Imaging Diseases of the Abdomen and Pelvis: CT, MRI, US

Chapter 1

1.	What is the best modality to evaluate the internal morphology of cystic lesions?
	a. MRI
	b. Non-contrast ultrasound
	c. Contrast CT
	d. Non-contrast CT
2.	Very small renal masses are detected in nearlyof all adults undergoing CT scans.
	a. 10%
	b. 25%
	c. 50%
	d. 75%
3.	What is the most common benign solid renal neoplasm?
	a. Tuberous sclerosis
	b. Angiomyolipoma (AML
	c. Hemangioma
	d. Leiomyoma
4.	CT and MRI obtained during the portal venous phase are at leastaccurate in renal cancer staging.
	a. 50%
	b. 60%
	c. 75%
	d. 90%
5.	Patients with RENAL nephrometry scores ofare poor candidates for portal nephrectomy.
	a. 1-3
	b. 4-6
	c. 10-12
	d. >13
Chapte	r 2
6	Which of the following modalities provides an excellent display of the pelvic floor?
O.	a. Ultrasound
	b. CT
	c. Dynamic MRI
	d. Radiography
7.	
	a. True
	b. False
8.	Which of the following are other causes of pelvic floor weakness?
	a. Aging
	b. Obesity
	c. Multiple births
	d. A&B

9.	Prior to	o a MR defecography exam the patient should void abouthours before the exam.
	a.	1
	b.	2
	c.	3
	d.	4
10.	Proper	MR defecography preparation includes distending the rectum with ultrasound gel.
	a.	True
	b.	False
11.	The or	gan-specific reference point in the anterior, middle, and posterior compartment is the most inferior
	aspect	of the
	a.	Bladder
	b.	Rectum
	C.	Cervix
	d.	Vagina
Chapte	r 3	
12.	What i	s the procedure of choice for the initial evaluation of benign diseases of the female genital tract?
	a.	Abdominal sonography
	b.	СТ
	C.	MRI
	d.	Endovaginal sonography
13.	MR im	aging should be performed using thin sections ofmm.
	a.	1 - 1.5
	b.	2 - 2.5
	c.	3 - 3.5
	d.	3.5 - 4
14.	The mo	ost important MR sequence is a T2-weighted sequence that demonstrates the zonal anatomy of the
	uterus	
	a.	True
		False
15.	Sympto	omatic leiomyomas are the number one cause of hysterectomies and costsdollars annually in
	direct	costs and lost work days.
	a.	10.3 billion
	b.	24.6 billion
	c.	34.4 billion
		43.3 billion
16.	Deepe	ndometriosis usually lies 5mm below the peritoneum within which of the following?
	a.	Bladder
	b.	Vagina
	c.	
	d.	All the above

Chapter 4

17. With current multimodality imaging and therapy, what is the recurrence rate after rectal cancer surgery? a. 1% b. 2% c. 3% d. 4% 18. Assessment of local tumor response is generally performed by which of the following? a. Digital rectal exam b. Endoscopy c. MRI 6-8 weeks after completing chemotherapy d. All the above 19. For primary T staging, what modality is the preferred staging method for large, advanced tumors? a. Ultrasound b. CT c. MRI d. PET/CT 20. Based on the Response Evaluation Criteria in Solid Tumors (RECIST), which of the following is not a patient category? a. Incomplete response b. Partial response c. Stable disease

b. False

d. Progressive disease

Chapter 5

- 22. What percentage of choledochal cysts manifest in adults?
 - a. 5%
 - b. 10%
 - c. 15%
 - d. 20%
- 23. Stones are manifested as a signal void on T-2 weighted imaging.
 - a. True
 - b. False
- 24. What is the lifetime risk for patients with primary sclerosing cholangitis to develop cholangiocarcinoma (CC)?

