiency." *J Clin Endocrinol Metab*.

2011;96(7):1957-1966.

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

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## NEW QUESTION # 18

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