

Sonography Canada (Generalist) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. A sonogram of the right kidney typically demonstrates which of the following abnormalities?**
 - A. Sinus lipomatosis**
 - B. Glomerulonephritis**
 - C. Chronic renal failure**
 - D. Acute tubular necrosis**

- 2. As the dilatation of the intrahepatic biliary tree progresses, how does the portal system appear?**
 - A. Rounded**
 - B. Fusiform**
 - C. Sacular**
 - D. Flattened**

- 3. A middle-aged patient has vague right upper quadrant pain and increased non-conjugated bilirubin levels. What is the most likely finding on the gallbladder image?**
 - A. Biliary sludge**
 - B. Acute Cholecystitis**
 - C. Gallbladder carcinoma**
 - D. Gallbladder duplication**

- 4. A Klatskin tumor is located near which anatomical structure?**
 - A. Adrenal gland**
 - B. Hepatic hilum**
 - C. Inferior vena cava**
 - D. Head of the pancreas**

- 5. When Cholelithiasis is detected on an ultrasound, what must the sonographer determine?**
 - A. Number of stones**
 - B. Size of the stone(s)**
 - C. Contour of the stone(s)**
 - D. Mobility of the stone(s)**

- 6. A patient presents with a history of weight loss and elevated liver function tests. Which pathology is the sonographic finding most suspicious for?**
- A. Abscess**
 - B. Adenoma**
 - C. Hepatoma**
 - D. Hematoma**
- 7. Which acoustic window is typically used in non-cardiac imaging of the chest?**
- A. Subcostal**
 - B. Intercostal**
 - C. Substernal**
 - D. Suprasternal**
- 8. Where are ulcers more commonly located in the stomach?**
- A. Body**
 - B. Pylorus**
 - C. Lesser curvature**
 - D. Greater curvature**
- 9. In evaluating a patient suspected of Budd-Chiari syndrome, which organ should the sonographer focus on?**
- A. Liver**
 - B. Spleen**
 - C. Kidneys**
 - D. Adrenal glands**
- 10. Which of the following sonographic findings is NOT typically associated with acute hepatitis?**
- A. Hepatomegaly**
 - B. Splenomegaly**
 - C. Irregular liver contour**
 - D. Hypoechoic liver parenchyma**

Answers

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

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Explanations

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1. A sonogram of the right kidney typically demonstrates which of the following abnormalities?

- A. Sinus lipomatosis**
- B. Glomerulonephritis**
- C. Chronic renal failure**
- D. Acute tubular necrosis**

In a sonogram of the right kidney, sinus lipomatosis is a condition characterized by the accumulation of fat in the renal sinus. This can often be visualized on ultrasound as an increased echogenicity in the renal sinus area and a possible widening of the renal sinus itself. It is typically associated with aging and is not a sign of disease but rather a benign condition, which can present as an incidental finding during a kidney ultrasound. In contrast, other conditions like glomerulonephritis, chronic renal failure, and acute tubular necrosis would typically present with different ultrasound features. For instance, glomerulonephritis might show changes in kidney size and echogenicity due to inflammation. Chronic renal failure may lead to reduced kidney size and increased echogenicity due to scarring, while acute tubular necrosis often presents with enlarged kidneys and increased echogenicity due to interstitial edema and changes in the renal parenchyma. The distinct visualization of sinus lipomatosis in ultrasound as an accumulation of fat differentiates it from the more pathologic features associated with the other listed conditions, making it a correct choice when discussing typical sonographic findings of the right kidney.

2. As the dilatation of the intrahepatic biliary tree progresses, how does the portal system appear?

- A. Rounded**
- B. Fusiform**
- C. Sacular**
- D. Flattened**

The portal system appearing flattened as intrahepatic biliary dilatation progresses can be explained by the impact that increased biliary pressure has on the surrounding structures. As bile ducts become dilated due to obstruction or other pathological processes, they exert pressure on the adjacent portal veins. This pressure can cause changes in the shape of these vessels, leading to a flattened appearance. In healthy anatomy, the portal veins typically have a more rounded or cylindrical shape. However, when biliary obstruction occurs, the resulting dilation can compress portal vessels, distorting their shape. Understanding this phenomenon helps in the interpretation of imaging studies, as recognizing the flattened portal veins can indicate underlying conditions that may require further investigation or management. The appearance of the portal system provides vital information regarding the state of the biliary tree and liver health.