21. Sclerotic bone and cystic lesions are considered nontarget lesions if they do not have large solid components.

- a. 1-5%
- b. 6 9%
- c. 10 15%
- d. 20 25%
- 25. Cholangiocarcinoma is an adenocarcinoma arising from the pancreatic duct.
 - a. True
 - b. False

26. Most gal	Istones contain which of the following?
a. (Cholesterol
b. (Calcium
c. \	Water
d. <i>A</i>	A & B
27. In approx	ximatelyof all patients with acute cholecystitis no intraluminal stones can be found.
a. 5	5%
b. 7	7%
c. 9	9%
d. 1	0%
Chapter 6	
28. The uppe	er abdominal viscera are interconnected by how many pairs of ligaments?
a. 1	
b. 2	2
c. 3	3
d. 5	
29. Disease f	from the abdominal viscera does not spread to the retroperitoneum through ligamentous pairs.
a. T	Frue
b. F	⁻ alse
30. Nodes in	the gastrohepatic ligament are typicallyor less in diameter.
a. 8	Bmm
b. 1	10mm
c. 1	12mm
d. 1	L4m
31. What liga	ament contains the left gastroepiploic and short gastric vessels and their associated lymphatics?
a. (Gastrosplenic ligament
b. (Gastrocolic ligament
c. H	Hepatoduodenal ligament
d. S	Splenorenal ligament
32. On the le	eft, the gastrocolic ligament is continuous with theligament.
a. H	Hepatoduodenal
b. (Gastrosplenic
c. (Gastrohepatic
	None of the above
Chapter 7	
33. Usually, I	how many umbilical arteries encircle the normal bladder?
•	One .
b. T	Гwo
c. T	Three
d. F	- our
34. What pe	rcentage of children born with bladder exstrophy are diagnosed postnatally?
a. 10	
b. 2	25%
c. 5	50%
d. 7	75%

35. What is	s the normal ureter diameter in a child?
a.	1 – 2mm
b.	3 – 4mm
c.	5 – 6mm
d.	7 – 8mm
36. What is	s the most important imaging technique in childhood pelvic imaging?
a.	MRI
b.	Ultrasound
c.	Radiography
d.	СТ
37. What n	nodality is often used to identify the location of undescended testis?
a.	СТ
b.	MRI
c.	Ultrasound
d.	Radiography
38. What is	s the complete absence of blood flow in the testis called?
a.	Cryptorchidism
b.	Testicular torsion
c.	Testicular tumor
d.	None of the above
Charten 0	
Chapter 8	
39. The ma	ajority of adnexal masses are
a.	Cancerous
b.	Invasive
c.	Benign
d.	Cystic
40. What n	nodality is indicated for further staging of a suspected ovarian cancer?
a.	Ultrasound
b.	СТ
c.	MRI
d.	PET
41. What p	percentage of complex adnexal masses are diagnosed only by ultrasound?
a.	78 – 80%
b.	82 – 85%
c.	87 – 90%
d.	93 – 95%
42. In MRI	imaging of adnexal lesions, fat and hemorrhage have high SI on T-2 weighted imaging.
a.	True
b.	False
43. What n	nodality has no role in characterizing adnexal lesions?
a.	СТ
b.	MRI
C.	Ultrasound
	PET/CT

44.	What is comprised of a variety of tissues and typically demonstrates fat and calcifications represent bones?	ing teeth and
	a. Endometriomas	
	b. Dermoid cyst	
	c. Solid ovarian tumor	
	d. Ovarian fibromas	
Chapte		
45.	The adrenal gland is not a common site for primary tumors and metastasis.	
	a. True	
	b. False	
46.	What is caused by an excess of catecholamines?	
	a. Hypotension	
	b. Hypertension	
	c. Seizures	
	d. Hypoglycemia	
47.	What imaging modality is being used more frequently in the staging of many neoplasms in oncology	patients?
	a. MRI	
	b. CT	
	c. PET	
	d. Ultrasound	
48.	What should be performed when adrenal imaging by CT, MRI and PET are equivocal or open to more	e than one
	interpretation?	
	a. Ultrasound	
	b. CT guided biopsy	
	c. Surgery	
	d. Blood work	
49.	What is the complication rate for CT-guided biopsy of the adrenal gland?	
	a. 3%	
	b. 5%	
	c. 7%	
	d. 9%	
Chapter 10		
50.	Early reflux esophagitis typically is characterized on double contrast studies byof the distal es	sophagus.
	a. Dilatation	
	b. Ulcers	
	c. Granularity	
	d. Stricture	
51.	Barrett's esophagus develop in what percentage of patients with reflux esophagitis?	
	a. 10%	
	b. 12%	
	c. 15%	
	d. 17%	

