

RADIOLOGY REPORT WRITING PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://radreportwriting.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. In imaging, what items are evaluated under alignment?**
 - A. Spinal curve, scoliosis, leg length inequality, alignment of joints
 - B. Cardiac silhouette, mediastinum
 - C. Lung volumes
 - D. Soft tissue density
- 2. In the five-step radiographic interpretation process, which step follows 'Search for images'?**
 - A. Define abnormal findings
 - B. Reason for X-ray
 - C. Recommendations
 - D. List DDx
- 3. How should small pleural effusions be described on chest radiographs?**
 - A. Describe presence and estimated amount (small, moderate), laterality, and correlate with symptoms; suggest follow-up if clinically indicated.
 - B. Describe only the presence of effusion without size estimation.
 - C. Note that effusion is large in all cases.
 - D. Suggest no follow-up regardless of symptoms.
- 4. For scoliosis 40+ which treatment?**
 - A. Surgery
 - B. Observation
 - C. Brace
 - D. Physical therapy
- 5. Apical Lordotic projection is primarily used to visualize which area?**
 - A. Lung apices
 - B. Diaphragms
 - C. Heart
 - D. Mediastinum

- 6. Which describes the focus of a Hematologist?**
- A. Digestive system disorders
 - B. Nervous system disorders
 - C. Blood and circulation disorders
 - D. Musculoskeletal disorders
- 7. Which elements should be documented when a pneumothorax is detected on a chest radiograph?**
- A. Presence, side, and approximate size; description of the lung apices and diaphragmatic position; mention clinical correlation and need for repeat imaging or intervention if indicated.
 - B. Only presence of pneumothorax with no further detail.
 - C. Only the side of the pneumothorax.
 - D. A statement that chest radiograph quality precludes assessment.
- 8. What is the appropriate wording when a chest radiograph shows no acute abnormality?**
- A. The exam is unremarkable with no acute findings.
 - B. The chest radiograph shows mild edema.
 - C. There is a perihilar opacity noted.
 - D. No acute cardiopulmonary abnormality identified; exam otherwise stable with no acute disease noted.
- 9. When should gadolinium dose information be included in an MRI report?**
- A. Never include dose information
 - B. If gadolinium-based contrast is used, report the agent and dose
 - C. Only note whether contrast was used, not the dose
 - D. Include dose information only if the patient has kidney disease
- 10. Which statement describes thoracic spine accessory views?**
- A. Spot shot and Chest View
 - B. Spot shot and Swimmers
 - C. Chest View and Lateral
 - D. AP Thoracic and PA Chest

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In imaging, what items are evaluated under alignment?

A. Spinal curve, scoliosis, leg length inequality, alignment of joints

B. Cardiac silhouette, mediastinum

C. Lung volumes

D. Soft tissue density

Alignment in imaging is about how the bones and joints line up with each other on radiographs. This includes the spine's curvature and straightness, the presence of scoliosis, differences in leg length that can tilt the pelvis, and whether joints are properly aligned without dislocations or subluxations. Together, these elements describe the overall skeletal alignment seen on the image. The other options don't address this concept. Cardiac silhouette and mediastinum pertain to heart and mediastinal anatomy, not how bones and joints line up. Lung volumes relate to inspiratory effort and air content, not alignment. Soft tissue density refers to the appearance of soft tissues, again not alignment of the skeletal framework.

2. In the five-step radiographic interpretation process, which step follows 'Search for images'?

A. Define abnormal findings

B. Reason for X-ray

C. Recommendations

D. List DDx

The step after searching the images is to define abnormal findings. This means precisely describing what is abnormal, including where it is, how extensive it is, and its characteristics—such as shape, margins, density, and relation to surrounding structures. You may also note symmetry, compare with prior studies, and describe whether findings are acute or chronic. This careful characterization turns overall impression into a concrete, reproducible description that the next steps—formulating a differential diagnosis and deciding on management or recommendations—rely on. Without clearly defined abnormalities, the subsequent reasoning can become unfocused or biased. Reasoning for the placement: the clinical history and the search for all visible features guide the interpretation, but you must first articulate exactly what deviates from normal before you can generate a plausible differential or suggest next steps. This makes the interpretation systematic and defensible, and it helps ensure important signs aren't overlooked while you build the differential.

3. How should small pleural effusions be described on chest radiographs?

A. Describe presence and estimated amount (small, moderate), laterality, and correlate with symptoms; suggest follow-up if clinically indicated.

B. Describe only the presence of effusion without size estimation.

C. Note that effusion is large in all cases.

D. Suggest no follow-up regardless of symptoms.

When a small pleural effusion is seen on chest radiographs, report should document its presence and estimate the amount (even if small), specify the side(s) involved, and note whether symptoms correlate with the finding. If clinically indicated, suggest follow-up imaging or clinical reassessment. This approach matters because radiographs can underestimate effusions, and a size estimate helps guide management and future imaging decisions. Merely stating that an effusion is present without size estimation leaves the clinical team without a sense of its extent. Saying the effusion is large in all cases is inaccurate for small effusions, and recommending no follow-up regardless of symptoms risks missing progression or an underlying process.

