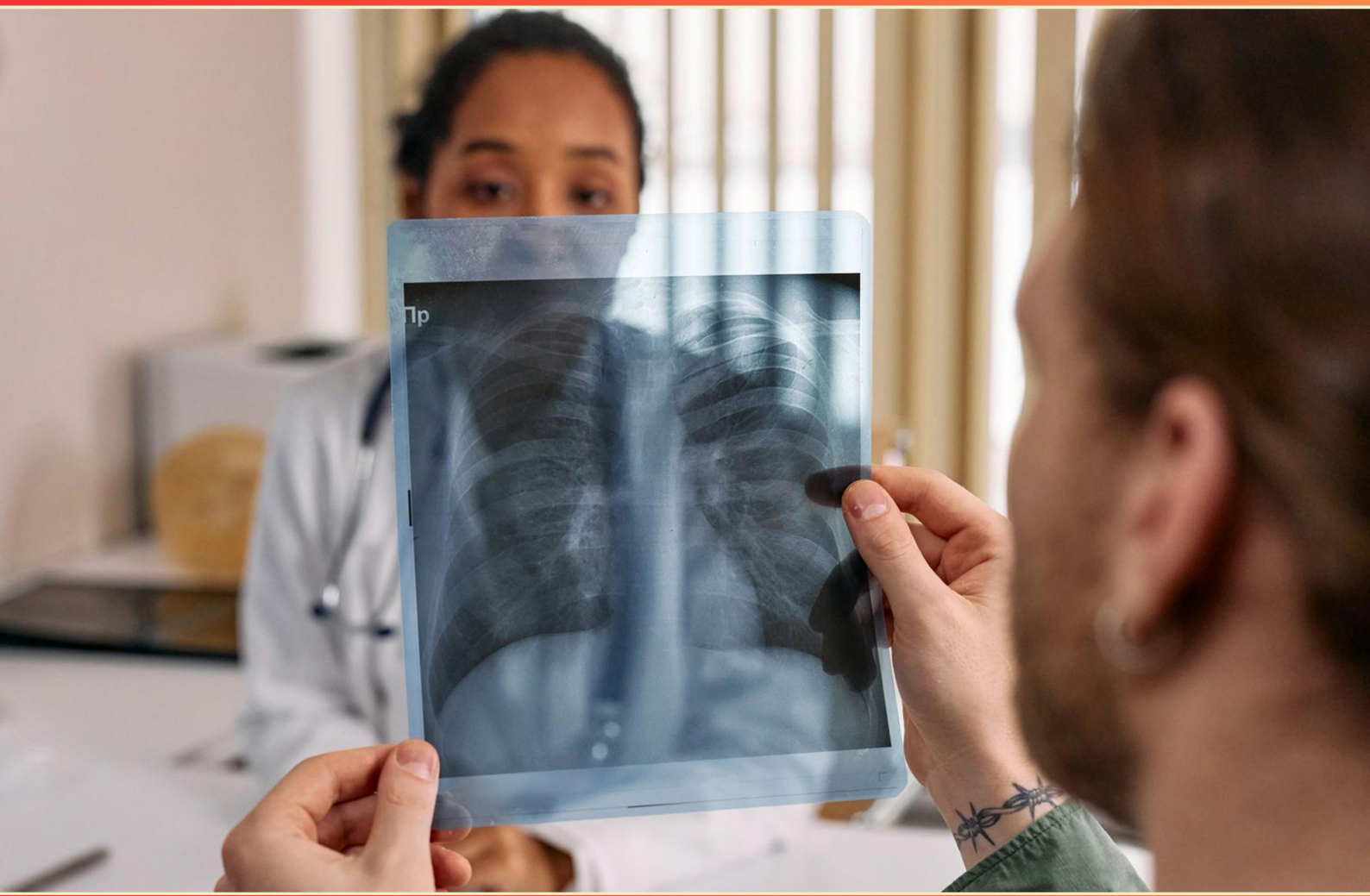
SFMS RADIOLOGY PRACTICE TEST (SAMPLE)

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. In football, which joint injury is commonly encountered?

A. AC joint injury

B. ACL tear

C. Labral tear

D. Rotator cuff tear

2. If this chest radiograph's lung fields are too dark, what has most likely occurred?

A. You have over penetrated

B. You have under penetrated

C. There is pneumothorax

D. The patient moved

3. Which statement best describes the function of the knee meniscus?

A. Increase stability of the joint by tightening ligaments

B. Improve stability and load transmission through knee

C. Promote cartilage erosion

D. Decrease joint lubrication

4. Which CT findings support a diagnosis of diverticulitis?

A. Diverticula alone

B. Diffuse colitis

C. Normal colon

D. Colonic wall thickening with pericolic fat stranding, diverticula

5. In a three-phase bone scan, which phase reflects extracellular distribution in soft tissues (the blood pool phase)?

A. Blood flow (perfusion) phase

B. Delayed phase

C. Blood pool (soft tissue) phase

D. Immediate uptake

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6. On scrotal ultrasound, a spermatocele is best described as which?