ı	52	2. Most benign ulcers are located on the lesser curvature of the posterior wall of the gastric antrum of the		
`	J2.	body.	refight dicers are located on the lesser curvature of the posterior wall of the gastric unit all of the	
		a.	True	
		b.	False	
Į	53.		s the most common cause of gastrocolic fistulas?	
		a.	NSAID	
		b.	esophagitis	
		C.	Herpes esophagitis	
		d.	Candida esophagitis	
į	54.		denocarcinomas of the esophagus arising from Barrett's mucosa can manifest as which of the following	
		except		
		a.	Small sessile polyps	
		b.	Plaque-like lesions	
		c.	Superficial spreading lesions	
		d.	Erosion	
į	55.	For loc	al staging of esophageal cancer using CT, what is considered the upper limit of normal mural thickness?	
		a.	2mm	
		b.	3mm	
		c.	4mm	
		d.	5mm	
Chapter	11			
į	56.	What y	vear was the Prostate Reporting and Data System (PI-RADS) introduced?	
		a.	2011	
		b.	2012,	
		c.	2013	
		d.	2014	
į	57.	What is	s the preferred field strength for multiparametric MRI?	
		a.	.2Т	
		b.	1.5T	
		c.	3T	
		d.	7T	
į	58.	Multip	arametric MRI of the prostate should include which of the following sequences?	
		a.	T2-weighted imaging	
		b.	Diffusion-weighted imaging	
		c.	Dynamic contrast-enhanced imaging	

- d. All the above
- 59. Slice orientation and slice thickness should match for all mpMRI sequences to allow side-to-side comparison.
 - a. True
 - b. False
- 60. What is the dominate sequence for the peripheral zone where most prostate cancers are located?
 - a. DCE sequence
 - b. T2-weighted sequence
 - c. DWI sequence
 - d. T1-weighted sequence

6	1.	What is a. b. c. d.	the dominant sequence for the transitional zone? DCE sequence T-2 weighted sequence DWI sequence T1-weighted sequence
Chapter 1	L2		
6	2.	What is	s often the first imaging modality used in patients with known or suspected gut-related disease?
		a.	СТ
		b.	Radiography
		c.	MRI
		d.	Ultrasound
6	3.	Initial L	JS evaluation of the gut should be performed in all four quadrants using a curved probe.
		a.	True
		b.	False
6	4.	What is	s the usual dose of enteral contrast agent before a small bowel CT?
		a.	750 – 1000mL
		b.	1000 – 1250mL
		c.	1250 – 1500mL
		d.	1500 – 2000mL
6	5.	Which	of the following is not an advantage of MR imaging over CT?
		a.	Length of exam
		b.	High contrast resolution
		c.	Lack of radiation exposure
		d.	Use of intravenous contrast with better safety profiles
(66.	Which	of the following are limitations of MR imaging?
		a.	Cost
		b.	Variability of exam quality
		c.	Access
		d.	A & B
(67.	What is	s the shortest section of the small intestines?
		a.	Duodenum
		b.	Jejunum
		c.	Ileum
		d.	Retroperitoneum
(68.	The no	rmal caliber of jejunal and ileal lumen, without the administration of spasmolytic agents is
		a.	< 40mm
		b.	< 35mm
		c.	< 30mm
		d.	< 25mm
(69.	What n	nodality is considered the gold standard to evaluate emergent undiagnosed abdominal pain?
		a.	Radiography
		b.	СТ
		c.	MRI
		d.	US

70. wnat	is the main cause of mesenteric ischemia?
a.	Arterial occlusion
b.	Venous occlusion
C.	Poor cardiac output
d.	All the above
71. What	is one of the most common inflammatory diseases of the small bowel?
a.	Obstruction
b.	Celiac disease
c.	Crohn's disease
d.	Irritable bowel disease
Chapter 13	
72. What	modality is the primary imaging exam for evaluation of adult patients with acute abdominal pain?
a.	Radiography
b.	MRI
C.	Multi-detector CT
d.	Ultrasound
73. Coron	al reformations should be created routinely by the CT technologist, sent to PACS, and reviewed by the
radiolo	ogist.
a.	True
b.	False
74. What	is the initial imaging examination of choice for patients with suspected acute cholecystitis, for patients
with s	uspected acute cholecystitis and acute gynecological abnormalities?
a.	СТ
b.	MRI
C.	Radiographs
d.	US
75. What	is the most common disorder presenting with right upper quadrant pain?
a.	Hepatitis
b.	Liver abscess
C.	Acute cholecystitis
d.	Ruptured liver mass
76. The di	agnosis of left upper quadrant gastric pathology is best established by
a.	Endoscopy
b.	СТ
C.	MRI
d.	US
77. Acute	left upper quadrant pain is most often caused by which of the following?
a.	Splenic infarction
b.	Splenic abscess
C.	Crohn's disease
d.	A & B
78. What	is the primary imaging examination in females with suspected gynecologic pathology?
	CT
b.	MRI
C.	US
d.	Radiography
_	

