2014 Practice Questions

GI

1. Large pancreatic body mass in a young female- SPEN.
2. Dilated and strictured intrahepatic biliary system on ERCP- Primary Sclerosing Cholangitis. Asked difference between appearance of this and primary biliary cirrhosis.
3. Hyperechoic liver mass on ultrasound
4. Hypodense large liver mass on CT
5. Severely dilated L colon with large amount of stool- ?Volvulus
6. Abnormally positioned spleen with no enhancement post contrast- Splenic torsion vs lymphoma vs infarct.
7. Round low density soft tissue mass ?desmoid.
8. Pancreatic laceration. How to check for bile leak- HIDA.

NM

1. Hypertrophic pulmonary osteoarthropathy on MDP bone scan.
2. Parathyroid adenoma on Sestamibi scan. Asked what else Sestamibi can be used for- Cardiac.
3. I-123 Thyroid scan in a patient with hyperthyroid and weight loss. Large heterogeneous thyroid gland. Goiter. Asked treatment- I-131. Then asked what the doses were to treat Goiter and also to treat cancer.
4. VQ scan- small perfusion defect with larger ventilation defect. CXR shows L pleural effusion. Low probability scan.
5. Cisternogram- NPH. Asked where CSF was made, it’s course and where re-absorbed.
6. RBC scan- bleed in transverse colon. Asked other tracer for GI bleeds- Sulfur colloid.
7. HIDA- pediatric patient. No excretion into biliary system. Biliary atresia vs hepatitis. Biopsy.
8. Lymphoscintigraphy- Breast CA sentinel node. Asked significance of sentinel node.

GU

1. Urethral cystic lesion and surrounding heterogeneous soft tissues on CT. ?Cervical cancer.
2. Vesicoureteral reflux- asked grades
3. Renal wedge shaped hypodensity- infarct. Asked causes of infarcts.
4. Enlarged heterogeneous L kidney- Pyelo
5. R renal cyst w small internal enhancing nodule. Asked Bosniak classification and gave it a 3.
6. Thick endometrium on CT. Carcinoma or adenomyosis? Possible fistula from vagina to bowel.
7. Cryptorchidism?

MSK

1. R iliac lytic lesion and multiple central depressions in L spine- ? mets or Multiple myeloma.
2. Distal femoral cortically based lytic lesion was somewhat ill defined but had a slightly sclerotic rim. ?NOF vs malignant.
3. Shoulder- periarticular calcs and joint effusion. ?intraarticular chondroma.
4. Monteggia fx. Asked complications of pediatric fxs.
5. Subscapular lipoma. Asked differences on CT between lipoma and liposarcoma.
6. Chondrocalcinosis of TFC and erosive lesions in IP joints.- ?CPPD
7. Osteomyelitis pubic symphysis?

Chest

1. LUL cavitary lesion w internal dependent opacity. ?Fungal ball vs Wegener’s vs squamous vs TB.
2. Biapical odd calcifications ?pleural
3. Nodules w calcified LN’s that had eggshell appearance- Silicosis with progressive massive fibrosis.
4. Mosaic attenuation and small nodules
5. Thick L vent wall in young patient- Hypertrophic cardiomyopathy. Asked to name sequences.
6. Mass adjacent to L ventricular septum- Thrombus vs myxoma.
7. L lung opacification- Hx of trauma with ett and central line. ETT in R mainstem so at first it seemed like probable L lung atx. Then saw R IJ line was arterially placed and extending all the way into abdominal aorta or through aortic wall. Probably hemothorax.
8. Tension pneumothorax on CT

Peds

1. Small thorax ? absent L kidney on plain XR. Talked about renal anomalies causing oligohydramnios and pulm dysplasia.
2. Encephalocele on US
3. CXR with R lung opacity. Asked DDX then shown CT showing large unilocular cystic mass. ?duplication cyst vs ccam vs abscess.
4. Bilateral renal enlargement- leukemia
5. Ewings sarcoma
6. Flattened vertebral bodies only?
7. Xray with RUQ paucity of bowel gas- mass ?hepatoblastoma or bezoar.

Neuro

1. Cystic medullary and intramed masses in adult. Enhancing nodules post contrast. Hemangioblastomas.
2. Corpus callosal lesion with ring enhancement in young pt. Growing over multiple exams. Lymphoma vs glioma vs less likely abscess or demyelinating.
3. Subdural hematoma vs empyema on MRI
4. Subdural hematoma in spinal cord on MRI. Hx of trauma.
5. Suprasellar calcified heterogeneous lesion.
6. Eye pain- post globe mass, t1 hyperintense and possible detached retina. ?hemorrhage or melanoma. Enhancing periorbital fat and muscles.
7. Perivent white matter T2 hyperintensities- MS
8. Pachymeningeal enhancement.
9. R CPA mass- schwannoma.

IR

1. IMA/L colic angiogram- blush of contrast c/w bleed. Asked tx- coil
2. SMA angio- filling defect- embolism vs asvd vs thrombus- asked tx- suction cath
3. L subclav art stenosis at 1st rib- thoracic outlet syndrome- asked tx- surgery eventually but could angioplasty now.
4. Venogram with central L subclav vein stenosis- tx is thrombolysis, angio and possible stent.
5. Percutaneous cholecystostomy tube. Injected dye and see multiple round mobile filling defects c/w stones in GB. Asked indications for cholecystostomy tube.
6. SMA angiogram showed round mass in LUQ- Colon CA?

Breast

1. Superficial large round lesion in young patient- BR0, rec US. Given US had lobulated border- BR4
2. Secretory calcs- BR2
3. MRI small round enhancing lesion medial L breast- asked about kinetics- BR4
4. MRI odd multinodular enhancing masses with T3 kinetics- BR4
5. Ruptured silicone implant- implants were removed but silicone remained- BR-2. Had US too.
6. Pleomorphic microcalcs/ DCIS- BR4
7. Previously had mastectomy for DCIS, now new microcalcs- BR4

US

1. Ovaries, left was enlarged and decreased flow. Had adjacent cysts as well which may have caused torsion.
2. Decreased flow in testicle- torsion
3. DVT in popliteal vein.
4. Fetal encephalocele.
5. Hepatic hyperechoic mass- ?hemangioma