4. For scoliosis 40+ which treatment?

- A. Surgery**
- B. Observation
- C. Brace
- D. Physical therapy

The key idea is that in adults with a scoliosis curve this large, the deformity is usually structural and progression is likely if left untreated. In skeletally mature patients, bracing and observation are much less effective at changing a 40-degree-plus curve or preventing further progression, and physical therapy mainly helps pain and function rather than correcting the deformity. Surgery, typically posterior spinal fusion, directly stabilizes and realigns the spine and stops further progression, addressing both cosmetic concerns and functional symptoms. That's why surgical correction is the best answer for a scoliosis curve exceeding about 40 degrees in an adult.

5. Apical Lordotic projection is primarily used to visualize which area?

- A. Lung apices**
- B. Diaphragms
- C. Heart
- D. Mediastinum

The main idea is to image the uppermost portions of the lungs clearly. In this projection, the patient is positioned (or the beam is angled) so the clavicles and other anterior structures are moved up and away from the apices. This frees the apical region from overlying bones and mediastinal shadows that often obscure it on standard views, allowing better visualization of any lesions or pathology at the lung tops. Because of this targeted view, the apices of the lungs are what this projection emphasizes most. The diaphragms, heart, or mediastinum are not the primary focus of this technique, even though you can still see them.

6. Which describes the focus of a Hematologist?

- A. Digestive system disorders
- B. Nervous system disorders
- C. Blood and circulation disorders**
- D. Musculoskeletal disorders

The focus being tested is which body system a hematologist treats. A hematologist specializes in blood and the components that carry it, including red cells, white cells, platelets, and the marrow that makes them, as well as disorders of clotting and circulation. That makes blood and circulation disorders the best description of their work, covering conditions like anemia, clotting problems, and blood cancers. Other options point to different specialties: digestive system disorders are the realm of gastroenterology, nervous system disorders to neurology, and musculoskeletal disorders to rheumatology or orthopedics.

7. Which elements should be documented when a pneumothorax is detected on a chest radiograph?

- A. Presence, side, and approximate size; description of the lung apices and diaphragmatic position; mention clinical correlation and need for repeat imaging or intervention if indicated.**
- B. Only presence of pneumothorax with no further detail.
- C. Only the side of the pneumothorax.
- D. A statement that chest radiograph quality precludes assessment.

When a pneumothorax is seen on a chest radiograph, the report should give enough detail to guide management. The best documentation includes: the presence of the pneumothorax, the side (left or right), an approximate size, description of the lung apices and diaphragmatic position to convey how much of the hemithorax is involved and to help assess the overall lung inflation, and a note about clinical correlation with an indication for repeat imaging or intervention if warranted. This combination provides a clear picture of severity and urgency and directs next steps. Only stating its presence misses how large or how urgent the finding is. Documenting only the side omits size and the extent of the pneumothorax. Mentioning that image quality precludes assessment addresses a separate limitation rather than the finding itself; even if image quality affects measurement, the presence and basic context should still be documented along with a note about the limitation.

8. What is the appropriate wording when a chest radiograph shows no acute abnormality?

- A. The exam is unremarkable with no acute findings.
- B. The chest radiograph shows mild edema.
- C. There is a perihilar opacity noted.
- D. No acute cardiopulmonary abnormality identified; exam otherwise stable with no acute disease noted.**

When a chest radiograph shows no acute abnormality, the wording should clearly state the absence of an acute process while noting the overall clinical status. The best choice does exactly this by saying no acute cardiopulmonary abnormality identified and that the exam is otherwise stable with no acute disease noted. This conveys with precision that there are no urgent findings to address, while also acknowledging that there may be non-acute or incidental aspects of the study and that the patient is clinically stable. Other phrasings can be less explicit about the distinction between acute and non-acute findings or the patient's stability, or may imply an abnormal finding where none exists.

9. When should gadolinium dose information be included in an MRI report?

- A. Never include dose information
- B. If gadolinium-based contrast is used, report the agent and dose
- C. Only note whether contrast was used, not the dose**
- D. Include dose information only if the patient has kidney disease

When writing an MRI report, the essential point about gadolinium is whether contrast was used, not the exact amount administered. The diagnostic content relies on how enhancement may affect lesion conspicuity and interpretation, while the precise dose is administrative data tied to the contrast administration record rather than the radiology report itself. Keeping dose information out of the report avoids duplication and potential transcription errors; the dose is recorded separately in the order/administration log and can be consulted if needed. Some guidelines emphasize documenting that contrast was used and, if relevant to interpretation, the general agent type—but the exact dose does not belong in the diagnostic narrative. The other choices would either push dose details into the report (which can cause confusion) or rely on dose-based conditions that aren't how reporting practice is standardized.

10. Which statement describes thoracic spine accessory views?

- A. Spot shot and Chest View**
- B. Spot shot and Swimmers
- C. Chest View and Lateral
- D. AP Thoracic and PA Chest

In thoracic spine imaging, some extra views are used specifically to bring the vertebrae into better relief when a standard view is not enough. The two primary accessory projections are the spot view and the chest view. The spot view is a small, targeted radiograph focused on a single vertebral level, often with magnification, which helps reveal subtle fractures, wedging, or fine cortical margins that can be hidden on a broader view. The chest view is a frontal projection of the chest that, by providing a different angle and reducing overlap from nearby structures, can improve visualization of the thoracic vertebral bodies and posterior elements when a dedicated thoracic lateral or other view is limited by superimposed anatomy. Together, these two projections are the typical thoracic spine accessory views. Swimmers is generally used to evaluate the cervicothoracic junction, not the thoracic spine specifically. Lateral and standard AP/PA chest or thoracic views are standard projections, not accessory views.

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://radreportwriting.examzify.com>

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

SAMPLE