

13. Ankylosing Spondylitis has all the features except:

- A. Sacroiliitis is bilaterally symmetrical.
- B. Peripheral joint involvement may be seen in 30% of patients.
- C. Hip joints are rarely involved.
- D. None of the above.

C

14. Which of the following is not correct about mammography tube:

- A. Molybdenum is used as a target.
- B. Molybdenum or Rhodium can be used as filter.
- C. Grids are not routinely used.
- D. Focal spot size ranges from 0.1 to 0.3 mm.

C

15. The radiation dose for standard two-view mammography examination is:

- A. 3.0mGy
- B. 1.0mGy
- C. 0.3 mGy
- D. 0.1 mGy

A

16. Which of the following morphology of microcalcifications is consistent with Malignant etiology?

- A. Clustered and Pleomorphic calcifications
- B. Broken Needle calcifications
- C. Teacup calcifications
- D. Coarse dystrophic calcifications

A

17. The most accurate technique for evaluation of Integrity of breast implants is:

- A. Non-contrast MRI
- B. Ultrasound
- C. Mammography
- D. NCCT

A

18. Regarding pleural effusion detection on Radiographs, which of the following is Correct:

- A. Pleural fluid can be detected in Lateral costophrenic sulcus only when it is about 50-100 cc.
- B. Pleural fluid can be detected in Lateral costophrenic sulcus only when it is about 30-50 cc.
- C. Pleural fluid can be detected in Posterior costophrenic sulcus only when it is about 50-100 cc.
- D. Pleural fluid can be detected in Posterior costophrenic sulcus only when it is about 30-50 cc.

D

19. Which of the following fits in the definition of Contrast induced nephropathy:

- A. Rise of serum creatinine by at least 0.3mg/ml within 48 hours of contrast administration.
- B. Rise of serum creatinine by at least 50% over the baseline value within 48 hours of contrast administration.
- C. Urine output below 0.5ml/kg/ hr for 6 consecutive hours following contrast administration.
- D. All of the above.

D

20. Most common Solid Renal mass in neonates is:

- A. Mesoblastic nephroma
- B. Wilms tumor
- C. Lymphoma
- D. Neuroblastoma

A

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21. Which is of the following are false ribs?

- A. First and second ribs B. Second to ninth ribs
C. Eleventh and twelfth ribs D. Eighth to tenth ribs

D

22. Calcified Pulmonary metastasis can be seen in following primaries except:

- A. Osteosarcoma B. Renal cell carcinoma
C. Medullary thyroid carcinoma D. Giant cell tumor

B

23. Effacement of right heart border on CXR is seen in:

- A. Upper lobe collapse B. Middle lobe collapse
C. Lower lobe collapse D. None

B

24. Which of the following is not a Conotruncal anomaly:

- A. Transposition of great vessels C. Double outlet right ventricle
C. Interrupted aortic arch D. Situs Inversus

D

25. A radiograph of a preterm neonate with respiratory distress shows; bilaterally symmetrical, patchy ground glass opacities with air bronchograms. What is the most likely diagnosis?

- A. Meconium aspiration B. Bronchopulmonary dysplasia
C. Hyaline membrane disease D. Transient tachypnoea of new born

C

26. Tumor in which of the following space will displace the parapharyngeal space Posteromedially:

- A. Masticator B. Carotid
C. Retropharyngeal D. Parotid

A

27. An elderly dementic patient shows low uptake in frontal and temporal lobes on 18F-FDG PET with sparing of posterior part of cingulate gyrus and precuneus:

What is the most likely diagnosis?

- A. Alzheimer's disease B. Pick's disease
C. Parkinson's disease D. Huntington's disease

B

28. Which of the following tumor rarely produces paraneoplastic syndrome?

- A. Breast cancer B. Lung Cancer
C. Thymoma D. Colon Cancer

D

29. Commonest primary to metastasize to testes in adults:

- A. Melanoma B. Renal cancer
C. Prostate cancer D. Lung cancer

C

30. A patient shows medullary calcinosis on NCCT. On postcontrast images medullary blush is seen. What is the most likely diagnosis?

