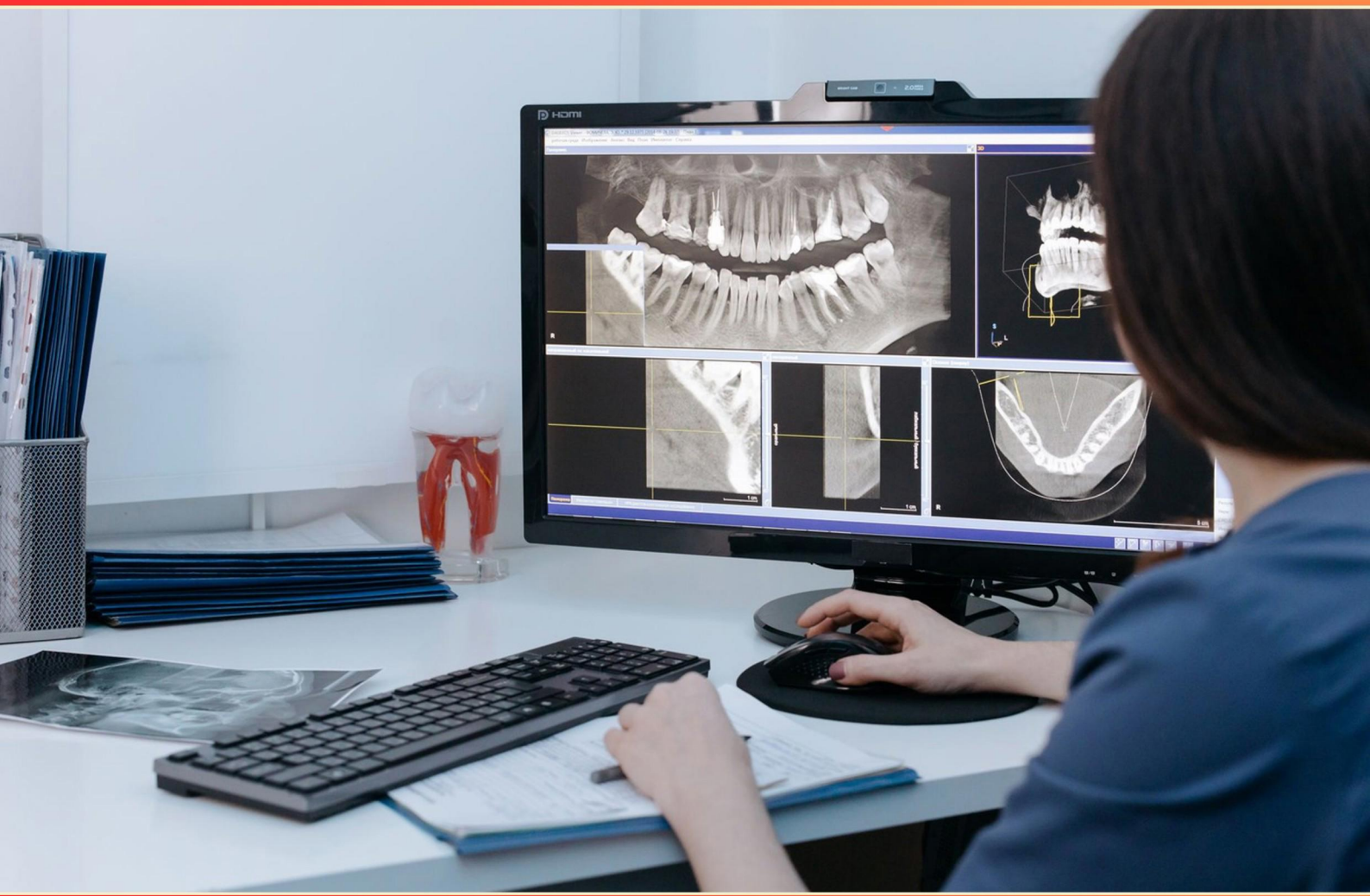
DIPLOMA IN RADIOLOGICAL TECHNOLOGY (DRT) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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.