3. A middle-aged patient has vague right upper quadrant pain and increased non-conjugated bilirubin levels. What is the most likely finding on the gallbladder image?

- A. Biliary sludge**
- B. Acute Cholecystitis**
- C. Gallbladder carcinoma**
- D. Gallbladder duplication**

In this scenario, where the patient presents with vague right upper quadrant pain and elevated non-conjugated bilirubin levels, the presence of biliary sludge is a likely finding on the gallbladder image. Biliary sludge consists of a mixture of bile, crystals, and particulate matter that can accumulate in the gallbladder, particularly when there is an underlying issue with bile flow or prolonged fasting. The increased non-conjugated bilirubin suggests possible obstruction or dysfunction in the biliary system, which aligns with the presence of biliary sludge that can impede smooth bile flow and cause symptoms such as pain. The vague nature of the pain may also indicate that there is no acute inflammation or severe pathology at the moment, which can sometimes be associated with sludge accumulation. This finding is significant as it can lead to other complications, including acute cholecystitis or biliary colic if it leads to further obstruction. However, in this specific case, given the provided symptoms and lab findings, biliary sludge is the most direct correlate and thus the most likely imaging finding in the gallbladder.

4. A Klatskin tumor is located near which anatomical structure?

- A. Adrenal gland**
- B. Hepatic hilum**
- C. Inferior vena cava**
- D. Head of the pancreas**

A Klatskin tumor, also known as a hilar cholangiocarcinoma, is specifically located at the hepatic hilum, which is the junction where the left and right hepatic bile ducts converge and exit the liver. This tumor arises in the bile ducts and can obstruct the bile flow, leading to symptoms such as jaundice. The anatomical significance of the hepatic hilum is critical for understanding the implications of Klatskin tumors, as they affect bile drainage from the liver. Recognizing the location and its relationship with bile ducts aids in appropriate diagnostic imaging and treatment strategies. This is contrasted with the other options: the adrenal gland, inferior vena cava, and head of the pancreas, which do not have a direct connection to the bile ducts or the specific pathology associated with Klatskin tumors. Understanding these anatomical landmarks is essential for any medical professional working in areas related to abdominal sonography, oncology, or gastrointestinal disease.

5. When Cholelithiasis is detected on an ultrasound, what must the sonographer determine?

- A. Number of stones**
- B. Size of the stone(s)**
- C. Contour of the stone(s)**
- D. Mobility of the stone(s)**

When cholelithiasis, or gallstones, is detected on an ultrasound, it is essential for the sonographer to determine the mobility of the stones. This is crucial because the behavior of the stones can provide important clinical information regarding the patient's condition. Mobility can indicate whether the stones are potentially obstructing the biliary tract and contributing to further complications such as cholecystitis or pancreatitis. Additionally, knowing if the stones are mobile helps differentiate between gallstones and other potential pathologies in the gallbladder area. The presence of mobility can also guide the physician in making decisions about the need for surgical intervention or further management strategies. While the number, size, and contour of the stones can also be important factors to consider, the mobility gives immediate insight into the current state of the patient's symptoms and the potential for complications, making it a primary focus for the sonographer.

6. A patient presents with a history of weight loss and elevated liver function tests. Which pathology is the sonographic finding most suspicious for?

- A. Abscess**
- B. Adenoma**
- C. Hepatoma**
- D. Hematoma**

In the context of a patient presenting with weight loss and elevated liver function tests, a hepatoma, also known as hepatocellular carcinoma (HCC), is indeed the most suspicious pathology. Hepatomas are primary liver cancers that often arise in patients with chronic liver disease, which is frequently signaled by abnormal liver function tests. The combination of significant weight loss and abnormal liver tests raises concern for malignancy, and hepatoma is known for these associations. Sonographically, hepatomas typically present as focal liver lesions that can demonstrate characteristics such as increased vascularity and possibly hypoechoic or heterogeneous appearance depending on their size and the presence of associated liver disease. The risk factors, including hepatitis B or C infection, cirrhosis, and alcohol use, further contribute to the clinical suspicion for hepatoma in this scenario. In contrast, while abscesses, adenomas, and hematomas can also present as liver masses, they are less likely to align with the symptoms of notable weight loss and consistent liver dysfunction observed in this patient. Abscesses may be associated with infection and fever, adenomas may present asymptotically or with mild symptoms, and hematomas typically follow trauma. Thus, while these other pathologies may be considered in the