- A. Renal papillary necrosis B. Primary hyperparathyroidism
C. Secondary hyperparathyroidism. D. Medullary sponge kidney

D

31. Which of the following is a cause of cortical nephrocalcinosis:

- A. Acute cortical necrosis B. Alport syndrome
C. Chronic transplant rejection D. All of the above

D

32. An elderly male patient undergoes a CT scan (with an Adrenal protocol). There is a 2.0 cm lesion in left adrenal with attenuation of 21 HU on unenhanced CT, 65 HU on portal venous phase and 50 HU on the delayed phase:

What is the absolute and relative washout of the lesion?

- A. 34% and 23% B. 40% and 38%
C. 66% and 55% D. 76% and 23%

A

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33. Which of the following is usually not a feature of Multiple endocrine neoplasia type 1:

- A. Parathyroid hyperplasia
 B. Pancreatic Islet tumors
 C. Pheochromocytoma
 D. Anterior pituitary tumors

C

34. The most common type of peri-anal fistula is:

- A. Inter-sphincteric
 B. Trans-sphincteric
 C. Supra-sphincteric
 D. Extra-sphincteric

A

35. Which of the following is not correct about Crohn's disease:

- A. It can affect any part of GI tract.
 B. Aphthous ulcers can be seen on endoscopy.
 C. There is continuous mucosal involvement.
 D. Fluoroscopy can show 'rosethorn' ulcers.

C

36. About Turcot syndrome, which of the following statement is true:

- A. It is inherited as autosomal recessive
 B. Adenomatous polyps are seen in colon
 C. It can be associated with brain tumors
 D. All the above

D

37. Barret's Oesophagus:

- A. Columnar metaplasia of distaloesophagus.
 B. Squamous metaplasia of distal oesophagus.
 C. Columnar metaplasia of mid oesophagus.
 D. Squamous metaplasia of mid oesophagus.

A

38. Micronodularity with thickened jejunal folds and normal transit time on 'Small Bowel Follow Through' is characteristics of which disease?

- A. Coeliac disease
 B. Mastocytosis
 C. Whipple disease
 D. Eosinophilic enteropathy

C

39. Reverse Bat-wing appearance on HRCT chest is seen in :

- A. Acute eosinophilic pneumonia
 B. Chronic eosinophilic pneumonia
 C. Loeffler's syndrome
 D. Acute pulmonary oedema

B

40. A 70 year old male with multiple myeloma presents with dyspnea and limb oedema. He undergoes cardiac MRI which shows global subendocardial enhancement on LGE. What is the diagnosis?

- A. Amyloidosis
 B. Sarcoidosis
 C. HOCM
 D. Ischaemic cardiomyopathy

A

41. What is the correct dose of adrenaline in treating severe contrast reaction (anaphylaxis) in an adult patient ?

- A. 1: 1000, 1.0 ml IV with repeat bolus of 0.5ml if no response.
 B. 1: 1000, 0.5 ml IV with repeat bolus of 0.5ml if no response.
 C. 1: 1000, 1.0 ml IM with repeat bolus of 0.5ml if no response.
 D. 1: 1000, 0.5 ml IM with repeat bolus of 0.5ml if no response.

D

42. Which of the following is not a feature of Leriche syndrome?

- A. Aorto-iliac occlusion
 B. Absence of femoral pulses
 C. Abdominal Aortic aneurysm
 D. Erectile dysfunction

C

43. Radiograph of hand in a 23 year old female patient shows fragmentation and sclerosis of Lunate bone with no soft tissue swelling:

What is the diagnosis?

- A. Freiberg disease
 B. Kienbock disease
 C. Kohler disease
 D. Blount disease

B

44. You are reviewing the X-rays of a patient from a rheumatology clinic. There is evidence of an arthritis with generalized demineralization.

Which of the following is the least likely diagnosis?

- A. Systemic lupus erythematosus B. Reiter syndrome
C. Rheumatoid arthritis D. Psoriatic arthritis

D

45. MRI of a 64 year old man shows multiple lesions in the vertebral bodies, which are hypointense on T1W images, hyperintense on T2W images with no signal dropout on STIR images.

What is the diagnosis?

- A. Marrow reconversion B. Haemangiomas
C. Metastasis D. Myelofibrosis

C

46. A young male patient with a one month history of headache, nausea, and vomiting is referred for MRI brain. The scan shows a solid-cystic lesion with an enhancing mural nodule in left cerebellar hemisphere. Patient also has raised haematocrit. What is the most likely diagnosis?

