

ARDMS ABDOMEN BOARD (AB) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which artery is located after the capsular artery in the branching order of the testicular artery?**
 - A. Recurrent rami
 - B. Capsular artery
 - C. Centripetal artery
 - D. Testicular artery

- 2. What does the coronary ligament connect the liver to?**
 - A. The heart
 - B. The diaphragm
 - C. The abdominal wall
 - D. The spleen

- 3. Which crus of the diaphragm is visualized anterior to the aorta above the level of the celiac artery?**
 - A. The left crus
 - B. The right crus
 - C. The middle crus
 - D. The posterior crus

- 4. What vital substance does the liver secrete that aids in digestion?**
 - A. Chyme
 - B. Hydrochloric acid
 - C. Bile
 - D. Amylase

- 5. Which factor is least likely to affect the quality of an ultrasound image when assessing small renal stones?**
 - A. Proper focal zone setting
 - B. Using a linear probe
 - C. Tissue harmonics
 - D. Increasing the transducer frequency

- 6. Which of the following veins drains blood directly into the Inferior Vena Cava (IVC)?**
- A. Left renal vein
 - B. Right gonadal vein
 - C. Hepatic vein
 - D. Middle hepatic vein
- 7. In addition to secreting testosterone, what is another key function of Leydig cells?**
- A. Production of spermatozoa
 - B. Regulation of fluid secretion
 - C. Supporting spermatogenesis
 - D. Facilitating sperm maturation
- 8. The portal vein is considered enlarged if it measures over what size?**
- A. 10mm
 - B. 12mm
 - C. 13mm
 - D. 15mm
- 9. How does an abscess typically differ from ascites in ultrasound imaging when the patient is in an erect position?**
- A. Abscess remains fixed
 - B. Ascites will appear as a cap-like structure
 - C. Ascites will move to the dependent portion
 - D. Abscess will show increased echogenicity
- 10. Which lab value may be decreased due to overhydration or liver failure?**
- A. Serum creatinine
 - B. Blood Urea Nitrogen
 - C. Chloride levels
 - D. Potassium levels

Answers

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1. C
2. B
3. A
4. C
5. B
6. B
7. C
8. C
9. C
10. B

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Explanations

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1. Which artery is located after the capsular artery in the branching order of the testicular artery?

- A. Recurrent rami
- B. Capsular artery
- C. Centripetal artery**
- D. Testicular artery

The centripetal artery is considered correct in this context as it is part of the vascular supply to the testis. In the branching order of the testicular artery, the capsular artery branches off first, supplying the tunica albuginea, and then the centripetal artery follows. The centripetal arteries penetrate the testes and supply the seminiferous tubules directly, playing a crucial role in the blood supply necessary for spermatogenesis. Understanding the hierarchy of these arteries is important for grasping how the vascular anatomy supports testicular function. The testicular artery, being the primary vessel, gives rise to both the capsular artery and then the centripetal artery, illustrating the branching nature of arterial supply vital for optimal testicular health.

2. What does the coronary ligament connect the liver to?

- A. The heart
- B. The diaphragm**
- C. The abdominal wall
- D. The spleen

The coronary ligament connects the liver to the diaphragm. This ligament is a peritoneal fold that provides support to the liver by anchoring it to the diaphragm and plays a vital role in maintaining the liver's position within the abdominal cavity. The coronary ligament is divided into anterior and posterior layers, which extend from the liver to the diaphragm, allowing for functional and structural connections. Understanding the anatomical relationships in the abdominal cavity is essential for various clinical assessments and procedures. While the other options may involve important anatomical structures, none relate directly to the function or attachment provided by the coronary ligament to the diaphragm. This connection is critical for liver stability and positioning, emphasizing the important role the diaphragm plays in respiratory mechanics and intra-abdominal pressure regulation.

