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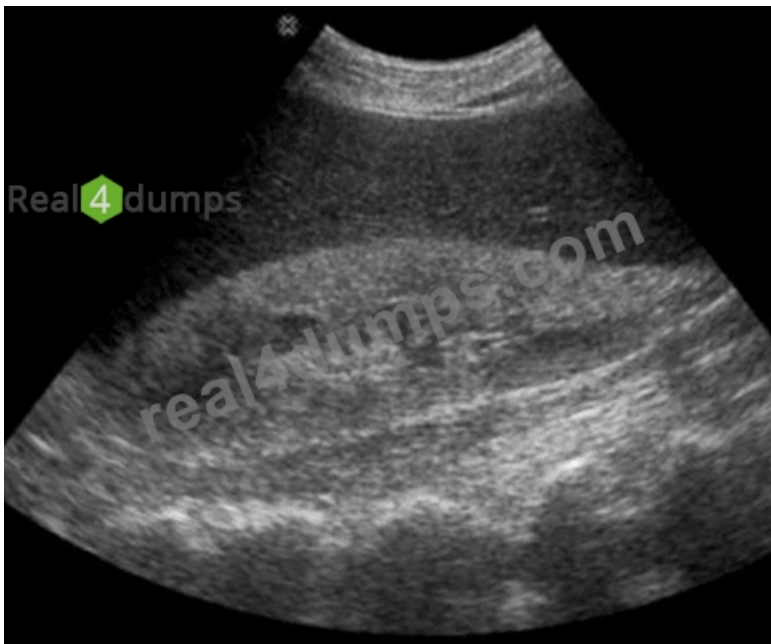
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ARDMS Abdomen Sonography Examination Sample Questions (Q82-Q87):

NEW QUESTION # 82

Which finding is demonstrated in this image?



- A. Medullary sponge kidney
- B. Acute hepatitis
- **C. Hepatic steatosis**
- D. Acute medical renal disease

Answer: C

Explanation:

The ultrasound image demonstrates diffuse increased echogenicity of the liver parenchyma with posterior beam attenuation (acoustic shadowing), findings that are consistent with hepatic steatosis (fatty liver disease).

The liver appears brighter than normal, and the vascular markings, particularly of the portal veins, are obscured due to the increased parenchymal echogenicity.

Hepatic steatosis refers to the abnormal accumulation of fat within hepatocytes and is commonly associated with obesity, diabetes, alcohol use, and metabolic syndrome.

Classic sonographic features of hepatic steatosis include:

- * Diffuse hyperechogenicity ("bright liver")
- * Poor visualization of intrahepatic vessels and diaphragm
- * Posterior acoustic attenuation
- * Increased hepatic echogenicity relative to the renal cortex

Differentiation from other options:

* A. Acute hepatitis: Usually presents with normal or slightly decreased echogenicity, "starry sky" appearance due to prominent portal triads and periportal edema.

* C. Medullary sponge kidney: A renal condition with echogenic medullary pyramids, not hepatic.

* D. Acute medical renal disease: Affects the kidneys, often with bilateral renal enlargement and increased cortical echogenicity-again not related to liver imaging.

References:

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

Chapter: Liver, pp. 93-97.

American College of Radiology (ACR) Practice Parameter for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum, 2021.

Radiopaedia.org. Fatty liver (ultrasound): <https://radiopaedia.org/articles/fatty-liver-ultrasound>

NEW QUESTION # 83

What is the most common malignancy of the prostate?

- A. Sarcoma
- B. Hamartoma
- C. Seminoma
- **D. Adenocarcinoma**

Answer: D

Explanation:

Prostate adenocarcinoma is by far the most common malignancy of the prostate gland, typically arising in the peripheral zone. Seminoma is a testicular tumor, sarcomas are rare in the prostate, and hamartomas are benign lesions.

According to Rumack's Diagnostic Ultrasound:

"Adenocarcinoma accounts for the vast majority of prostate cancers and is typically located in the peripheral zone." Reference: Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.

AIUM Practice Parameter for Prostate Ultrasound, 2020.

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NEW QUESTION # 84

Which measurement is the upper limit for a normal gallbladder wall?

- **A. 3 mm**
- B. 4 mm
- C. 5 mm
- D. 6 mm

Answer: A

Explanation:

The normal gallbladder wall measures up to 3 mm. Thickening beyond 3 mm may suggest cholecystitis, heart failure, hepatitis, or hypoalbuminemia. Measurements should be taken with the patient fasting, using the anterior gallbladder wall.

According to Rumack's Diagnostic Ultrasound:

"The gallbladder wall is considered thickened if it measures greater than 3 mm." Reference:

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

AIUM Practice Parameter for the Performance of Gallbladder Ultrasound Examinations, 2020.

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NEW QUESTION # 85

Which congenital disorder is most consistent with the finding identified by the arrow on this image?



- A. Alagille syndrome
- B. Biliary atresia
- C. Caroli disease
- D. Sclerosing cholangitis

Answer: C

Explanation:

The image demonstrates a characteristic "central dot sign" - a hallmark finding of Caroli disease. This is best appreciated on ultrasound as a cystic dilation of the intrahepatic bile ducts with a central echogenic dot or linear structure (which corresponds to the portal vein and fibrous tissue within the dilated duct). The arrow in the image points to one such dilated duct.

Caroli disease is a rare congenital disorder characterized by segmental, saccular dilation of intrahepatic bile ducts. It is often associated with congenital hepatic fibrosis and may predispose to cholangitis, stone formation, and even cholangiocarcinoma.

Key ultrasound features of Caroli disease:

- * Cystic or saccular dilations of the intrahepatic bile ducts
 - * The "central dot sign" - echogenic focus in the center of the dilated ducts (representing portal vein radicle or fibrous tissue)
 - * May show associated hepatosplenomegaly or signs of portal hypertension
- Differentiation from other options:**
- * A. Sclerosing cholangitis: Typically causes diffuse or segmental biliary ductal wall thickening and stricturing; does not present with cystic dilations.
 - * B. Alagille syndrome: A multisystem disorder often characterized by a paucity of intrahepatic bile ducts, not dilation.
 - * D. Biliary atresia: Presents in infancy with obliteration of extrahepatic bile ducts, echogenic "triangular cord" sign, and absence of a visible gallbladder. It does not cause ductal dilation.

References:

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

Chapter: Biliary System, pp. 152-155.

Radiopaedia.org. Caroli disease. <https://radiopaedia.org/articles/caroli-disease> American College of Radiology (ACR). ACR-SPR Practice Parameter for the Performance of Pediatric Abdominal Ultrasound, 2022.

NEW QUESTION # 86

Which condition is most likely to develop after splenic trauma?

- A. Target lesion
- B. Hamartoma
- C. Splenule
- **D. Splenosis**

Answer: D

Explanation:

Splenosis refers to autotransplantation of splenic tissue following splenic trauma or splenectomy. After rupture, splenic fragments may implant throughout the peritoneal cavity and vascularize, forming multiple nodules of functional splenic tissue. Splenosis is typically asymptomatic and discovered incidentally on imaging.

Splenule (A) is a congenital accessory spleen, not related to trauma.

Hamartoma (C) is a benign primary splenic lesion.

Target lesion (D) generally refers to sonographic appearance seen in metastases or infections, not post-trauma.

Reference Extracts:

Mortelet KJ, et al. "Multimodality imaging of splenic lesions and the spleen." Radiographics. 2004;24(4):1137-1163.

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

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NEW QUESTION # 87

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