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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!

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Questions

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1. What is associated with remission of leukemia?

A. Pancytopenia with circulating blasts

B. Philadelphia chromosome in leukemic cells

C. Noncirculating blast cells in the bone marrow

D. Lymphocytosis

2. Which condition is primarily associated with a rapid growth spurt and does NOT present with hip pain?

A. Osgood-Schlatter disease

B. Sever's disease

C. Legg-Calvé-Perthes disease

D. Achilles tendinopathy

3. How often should the Xulane patch be changed?

A. Once a month

B. Every week

C. Every three weeks

D. Every day

4. What type of contraceptive device is ParaGard?

A. Copper IUD

B. Hormonal implant

C. Contraceptive ring

D. Emergency contraceptive pill

5. What is the most common gynecologic cancer in the United States?

A. Vaginal

B. Uterine

C. Cervical

D. Ovarian

6. What best describes Burtonian lines?

A. Transverse, white lines across the nail beds

B. Thin, blue-black lines on the margin of the gums

C. Ridges found on the skin

D. Swelling around the eyes

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7. Which of the following findings does NOT support a diagnosis of appendicitis?

A. Vomiting

B. Nausea

C. Normal bowel habits

D. Fever

8. Which of the following is least likely to be a symptom of acute bronchitis?

A. Persistent cough

B. Chest tightness

C. Fever

D. Productive cough with green sputum

9. Which age group is the M-CHAT specifically designed to screen?

A. Birth to 4 months

B. 4 months to 5 years

C. 16 to 30 months

D. 5 years to 12 years

10. When comparing glaucoma and cataracts, which statistical test is best to highlight differences?

A. T-test

B. Wald test

C. Z-test

D. F-test

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Answers

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

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Explanations

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1. What is associated with remission of leukemia?

A. Pancytopenia with circulating blasts

B. Philadelphia chromosome in leukemic cells

C. Noncirculating blast cells in the bone marrow

D. Lymphocytosis

Remission of leukemia indicates a reduction or disappearance of the signs and symptoms associated with the disease, particularly a significant decrease in the number of leukemic cells in the peripheral blood and bone marrow. The presence of noncirculating blast cells in the bone marrow suggests that the disease has been effectively managed or treated, as these cells would not be present in significant numbers if the leukemia is in remission. In remission, one would expect to see normal blood cell counts and a decrease in the prevalence of leukemic cells, which aligns with the situation where blast cells are no longer circulating in the bloodstream and are confined to the bone marrow. In contrast, the other options correlate more closely with active leukemia. For example, pancytopenia with circulating blasts, a Philadelphia chromosome in leukemic cells, and lymphocytosis are all signs associated with active disease rather than remission. Pancytopenia with circulating blasts indicates a severe drop in blood cell counts due to the replacement of normal hematopoiesis by leukemic cells, while the Philadelphia chromosome serves as a specific genetic marker frequently seen in chronic myeloid leukemia, often indicating an ongoing disease process. Lymphocytosis, or an increase in lymphocytes, is generally associated with lymphoid leukem

2. Which condition is primarily associated with a rapid growth spurt and does NOT present with hip pain?

A. Osgood-Schlatter disease

B. Sever's disease

C. Legg-Calvé-Perthes disease

D. Achilles tendinopathy

Osgood-Schlatter disease is primarily linked to a rapid growth spurt in adolescents, especially those who are physically active. It is characterized by pain and tenderness over the tibial tuberosity due to the traction apophysitis caused by repeated pulls of the quadriceps muscle on the growth plate during periods of growth. Importantly, while this condition may cause knee pain, it does not typically present with hip pain, which distinguishes it from other conditions in the choices. In contrast, Sever's disease involves heel pain due to inflammation of the growth plate in the heel (calcaneus) and typically occurs during periods of rapid growth as well. However, it is associated with pain in the heel rather than the hip. Legg-Calvé-Perthes disease is a serious hip condition that leads to avascular necrosis of the femoral head and is characterized by hip pain and limping during the growth spurts. This makes it quite different from Osgood-Schlatter disease, which does not involve the hip directly. Achilles tendinopathy generally affects the Achilles tendon and presents with pain along the tendon or in the heel region, not the hip. Thus, Osgood-Schlatter disease stands out as

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3. How often should the Xulane patch be changed?