3. Which crus of the diaphragm is visualized anterior to the aorta above the level of the celiac artery?

- A. The left crus**
- B. The right crus
- C. The middle crus
- D. The posterior crus

The left crus of the diaphragm is positioned to the left side of the aorta and is typically visualized anterior to it above the level of the celiac artery. This anatomical configuration occurs because the left crus extends upward and forward, creating a relationship where it can be seen anteriorly in imaging studies. The aorta arises from the heart and descends vertically through the thorax into the abdomen, while the celiac trunk branches off at approximately the level of T12. The left crus being anterior to the aorta in this region is a distinct feature that differentiates it from the right crus, which is generally posterior to the aorta at this level. Understanding the spatial orientation of the crura relative to the aorta is crucial for interpreting abdominal imaging and performing procedures.

4. What vital substance does the liver secrete that aids in digestion?

- A. Chyme
- B. Hydrochloric acid
- C. Bile**
- D. Amylase

The liver plays a crucial role in digestion by secreting bile, which is essential for the emulsification and digestion of fats in the intestine. Bile contains bile salts, bilirubin, cholesterol, and electrolytes. Bile salts specifically help to break down large fat globules into smaller droplets, increasing the surface area for digestive enzymes to act upon, which facilitates the absorption of fat-soluble vitamins and fatty acids in the intestine. Chyme, on the other hand, is the semi-fluid mass of partially digested food that is formed in the stomach and moved to the small intestine, but it is not produced by the liver. Hydrochloric acid is produced by the stomach to aid in the digestion of proteins and to create an acidic environment for digestive enzymes. Amylase is an enzyme that breaks down carbohydrates and is primarily secreted by the salivary glands and the pancreas, not the liver. Thus, the liver's secretion of bile is a vital component of the digestive process, making it the correct answer to the question.

5. Which factor is least likely to affect the quality of an ultrasound image when assessing small renal stones?

- A. Proper focal zone setting
- B. Using a linear probe**
- C. Tissue harmonics
- D. Increasing the transducer frequency

When assessing small renal stones, the quality of the ultrasound image is influenced by various factors, and using a linear probe is least likely to impact that quality. Linear probes are commonly employed in the evaluation of small structures because they provide a high-resolution image with good detail due to their higher frequency capabilities. They are particularly effective for superficial organs such as the kidneys and can achieve a good balance between depth and resolution. On the other hand, factors such as proper focal zone settings, tissue harmonics, and increasing transducer frequency directly relate to the optimization of ultrasound image quality. Proper focal zone settings ensure that the ultrasound beam is focused at the region of interest, improving the resolution and clarity of the image. Tissue harmonics enhance image quality by reducing artifacts and improving contrast. Increasing the transducer frequency, although it can decrease penetration depth, significantly improves axial resolution, which is critical for identifying small renal stones. Given these considerations, the use of a linear probe, while essential for proper imaging, does not have as direct an effect on image quality compared to the other factors listed.

6. Which of the following veins drains blood directly into the Inferior Vena Cava (IVC)?

- A. Left renal vein
- B. Right gonadal vein**
- C. Hepatic vein
- D. Middle hepatic vein

The right gonadal vein drains blood directly into the Inferior Vena Cava (IVC). This is an important anatomical detail as the gonadal veins are responsible for draining the reproductive organs; the right gonadal vein usually drains directly into the IVC, while the left gonadal vein typically drains into the left renal vein before reaching the IVC. Understanding the anatomy of these veins is essential for recognizing their clinical significance, especially in the context of imaging studies and surgical procedures. The IVC serves as the major venous return pathway from the lower half of the body, and knowing which veins drain into it can aid in identifying potential sources of venous obstruction or other vascular conditions. The other choices listed, such as the left renal vein and various hepatic veins, have different drainage paths. For instance, the left renal vein drains into the IVC but first collects blood from other sources, and the middle hepatic vein, while draining blood from the liver, typically enters the hepatic veins before reaching the IVC. Thus, the understanding of the direct drainage into the IVC is crucial for both anatomical knowledge and its application in clinical practices.

