ARDMS

AB-Abdomen

Abdomen Sonography Examination

Latest Version: 6.0

Question: 1

Which malignancy most commonly metastasizes to the testes?

A. Prostate cancer
B. Bladder cancer
C. Hodgkin lymphoma
D. Non-Hodgkin lymphoma

Answer: A

Explanation:
Testicular metastases are rare and usually identified in older patients. The most frequent primary site of malignancies metastasizing to the testes is the prostate. Studies (Ulbright and Young, 2008; Mosharafa etal., 2003) indicate that prostatic adenocarcinoma accounts for the highest number of testicular metastases, with lung and gastrointestinal tract malignancies also contributing less frequently. These metastases can be unilateral or bilateral and are often discovered incidentally during surgical intervention for prostate cancer.
The metastatic route involves retrograde venous extension, arterial embolism, or lymphatic dissemination. Histologically, prostatic adenocarcinoma in the testis can be confirmed via immunohistochemical markers like prostate-specific antigen (PSA), supporting its prostatic origin.
Reference:
Ulbright TM, Young RH. Tumors of the Testis, Adnexa, Spermatic Cord, and Scrotum. AFIP Atlas of Tumor Pathology, 4th Series, Fascicle 18. Armed Forces Institute of Pathology, 2008.
Mosharafa AA, Foster RS, Bihrle R, et al. Clinical and pathologic features of testicular metastases from solid tumors: a 40-year review. Urology. 2003;61(5): 1064–1068.

Question: 2

Which condition is a cause of intrahepatic dilatation with a normal common bile duct?

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

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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Question: 3

Which sonographic finding indicates the need for immediate surgical intervention following testicular trauma?

A. Intratesticular hematoma
B. Discontinuity of the tunica albuginea
C. Heterogeneity of the testicular parenchyma
D. Increased testicular vascularity

Answer: B

Explanation:
The tunica albuginea is a dense fibrous capsule surrounding the testis. Discontinuity of the tunica albuginea on ultrasound is diagnostic of testicular rupture — a urologic emergency that requires immediate surgical repair to preserve testicular function and viability. Early surgical intervention within 72 hours has a high success rate for testicular salvage (up to 90%).
Intratesticular hematoma (A) may be managed conservatively if the tunica albuginea is intact.
Heterogeneity of the parenchyma (C) indicates injury but not necessarily rupture.
Increased vascularity (D) may be seen with inflammation or reperfusion but does not mandate surgery unless rupture is present.
Reference Extracts:
Dogra VS, Bhatt S. "Acute painful scrotum: ultrasound evaluation." Radiologic Clinics of North America. 2004; 42(2):349-363.
Middleton WD, Kurtz AB, Hertzberg BS. Ultrasound: The Requisites. 3rd ed. Elsevier, 2015.
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Question: 4

What is the most common location of a pancreatic pseudocyst?

A. Lesser sac
B. Left anterior pararenal space
C. Right subdiaphragmatic space
D. Left pericolic gutter

Answer: A

Explanation:
Pancreatic pseudocysts most commonly develop in the lesser sac, which lies between the posterior wall of the stomach and the anterior surface of the pancreas. This space allows for the accumulation of pancreatic fluid collections following pancreatitis or pancreatic ductal disruption.
The left anterior pararenal space (B) is a secondary location.
The right subdiaphragmatic space (C) and left pericolic gutter (D) are less common sites.
Reference Extracts:
Mortele KJ, Wiesner W, et al. "Pancreatic pseudocysts: imaging features and diagnostic difficulties." Radiographics. 2004;24(4):1005-1020.
Rumack CM, Wilson SR, Charboneau JW, Levine D. Diagnostic Ultrasound. 5th ed. Elsevier, 2017.
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Question: 5

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

Answer: A

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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