A. Once a month

B. Every week

C. Every three weeks

D. Every day

The Xulane patch is a hormonal contraceptive method that is applied to the skin to prevent pregnancy. It is designed to be changed weekly, specifically every seven days. However, it is important to recognize that while the patch is applied for three-week intervals, a new patch must be applied on the same day of the week each week. This means that during the fourth week, no patch is worn, allowing for a withdrawal bleed similar to a menstrual period. The key aspect here is that each patch is intended to be used for a week, but because it is part of a three-week regimen with a patch-free week, it is important to understand that the patch itself is changed weekly. This is why the correct answer aligns with the biweekly structured regimen of applying a new patch every week for three consecutive weeks.

4. What type of contraceptive device is ParaGard?

A. Copper IUD

B. Hormonal implant

C. Contraceptive ring

D. Emergency contraceptive pill

ParaGard is a type of copper intrauterine device (IUD), which is a form of long-term, reversible contraception. It works primarily by releasing copper ions, which create an environment that is toxic to sperm, thus preventing fertilization. Additionally, the presence of the IUD in the uterus prevents implantation of a fertilized egg. Copper IUDs, like ParaGard, can be effective for up to 10-12 years and provide a high rate of effectiveness without the need for daily actions or hormonal intervention. They are one of the few contraceptive methods that do not involve hormones, making them a suitable option for individuals who may prefer or require a non-hormonal method for medical reasons. In contrast, the other options represent different types of contraceptive methods. Hormonal implants release hormones to prevent ovulation, contraceptive rings are flexible devices that release hormones and are placed in the vagina, and emergency contraceptive pills are taken after intercourse to prevent pregnancy. Each of these methods operates differently from the copper IUD, highlighting the unique characteristics and mechanisms that define ParaGard as a copper IUD.

5. What is the most common gynecologic cancer in the United States?

A. Vaginal

B. Uterine

C. Cervical

D. Ovarian

The most common gynecologic cancer in the United States is uterine cancer, specifically endometrial cancer, which arises from the lining of the uterus. Factors contributing to the prevalence of this cancer include hormonal influences, obesity, and age, with the majority of cases diagnosed in women over the age of 50. Uterine cancer is often detected at an early stage due to the symptom of abnormal vaginal bleeding, making it one of the more manageable cancers when caught early. Its incidence has increased in recent years, likely linked to the rise in risk factors such as obesity and an aging population. In contrast, vaginal, cervical, and ovarian cancers, while significant, have lower incidence rates compared to uterine cancer. Cervical cancer rates have declined due to effective screening programs like Pap smears and the HPV vaccination. Ovarian cancer, although highly impactful in terms of mortality, is less common than uterine cancer, presenting more often in the later stages when symptoms are less evident. Vaginal cancer is the rarest among these types, contributing to its lower prevalence rates.

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6. What best describes Burtonian lines?

A. Transverse, white lines across the nail beds

B. Thin, blue-black lines on the margin of the gums

C. Ridges found on the skin

D. Swelling around the eyes

Burtonian lines, also known as "Burton's lines," are characterized by their appearance as thin, blue-black lines at the margins of the gums. These lines are often associated with chronic lead poisoning, where lead deposition leads to the discoloration of the gingival tissues. This condition reflects the systemic effects of lead in the body and can serve as an important clinical indicator when assessing exposure levels. In contrast, other options involve different conditions or structures entirely; transverse white lines across the nail beds relate more to other health issues, such as malnutrition or systemic sickness, rather than specifically indicating lead exposure. Ridges found on the skin could represent various dermatological conditions but do not pertain to Burttonian lines. Lastly, swelling around the eyes could indicate allergic reactions or other unrelated medical conditions, none of which relate to lead exposure or Burtonian lines.