79. Sma	ii bowei obstruction usually is due to
	a. Adhesions
	b. Crohn's disease
	c. Radiation enteritis
	d. Gallstone ileus
80. Wh	at percentage of patients with small bowel obstruction do not undergo surgery?
	a. 45%
	b. 50%
	c. 55%
	d. 60%
Chapter 14	
81. Wh	at is the typical length of the pancreas?
	a. 6 – 8cm
	b. 9 – 11cm
	c. 12 – 15cm
	d. 16 – 18cm
82. Typ	cally, pancreatic ectopic tissue is detected by
	a. CT
	b. Endoscopy
	c. US
	d. MRI
83. Pan	creatic ductal adenocarcinoma accounts for what percentage of all malignant pancreatic tumors?
	a. 75 – 79%
	b. 80 – 84%
	c. 85 – 95%
	d. 96 – 98%
84. Wh	at percentage of patients have lymph node metastasis at the time of primary pancreatic cancer diagnosis?
	a. 10%
	b. 20%
	c. 30%
	d. 40%
	ignancy occurs in what percentage of mucinous cystic neoplasms?
	a. 30%
	b. 35%
	c. 40%
	d. 45%
Chapter 15	
	at remains the first-line imaging for infants and children presenting with suspected gastrointestinal
patl	nology?
	a. CT
	b. Conventional radiography
	c. MRI
	d. US

	b.	Using high-end US equipment/high frequency probe
	c.	Knowing how to sedate children
	d.	A & B
88.	. What r	nodality is rarely used in the first-line evaluation of gastrointestinal pathology?
	a.	US
	b.	СТ
	C.	MRI
	d.	Radiography
89.	. In neor	nates and young children, a bowel pattern suspicious for a high obstruction may be assessed further with
	an	study.
	a.	Contrast enema
	b.	Upper GI contrast study
	c.	US of abdomen
	d.	MRI of abdomen
90.	. In olde	r infants and children, obstruction may be related to which of the following etiologies except
	a.	Adhesions
	b.	Intussusception
	c.	Appendicitis
	d.	Trauma
Chapte	r 16	
91.	. Colore	ctal cancer accounts for approximatelydeaths yearly in the USA.
	a.	30,000
	b.	40,000
	c.	50,000
		60,000
92.	. Which	of the following is not recommended for a cathartic prep?
		Phospho-soda agents
	b.	Polyethylene glycol
	C.	Magnesium citrate
		Bisacodyl tablets
93.		lon must not be fully distended with air or carbon dioxide for optimal visualization.
		True
		False
94.	_	e patients undergoing CT colonography should receive an effective radiation dose of less than
		3 mSv
		4 mSv
		5 mSv
	d.	6 mSv

87. When performing an US exam on children, what is the key factor for success?

a. Knowing how to deal with children of all ages

Chapter 17

95	. What i	s the modality of choice for routine liver imaging?
	a.	MRI
	b.	US
		Contrast-enhanced MDCT
	d.	PET
96	. Using a	a 64-plus-detector-row system, the entire liver can be scanned withinseconds.
		1-2
		1-3
		1-4
		1-5
97	MRI of	the liver should include which of the following sequences?
	a.	T1-weighted
	b.	T2-weighted
	c.	Contrast-enhanced
	d.	All the above
98.	Inflam	matory hepatocellular adenomas (HCA) accounts for what percentage of HCA cases?
	a.	35 – 45%
	b.	50 – 55%
	c.	60 – 67%
	d.	70 – 74%
99.	. What i	s the most common primary liver cancer?
	a.	Hepatic adenoma
	b.	Hepatocellular carcinoma (HCC)
	c.	Hepatoblastoma
	d.	Hemangioma
10	O. HCC	c is found mostly in patients with which of the following conditions?
	a.	Hepatitis B or C
	b.	Liver cirrhosis
	c.	Hemochromatosis
	d.	All of the above
Chapte	r 18	
10	1. Cer	vical cancer is themost common malignancy among women worldwide.
10.	a.	Second
	b.	
	C.	Fourth
	_	Fifth
10		at is the method of choice to evaluate locoregional extent of cervical cancer?
10.	z. vvii a.	
	-	MRI
	υ. C.	
	_	PET
	u.	ILI