- A. Haemangioblastoma B. Gangliocytoma
C. Metastasis D. Pleomorphic xanthastrocytoma

A

47. A 40 year old man presents with a neck swelling. On Ultrasound there is a 2.0 cm thyroid lesion with punctate calcifications. What would you advise next?

- A. MRI Neck B. CECT Neck
C. USG guided biopsy D. CT guided biopsy

C

48. Most common posterior fossa tumor in children:

- A. Medulloblastoma B. Ependymoma
C. Astrocytoma D. Meningioma

A

49. A 32 year old female patient with pre-eclampsia who has delivered 2 days ago by normal vaginal delivery develops sudden cortical blindness. MRI brain is done. What are the expected imaging findings?

- A. Subarachnoid haemorrhage.
B. Hyperintensities in both occipital lobes on T2W and FLAIR.
C. Normal scan.
D. Enlarged Pituitary with haemorrhage.

B

50. A middle aged female presents with worst headache of her life. NCCT head shows SAH, hydrocephalus and a frontal lobe (gyrus rectus) haematoma.

What is the most likely site of culprit aneurysm ?

- A. Posterior communicating artery B. Middle cerebral artery
C. Anterior communicating artery D. Anterior choroidal artery

C

51. MRI scan of a 45 year female shows T2 and FLAIR hyperintensities in the corpus callosum which are oriented perpendicular to lateral ventricles. Few lesions show restriction and contrast enhancement.

What is the most likely explanation

- A. Cryptococcus infection B. Demyelination due to MS
C. Multifocal Glioma D. Multiple Infarcts

B

52. A 50 year old man with known HIV presents with worsening memory and word finding difficulties. He undergoes an MRI Scan which shows bilateral white matter high signal intensities on T2 and FLAIR images in an asymmetric pattern with no mass effect. The subcortical U-fibres are spared.

What is the most likely diagnosis?

- A. HIV encephalitis B. Progressive multifocal leukoencephalopathy
C. Tuberculosis D. Cryptococcus infection

B

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53. A 35 year old non-smoker woman with progressive breathlessness and cough over the last 16 months undergoes HRCT chest, which shows multiple cysts in both lungs, there is also history of recurrent spontaneous pneumothoraces, What is the most likely diagnosis?

- A. Lymphangioleiomyomatosis
 B. Langerhans cell histiocytosis
 C. Lymphoid interstitial pneumonia
 D. Alpha 1 antitrypsin disorder

A

54. Which of the following findings is least consistent with leaking aortic injury on chest radiographs:

- A. Widening of superior mediastinum
 B. Pleural effusion
 B. Indistinct aortic contour
 D. Surgical emphysema

D

55. Which of the following is a sign of impending aortic aneurysm rupture?

- A. Obscuration of psoas shadow
 B. Focal discontinuity of intimal calcification
 C. Peri-aortic stranding
 D. Contrast extravasation

B

56. What percentage of patients develop pneumothorax after CT-guided lung biopsy?

- A. 25%
 B. 10%
 C. 50%
 D. 5%

A

57. Which of the following imaging feature is most specific for diagnosis of constrictive Pericarditis?

- A. Bi-atrial enlargement
 B. Pulmonary hypertension
 C. Interventricular dependence
 D. Raised myocardial T1 signal

C

58. Which of the following comparisons of IPF and NSIP are not correct?

- A. IPF has apicobasal gradient, NSIP is peripheral.
 B. NSIP patients are generally 10 years younger than IPF patients.
 C. IPF is associated with smoking, NSIP is not.
 D. Patients with IPF respond well to steroids.

D

59. Which of the following lung diseases does not predominate in the upper lobes?

- A. Ankylosing spondylitis
 B. Asbestosis
 C. Cystic fibrosis
 D. Silicosis

B

60. Of the anterior junctional line, which of the following best describes its anatomical limitations?

- A. The right tracheal wall adjacent to pleural surface.
 B. The interface of the right lung and posterior mediastinal soft tissue.
 C. The interface of the right lung and mediastinal reflection of the azygous vein.
 D. The interface of the parietal and visceral pleura meeting anteromedially.

D