7. Which acoustic window is typically used in non-cardiac imaging of the chest?

- A. Subcostal
- B. Intercostal**
- C. Substernal
- D. Suprasternal

The intercostal acoustic window is commonly utilized in non-cardiac imaging of the chest due to its advantageous positioning. This window allows sonographers to access various structures within the thoracic cavity while avoiding interference from rib shadows. By placing the transducer in the spaces between the ribs, clinicians can visualize organs such as the lungs, pleura, and portions of the mediastinum for assessments of conditions like pleural effusion or lung pathology. Additionally, the intercostal approach minimizes the risk of rib interference, allowing for clearer imaging of the underlying structures. In contrast, other windows such as subcostal, substernal, and suprasternal are generally focused on cardiac assessments or specific anatomical targets, making them less applicable for broader non-cardiac evaluations in the chest region.

8. Where are ulcers more commonly located in the stomach?

- A. Body
- B. Pylorus
- C. Lesser curvature**
- D. Greater curvature

Ulcers are more commonly located along the lesser curvature of the stomach. This area is particularly susceptible due to the presence of acid secretion and the proximity to the gastric outlet, which affects gastric motility and may contribute to ulcer formation. The lesser curvature has a unique blood supply and mucosal defenses, making it a favorable site for the development of ulcers, especially in the context of *Helicobacter pylori* infection and the use of nonsteroidal anti-inflammatory drugs (NSAIDs). While ulcers can occur in other regions of the stomach, such as the body or pylorus, the lesser curvature consistently shows a higher prevalence in clinical studies. The greater curvature, although it can develop ulcers, generally has a lower incidence compared to the lesser curvature due to differences in anatomical and physiological factors. Understanding these locations helps in diagnosing and managing gastric ulcers effectively.

9. In evaluating a patient suspected of Budd-Chiari syndrome, which organ should the sonographer focus on?

- A. Liver**
- B. Spleen**
- C. Kidneys**
- D. Adrenal glands**

In the evaluation of a patient suspected of Budd-Chiari syndrome, the liver is the primary focus for the sonographer. Budd-Chiari syndrome is characterized by the obstruction of hepatic venous outflow, which primarily affects the liver's blood supply and drainage. This obstruction can lead to liver congestion, hepatomegaly, and ultimately liver dysfunction. Ultrasound examination of the liver in this context involves assessing the patency of the hepatic veins and inferior vena cava, identifying any thrombus, and looking for signs of liver swelling or other related abnormalities. The sonography findings will often include altered hepatic blood flow patterns and signs of portal hypertension, which are indicative of the syndrome. Focusing on the liver is crucial for diagnosis and subsequent management because any intervention or treatment strategy (such as anticoagulation, stenting, or surgical procedures) will primarily aim to restore normal venous drainage to the liver. The other organs listed, while important in their own right, do not play a direct role in the context of Budd-Chiari syndrome.

10. Which of the following sonographic findings is NOT typically associated with acute hepatitis?

- A. Hepatomegaly**
- B. Splenomegaly**
- C. Irregular liver contour**
- D. Hypoechoic liver parenchyma**

Acute hepatitis is primarily characterized by the inflammation of the liver, which often leads to specific sonographic changes. Hepatomegaly and splenomegaly are both commonly observed findings in cases of acute hepatitis. Hepatomegaly, or liver enlargement, occurs due to the inflammatory response and cellular swelling. Splenomegaly may also occur as a result of portal hypertension or other systemic changes associated with liver dysfunction. The sonographic appearance of the liver in acute hepatitis typically shows a hypoechoic liver parenchyma, which reflects the inflammatory edema present in the liver tissue. This hypoechoic appearance helps differentiate acute hepatitis from other liver conditions, such as cirrhosis or fatty liver disease, which may have different echogenic patterns. An irregular liver contour is not a typical finding in acute hepatitis. This feature is usually associated with chronic liver diseases, such as cirrhosis, where the liver surface becomes nodular due to prolonged damage and regenerative processes. Thus, identifying that an irregular contour is not linked to the acute phase helps clarify the understanding of liver pathology in the context of acute hepatitis.

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://sonographycanadageneralist.examzify.com>

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

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