7. In addition to secreting testosterone, what is another key function of Leydig cells?

- A. Production of spermatozoa
- B. Regulation of fluid secretion
- C. Supporting spermatogenesis**
- D. Facilitating sperm maturation

Leydig cells, also known as interstitial cells, are critical components of the male reproductive system primarily located in the testes. Their main function is the synthesis and secretion of testosterone, which plays a vital role in the development of male secondary sexual characteristics and various male reproductive processes. In addition to testosterone production, Leydig cells also have an important role in supporting spermatogenesis. They provide a hormonal environment that is necessary for the maturation of sperm cells. The testosterone produced by Leydig cells stimulates Sertoli cells, which are responsible for nurturing developing sperm within the seminiferous tubules. This interaction is crucial for the progression of spermatogenesis, the process by which spermatozoa are produced. Supporting spermatogenesis includes not only the stimulation of Sertoli cells but also the contribution to the overall hormonal balance and microenvironment necessary for germ cell development and maturation. In this context, the activity of Leydig cells directly impacts the efficiency and health of sperm production. Understanding the role of Leydig cells in this process provides insight into male fertility and the physiological mechanisms behind sperm production, which is essential for comprehending reproductive biology.

8. The portal vein is considered enlarged if it measures over what size?

- A. 10mm
- B. 12mm
- C. 13mm**
- D. 15mm

The portal vein is considered enlarged if it measures over 13 mm in diameter. This threshold is significant as it helps in the evaluation of conditions like portal hypertension. An increase in the diameter of the portal vein can indicate increased pressure in the portal venous system, which may result from factors like liver cirrhosis, hepatic obstruction, or significant vascular diseases. In clinical practice, a diameter exceeding 13 mm is a crucial indicator for sonographers and other medical professionals when assessing liver and vascular health. Monitoring the size of the portal vein is an essential aspect of abdominal ultrasound examinations, especially in patients with known liver disease or those presenting with related symptoms.

9. How does an abscess typically differ from ascites in ultrasound imaging when the patient is in an erect position?

- A. Abscess remains fixed
- B. Ascites will appear as a cap-like structure
- C. Ascites will move to the dependent portion**
- D. Abscess will show increased echogenicity

In an upright or erect position, ascites behaves differently than an abscess due to its fluid nature and the effects of gravity. Ascites, which is the accumulation of fluid in the peritoneal cavity, will gravitate towards the lowest part of the abdomen, filling the dependent regions. This characteristic allows for the identification of the fluid as it accumulates at the flanks or the pelvic area when the patient is standing or sitting. In contrast, an abscess is typically a localized collection of pus that forms due to infection or inflammation. Abscesses are generally fixed in position relative to the surrounding tissues because they are encapsulated masses. They do not shift location with changes in patient position like fluid does. Therefore, while the ascitic fluid will move to the dependent portion of the abdomen, an abscess will remain relatively stationary. Understanding these differences is crucial for appropriate diagnosis and management of abdominal conditions via ultrasound imaging.

10. Which lab value may be decreased due to overhydration or liver failure?

- A. Serum creatinine
- B. Blood Urea Nitrogen**
- C. Chloride levels
- D. Potassium levels

Blood Urea Nitrogen (BUN) levels can decrease due to overhydration or liver failure. In the context of overhydration, an increase in body water dilutes BUN in the bloodstream, leading to lower measured values. Additionally, in the case of liver failure, the liver's ability to produce urea is impaired. Since urea production is a function of the liver, a decline in liver function results in reduced BUN levels. Chloride, potassium, and serum creatinine levels can also be influenced by various physiological and clinical conditions, but they are not primarily associated with the effects of liver failure or overhydration in the same way that BUN is. BUN specifically reflects the liver's metabolic function and the body's hydration status, making its decrease a significant indicator in these scenarios.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ardmsab.examzify.com>

We wish you the very best on your exam journey. You've got this!

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