103.	Which cervical cancer stage invades the parametrium?
	a. Stage IA
	b. Stage IB
	c. Stage II A
	d. Stage II B
104.	After fertility-sparing surgery, follow-up MRI is recommended atmonths and
	a. 2, 4
	b. 4,6
	c. 4, annually
	d. 6, annually
105.	What stage of endometrial cancer invades the uterine serosa?
	a. Stage IA
	b. Stage II
	c. Stage IIIA
	d. Stage IV
106.	What is the imaging method of choice if uterine sarcoma is suspected clinically or if intervention is planned?
	a. MRI
	b. CT
	c. US
	d. PET
Chapter 1	9
107.	What represents the diagnostic or therapeutic gold standard in colonic imaging?
	a. Optical colonoscopy
	b. Barium enema
	c. MRI
	d. Endoscopy
108.	What are the most common benign lesion of the colon?
	a. Lipoma
	b. Polyp
	c. Hemangioma
	d. Lymphangioma
109.	Which polyps present with a round, oval, or lobulated polyp head?
	a. Sessile polyps
	b. Pedunculated polyp
	c. Flat polyp
	d. None of the above
110.	On CTC, non-polypoid lesions are defined as lesions that measureor larger above the surrounding
	ucosa.
	a. 4mm
	b. 5mm
	c. 6mm
	d. 7mm

11	1. Pol	yps smaller thanare frequently ignored.	
	a.	3mm	
	b.	4mm	
	c.	5mm	
	d.	6mm	
Chapte	er 20		
11		nary tract infections affectpatients annually worldwide.	
		150 million	
		160 million	
		179 million	
		180 million	
11	3. Wh	at is the initial modality used to evaluate patients with pyelonephritis?	
	a.		
		СТ	
		US	
		Radiography	
11		enhanced CT is excellent for identifying which of the following?	
		Gas in the urinary tract	
		Stones	
		Hemorrhage	
4.4		All the above	
11.		, , , , , , , , , , , , , , , , , , , ,	
		52%	
		62%	
		69%	
	a.	71%	
Chapte	er 21		
11	6. Wh	at has become one of the most common causes of chronic liver disease?	
		Cirrhosis	
	b.	Nonalcoholic fatty liver disease (NAFLD)	
	c.	Hepatitis B	
	d.	•	
11	7. Liv	er fibrosis may be caused by which of the following?	
	a.	•	
		Hepatitis B	
		Hepatitis C	
		All the above	
11		of cirrhosis cases, the liver shape and contour appear normal in CT and MRI exams.	
		10%	
		20%	
		25%	
	d.	30%	

Chapter 22

119.	Diffuse hepatic steatosis is common and estimated to occur in approximatelyof obese patients. a. 30% b. 35% c. 40%		
	d. 45%		
120.	•		
	a. MRI		
	b. US		
	c. CT		
	d. PET		
121.			
	a. True		
	b. False		
122.	In hemosiderosis the excessive iron is processed and accumulates in what organ?		
	a. Liver		
	b. Spleen		
	c. Bone marrow		
	d. All the above		
Chapter 23	3		
123.	What is the imaging modality of choice for trauma?		
	a. US		
	b. MRI		
	c. CT		
	d. Radiography		
124.	Late urographic MRI phases are acquired betweenandminutes after contrast injection.		
	a. 3 – 5 minutes		
	b. 6 – 9 minutes		
	c. 10 –20 minutes		
	d. 25 – 30 minutes		
125.	Diffusion weighted imaging (DWI) allows indirect estimation of the cell density.		
	a. True		
	b. False		
126.	What is the most frequent inflammatory changes in the kidneys?		
	a. Pyelonephritis		
	b. Stones		
	c. Tumors		
	d. Abscess		
Chapter 24	4		
127.	Which of the following is the most common case of scrotal pain?		
	a. Torsion of the testis		
	b. Hydrocele		
	c. Vascular pathologies		
	d. All the above		

- 128. About_____of scrotal/testicular malignancies can present with scrotal pain.
 - a. One fourth
 - b. One third
 - c. One half
 - d. Three fourths
- 129. What is the most common etiology for isolated retroperitoneal lymphadenopathy?
 - a. Lymphoma
 - b. Extragonadal germ cell tumor
 - c. Testicular cancer
 - d. All the above
- 130. What is the initial imaging examination of choice for testicular and scrotal abnormalities?
 - a. MRI
 - b. CT
 - c. US
 - d. Radiography