

ULTRASOUND REGISTRY REVIEW (URR) ABDOMEN PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Where does retroperitoneal fibrosis most commonly occur?**
 - A. Occurs around the renal cortex
 - B. Occurs near the diaphragm
 - C. Occurs around the porta hepatis
 - D. Most commonly occurs at the level of the AO bifurcation and inferiorly in the pelvis

- 2. Which lesion is caused by dilation of the epididymal tubules, usually in the head of the epididymis, containing spermatozoa and sediment, and seen in postvasectomy patients?**
 - A. Simple Epididymal Cyst
 - B. Intratesticular Cyst
 - C. Spermatocele
 - D. Epididymal abscess

- 3. What laboratory finding is a hallmark of hemolytic anemia?**
 - A. Direct bilirubin
 - B. Indirect bilirubin
 - C. ALT
 - D. ALP

- 4. At approximately how many weeks do the testes descend into the scrotal sac?**
 - A. 32 weeks
 - B. 34 weeks
 - C. 35 weeks
 - D. 36 weeks

- 5. Porcelain gallbladder is associated with an increased risk of which condition?**
 - A. Gallbladder carcinoma
 - B. Pancreatic cancer
 - C. Liver cancer
 - D. Breast cancer

- 6. In Crossed Fused Renal Ectopia, the kidneys are fused on which side of the body?**
- A. On opposite sides
 - B. On the same side
 - C. In the midline
 - D. In the pelvis
- 7. Chronic pancreatitis is described as which of the following?**
- A. Irreversible
 - B. Reversible
 - C. Progressive with partial recovery
 - D. Self-limited
- 8. Which structure separates the right and left lobes of the liver on the surface?**
- A. Cantlie line
 - B. Falciform ligament
 - C. Main lobar fissure
 - D. Portal triad
- 9. Pus in the gallbladder with diffuse internal echoes that do not layer or shadow is most consistent with which complication?**
- A. Emphysematous cholecystitis
 - B. Empyema
 - C. Porcelain gallbladder
 - D. Membranous Gangrene Cholecystitis
- 10. What is the most common benign tumor of the spleen?**
- A. Hemangioma
 - B. Angiosarcoma
 - C. Lymphangioma
 - D. Hamartoma

Answers

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

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Explanations

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1. Where does retroperitoneal fibrosis most commonly occur?

- A. Occurs around the renal cortex
- B. Occurs near the diaphragm
- C. Occurs around the porta hepatis
- D. Most commonly occurs at the level of the AO bifurcation and inferiorly in the pelvis**

Retroperitoneal fibrosis tends to form fibrous tissue in the infrarenal retroperitoneum, around the abdominal aorta and iliac vessels, typically at and below the level of the aortic bifurcation and extending into the pelvis. This pattern is because the lower retroperitoneum is where inflammatory or fibrotic processes commonly encase structures like the ureters and major vessels, leading to the characteristic periaortic/pelvic ring seen on imaging. Involvement around the renal cortex would be intrarenal, and involvement near the diaphragm or porta hepatis would be suprarenal or prehepatic, not the typical infrarenal retroperitoneal distribution. Therefore, the most common location is at the level of the aortic bifurcation extending into the pelvis.

2. Which lesion is caused by dilation of the epididymal tubules, usually in the head of the epididymis, containing spermatozoa and sediment, and seen in postvasectomy patients?

- A. Simple Epididymal Cyst
- B. Intratesticular Cyst
- C. Spermatocele**
- D. Epididymal abscess

Spermatocele is a cystic dilation of the epididymal tubules, most often in the head of the epididymis, that contains spermatozoa and sediment. This condition frequently appears in men after vasectomy because the vas deferens obstruction leads to accumulation of sperm proximally, causing dilation of the epididymal ducts and the formation of a fluid-filled space that can harbor sperm and debris. On ultrasound, it presents as a well-defined cystic lesion separate from the testis, often with internal echoes from sperm and gravity-dependent sediment; it may show posterior acoustic enhancement and typically no internal vascular flow. This differs from a simple epididymal cyst, which is a fluid-filled, anechoic structure with no sperm content; an intratesticular cyst, which lies within the testicular parenchyma; and an epididymal abscess, which would be more complex, usually have thick walls and surrounding inflammatory changes with increased vascularity on Doppler.

3. What laboratory finding is a hallmark of hemolytic anemia?

- A. Direct bilirubin
- B. Indirect bilirubin**
- C. ALT
- D. ALP

When red blood cells are destroyed in hemolytic anemia, heme is released and broken down to bilirubin. The liver conjugates bilirubin to make direct (conjugated) bilirubin, but in hemolysis the production of unconjugated bilirubin outpaces the liver's ability to conjugate it, so indirect (unconjugated) bilirubin rises. Direct bilirubin tends to stay normal in isolated hemolysis unless there's another liver problem. ALT and ALP reflect liver injury or biliary disease, not the primary issue in hemolysis, so they aren't the hallmark.

