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ARDMS Abdomen Sonography Examination Sample Questions (Q97-Q102):

NEW QUESTION # 97

Which sonographic appearance of the bile ducts is demonstrated in this image?



- A. Normal intrahepatic
- **B. Dilated intrahepatic**
- C. Dilated common bile
- D. Dilated common hepatic

Answer: B

Explanation:

The image shows a transverse view of the left lobe of the liver with the portal triads clearly visible. The "parallel channel" or "double barrel" sign is observed—where dilated intrahepatic bile ducts run alongside the portal veins, creating a characteristic sonographic pattern of paired anechoic (black) tubular structures.

This sonographic feature is diagnostic for dilated intrahepatic bile ducts and is typically seen in obstructive jaundice or biliary obstruction from conditions such as:

- * Choledocholithiasis (stone in the common bile duct)
- * Stricture or mass compressing the bile ducts
- * Cholangiocarcinoma

The intrahepatic bile ducts normally are too small to visualize clearly unless dilated. Their dilation gives the liver a "too many tubes" appearance, where bile ducts become as prominent as the portal veins.

Comparison of answer choices:

- * A. Normal intrahepatic ducts are not usually seen this clearly or prominently on ultrasound.
- * B. Dilated intrahepatic - Correct. The parallel channel sign supports this diagnosis.
- * C. Dilated common bile duct would be visualized extrahepatically, typically anterior to the portal vein near the head of the pancreas.
- * D. Dilated common hepatic duct is also extrahepatic and seen in the porta hepatis, not within the liver parenchyma.

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.

Taylor KJW, Burns PN, Wells PNT. Clinical Applications of Doppler Ultrasound. Raven Press; 1990.

NEW QUESTION # 98

Which is the most common pancreatic cancer?

- A. Islet cell carcinoma
- **B. Adenocarcinoma**
- C. Metastasis
- D. Mucinous cystadenocarcinoma

Answer: B

Explanation:

Pancreatic ductal adenocarcinoma is by far the most common pancreatic malignancy, accounting for approximately 85-90% of pancreatic cancers. It typically arises from the exocrine portion of the pancreas, most frequently in the pancreatic head. Islet cell (neuroendocrine) tumors and cystic neoplasms (e.g., mucinous cystadenocarcinoma) are far less common.

According to Rumack's Diagnostic Ultrasound:

"Adenocarcinoma is the most common malignant neoplasm of the pancreas, representing the vast majority of pancreatic cancers."

Reference:

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

WHO Classification of Digestive System Tumors, 5th ed., IARC, 2019.

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NEW QUESTION # 99

Which condition is demonstrated in this image of the groin?



- A. Hematocele
- B. Testicular rupture
- **C. Indirect hernia**
- D. Orchiectomy

Answer: C

Explanation:

The ultrasound image demonstrates bowel loops with peristalsis visualized within the inguinal canal, which is diagnostic of an inguinal hernia-more specifically, an indirect inguinal hernia. Indirect hernias pass through the deep inguinal ring and may extend into the scrotum, appearing sonographically as bowel-containing masses adjacent to or within the scrotal sac. Peristaltic motion confirms the presence of viable bowel content.

This finding is typical in indirect inguinal hernias, which are more common in males and often congenital due to a patent processus vaginalis. The herniated bowel can be traced through the inguinal canal, as seen in this image.

Comparison of answer choices:

- * A. Hematocele presents as a complex fluid collection surrounding the testis, often due to trauma-no complex fluid or trauma is apparent here.
- * B. Testicular rupture shows discontinuity of the tunica albuginea and irregular testicular contour-none of which is seen.
- * C. Orchiectomy would show an absent testis-this is not the case here.
- * D. Indirect hernia is correct. The presence of bowel with peristalsis in the inguinal canal is diagnostic.

References:

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

AIUM Practice Parameter for the Performance of Scrotal Ultrasound Examinations (2021).

Dogra VS, Gottlieb RH, Rubens DJ, Oka M. Sonography of the scrotum. Radiology. 2003;227(1):18-36

NEW QUESTION # 100

Which sonographic finding is associated with normal postprocedural Doppler of a transjugular intrahepatic portosystemic shunt (TIPS)?

- A. Low-velocity flow throughout stent
- B. Hepatofugal flow in the intrahepatic portal venous branches
- **C. Hepatopetal flow in the intrahepatic portal venous branches**
- D. Triphasic flow throughout stent

Answer: C

Explanation:

After successful TIPS placement, the intrahepatic portal venous branches continue to exhibit hepatopetal (toward the liver) flow, while the stent itself shows continuous, relatively high-velocity monophasic flow.

Hepatofugal flow in intrahepatic branches may indicate shunt dysfunction.

According to Zwiebel's Introduction to Vascular Ultrasound:

"Normal post-TIPS Doppler shows hepatopetal flow in the intrahepatic portal veins and continuous high- velocity flow within the stent." Reference:

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

AIUM Practice Parameter for the Performance of Portal Venous Ultrasound, 2020.

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NEW QUESTION # 101

What is the adrenal disorder that produces excessive secretion of aldosterone?

- A. Addison disease
- B. Waterhouse-Friderichsen syndrome
- C. Cushing disease
- **D. Conn syndrome**

Answer: D

Explanation:

Conn syndrome (primary hyperaldosteronism) results from excessive aldosterone secretion, often due to an adrenal adenoma, leading to hypertension, hypokalemia, and metabolic alkalosis. Cushing disease involves cortisol, Addison disease involves adrenal insufficiency, and Waterhouse-Friderichsen is associated with adrenal hemorrhage.

According to Rumack's Diagnostic Ultrasound:

"Conn syndrome is due to excessive secretion of aldosterone, often secondary to adrenal cortical adenoma." Reference:

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

AIUM Practice Parameter for Adrenal Ultrasound, 2020.

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NEW QUESTION # 102

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