7. Which of the following findings does NOT support a diagnosis of appendicitis?

A. Vomiting

B. Nausea

C. Normal bowel habits

D. Fever

In the context of diagnosing appendicitis, the presence of certain symptoms is typically indicative of the condition, while others may suggest that appendicitis is less likely. Normal bowel habits do not support a diagnosis of appendicitis because, generally, patients with appendicitis may experience changes in bowel habits, such as diarrhea or constipation, due to irritation of the gastrointestinal tract. Vomiting, nausea, and fever are common symptoms associated with appendicitis. Vomiting and nausea occur as the body reacts to the inflammation of the appendix, and fever can result from the inflammatory process itself. Therefore, normal bowel habits would not correlate with the typical presentation of appendicitis, making it the choice that does not support the diagnosis.

8. Which of the following is least likely to be a symptom of acute bronchitis?

A. Persistent cough

B. Chest tightness

C. Fever

D. Productive cough with green sputum

In cases of acute bronchitis, a productive cough is a common symptom, and the sputum produced can range in color from clear to yellow or green. A productive cough with green sputum is more characteristic of a respiratory infection or another lung disease, rather than an isolated case of acute bronchitis. In contrast, a persistent cough, chest tightness, and fever are typical symptoms associated with acute bronchitis. The condition often results from viral infections that lead to inflammation of the bronchial tubes, causing these symptoms. While green sputum can occur, it is not as defining for acute bronchitis and is more indicative of a bacterial infection or a more serious underlying condition. Thus, productive cough with green sputum is least likely to be directly associated with acute bronchitis among the options provided.

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9. Which age group is the M-CHAT specifically designed to screen?

A. Birth to 4 months

B. 4 months to 5 years

C. 16 to 30 months

D. 5 years to 12 years

The M-CHAT, or Modified Checklist for Autism in Toddlers, is specifically designed to screen children between the ages of 16 to 30 months. This age range is critical for the identification of potential developmental delays related to autism spectrum disorder. During this stage of development, children are beginning to exhibit more social behaviors and communication skills that can be indicative of autism. The M-CHAT contains a series of questions aimed at identifying signs and symptoms that are commonly associated with autism in toddlers, making it an essential tool for early screening and timely intervention. Screening before 16 months may not yield reliable results since many of the behaviors associated with autism are not fully observable or are still developing. Conversely, the tool is not designed for children aged 5 years and older, as their developmental milestones and social interactions significantly differ from those of toddlers. Therefore, 16 to 30 months is the precise window where the M-CHAT is intended to be utilized effectively.

10. When comparing glaucoma and cataracts, which statistical test is best to highlight differences?

A. T-test

B. Wald test

C. Z-test

D. F-test

The selection of the t-test as the best statistical method to compare glaucoma and cataracts is appropriate when both conditions need to be evaluated concerning their means, especially when dealing with continuous data derived from a smaller sample size. The t-test is designed for comparing the means from two groups to ascertain if they are significantly different from one another. Given that glaucoma and cataracts can exhibit different physical and clinical characteristics, the t-test would effectively assess whether differences in measurements (e.g., intraocular pressure in glaucoma or visual acuity in cataracts) exist between patients with these two conditions. On the other hand, other tests such as the Wald test, Z-test, and F-test serve different purposes. The Wald test is often used in the context of logistic regression or hypothesis testing for coefficients in models, not typically for direct comparisons between two independent groups. The Z-test is similar to the t-test but is generally applicable for larger sample sizes with known population variances, which may not apply in many clinical settings involving specific conditions like glaucoma and cataracts. Lastly, the F-test is predominantly used in the context of variances among groups (like ANOVA) rather than direct mean comparisons between two specific conditions. Thus, the t-test is the most suitable

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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:

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

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