4. At approximately how many weeks do the testes descend into the scrotal sac?

- A. 32 weeks
- B. 34 weeks
- C. 35 weeks
- D. 36 weeks**

Testicular descent into the scrotum occurs in late gestation, during the inguinoscrotal phase, and is typically completed around the final weeks of pregnancy. The common approximate time is about 36 weeks gestation. By this point the testis has moved through the inguinal canal into the scrotum, guided by the gubernaculum and driven by hormonal and neural signals such as testosterone and the genitofemoral nerve. Most testes are in the scrotum by birth; if descent isn't complete, it may be cryptorchidism, which can require monitoring or treatment in infancy.

5. Porcelain gallbladder is associated with an increased risk of which condition?

- A. Gallbladder carcinoma**
- B. Pancreatic cancer
- C. Liver cancer
- D. Breast cancer

Porcelain gallbladder means the gallbladder wall has become calcified, usually from long-standing chronic cholecystitis. This calcified wall reflects chronic inflammatory and mucosal changes that can undergo dysplastic transformation, increasing the risk that the gallbladder develops cancer, specifically gallbladder adenocarcinoma. The risk is greatest when the calcification is diffuse and complete, though any porcelain gallbladder carries more cancer risk than a normal gallbladder. Because of this, removing the gallbladder is often considered. It isn't associated with a higher risk of pancreatic, liver, or breast cancer.

6. In Crossed Fused Renal Ectopia, the kidneys are fused on which side of the body?

- A. On opposite sides
- B. On the same side**
- C. In the midline
- D. In the pelvis

In crossed fused renal ectopia, both kidneys end up fused on one side of the body. The term "crossed" means one kidney crosses the midline to join the other side, producing a single fused renal mass on that side. The hallmark is that the kidneys are on the same side, not on opposite sides. So the best answer is that the kidneys are fused on the same side. Location can vary (sometimes in the pelvis or upper abdomen), but the defining feature is the fusion on one side.

7. Chronic pancreatitis is described as which of the following?

- A. Irreversible**
- B. Reversible
- C. Progressive with partial recovery
- D. Self-limited

Chronic pancreatitis is best described as irreversible due to lasting structural damage from long-standing inflammation. Over time the pancreatic tissue becomes fibrotic, develops calcifications and ductal changes, and loses both exocrine and endocrine function. These changes persist even if inflammation or pain flare-ups subside, so the damage cannot return to normal. This distinguishes it from acute pancreatitis, which can resolve with treatment, and from a self-limited or partially reversible course.

8. Which structure separates the right and left lobes of the liver on the surface?

- A. Cantlie line
- B. Falciform ligament
- C. Main lobar fissure**
- D. Portal triad

The boundary between the liver's right and left lobes on the visceral (surface) side is marked by a deep groove called the main lobar fissure. This fissure runs from the porta hepatis to the fossa of the gallbladder and serves as the clear dividing line between the two lobes when you view the liver from its underside, making it a key surface landmark for orientation in imaging. In contrast, the falciform ligament is a peritoneal fold seen on the anterior surface that divides the lobes there, but it's not the primary reference for lobe separation on the surface accessed in ultrasound. The Cantlie line is a surgical/functional division along the middle hepatic vein rather than a distinct surface groove, and the portal triad refers to the vessels and ducts at the hilum rather than a dividing landmark of the lobes. Therefore, the main lobar fissure best fits the description of separating the right and left lobes on the surface.

9. Pus in the gallbladder with diffuse internal echoes that do not layer or shadow is most consistent with which complication?

- A. Emphysematous cholecystitis
- B. Empyema**
- C. Porcelain gallbladder
- D. Membranous Gangrene Cholecystitis

Pus filling the gallbladder shows up on ultrasound as thick, echogenic material that uniformly occupies the lumen with little or no layering and without posterior shadowing. This appearance reflects purulent debris (empyema) rather than sludge, gas, or calcified wall. Emphysematous cholecystitis would reveal gas within the lumen or wall with reverberation artifacts; porcelain gallbladder presents as a bright, calcified gallbladder wall with posterior shadowing; membranous gangrene cholecystitis may show internal membranes or slough but not diffuse, nonshadowing purulent content.

10. What is the most common benign tumor of the spleen?

- A. Hemangioma**
- B. Angiosarcoma
- C. Lymphangioma
- D. Hamartoma

The key idea is that among benign splenic tumors, a hemangioma is the most common. Hemangiomas are benign vascular lesions and are more frequently encountered in the spleen than other benign entities. On ultrasound, they typically appear as well-defined nodules that are often hyperechoic due to their vascular spaces, and they may show some Doppler flow because of their vascular nature. In contrast, angiosarcoma is a malignant vascular tumor and is much rarer; lymphangioma and hamartoma are also benign but occur far less commonly than hemangioma. So the most likely benign splenic tumor is a hemangioma.

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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://urraabdomen.examzify.com>

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

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