A. Anechoic circle in epididymis
B. Hyperechoic solid mass in testis
C. Calcified ring within tunica albuginea
D. Complex solid-cystic mass in scrotal wall

7. Avulsion fracture is commonly confused with which structure?

A. Tendon insertion
B. Ossicles
C. Joint effusion
D. Cartilage fragment

8. Which view is a shoulder radiographic view named after the scapula?

A. AP view
B. Lateral view
C. Scapular Y view
D. Axillary view

9. Which of the following is an absolute contraindication to MRI?

A. Non-MRI-compatible pacemaker or ICD
B. MRI-compatible pacemaker or ICD
C. History of claustrophobia
D. Mild dental fillings

10. Air-space opacities are NOT caused by which condition?

A. Pneumothorax
B. Contusion
C. Atelectasis
D. Pneumonia

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Answers

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

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Explanations

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1. In football, which joint injury is commonly encountered?

A. AC joint injury

B. ACL tear

C. Labral tear

D. Rotator cuff tear

In football, blunt shoulder trauma is common, and the acromioclavicular joint is especially vulnerable when the shoulder takes a direct hit or when a player falls onto the tip of the shoulder. This mechanism frequently leads to an AC joint injury, or shoulder separation, which is a classic and common joint injury in contact sports. Clinically, there's localized pain over the top of the shoulder and sometimes a visible step-off if the injury is severe; X-rays may show widening of the AC joint or a widened coracoclavicular distance. The other options involve different joints or conditions. An ACL tear is a knee injury, not a shoulder joint issue, though it's also common in football. A labral tear and a rotator cuff tear are shoulder problems too, but they're less typically the classic acute joint injury seen with football collisions than an AC joint separation.

2. If this chest radiograph's lung fields are too dark, what has most likely occurred?

A. You have over penetrated

B. You have under penetrated

C. There is pneumothorax

D. The patient moved

Overpenetration is the reason the lung fields look too dark. The level of darkness on a radiograph reflects how much X-ray energy penetrates through the chest and reaches the film. When the exposure is too high, X-rays pass through more readily, the film darkens, and the lungs can appear almost black with diminished contrast, causing fine structures like vessels and markings to wash out. To fix this, the exposure factors should be reduced (lower kVp or mA/time) to achieve appropriate penetration and preserve detail. Underpenetration would make the image overall too white with poor lung detail; pneumothorax would show a distinct lucent space rather than generalized darkness; motion would blur rather than darken the image.

3. Which statement best describes the function of the knee meniscus?

A. Increase stability of the joint by tightening ligaments

B. Improve stability and load transmission through knee

C. Promote cartilage erosion

D. Decrease joint lubrication

The knee meniscus acts to stabilize the joint and distribute load. These fibrous discs wedge between the femur and tibia, increasing the contact area and creating a more congruent surface. By spreading body weight over a larger area, they reduce peak contact stresses on the articular cartilage and help absorb shock during movement. They also help guide knee motion and maintain stability, especially during flexion and rotational movements. Additionally, they support smooth movement by aiding the distribution of synovial fluid. That combination of enhancing stability and facilitating load transmission is why this statement best describes their function. The other ideas—tightening ligaments, promoting cartilage erosion, or decreasing lubrication—do not align with the menisci's roles.

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4. Which CT findings support a diagnosis of diverticulitis?

A. Diverticula alone

B. Diffuse colitis

C. Normal colon

D. Colonic wall thickening with pericolic fat stranding, diverticula

In diverticulitis, the key imaging clue is acute inflammatory changes around a segment of colon that contains diverticula. On CT you typically see thickening of the colonic wall at the affected site together with stranding or inflammation in the surrounding pericolic fat. The diverticula themselves may be present, but the inflammatory halo around the segment is what distinguishes diverticulitis from simple diverticulosis (diverticula without inflammation), a normal colon, or a diffuse colitis pattern. In short, colonic wall thickening with pericolic fat stranding surrounding diverticula on CT is the finding that supports diverticulitis, reflecting localized inflammatory change.

5. In a three-phase bone scan, which phase reflects extracellular distribution in soft tissues (the blood pool phase)?

A. Blood flow (perfusion) phase

B. Delayed phase

C. Blood pool (soft tissue) phase

D. Immediate uptake

The main concept is that a three-phase bone scan captures different physiologic stages: flow (perfusion), blood pool (soft tissue/extracellular distribution), and delayed (bone uptake). The phase that reflects extracellular distribution in soft tissues is the blood pool phase. After injection, tracer first travels with the blood (flow phase), then distributes mainly in the extracellular fluid of the soft tissues—the blood pool phase—so you see activity in muscles and other soft tissues due to vascular and interstitial tracer presence rather than bone uptake. Hours later, the delayed phase shows uptake in bone tied to osteoblastic activity, which helps identify fractures, infection, or metastases. Immediate uptake isn't a separate standard phase in this protocol.

6. On scrotal ultrasound, a spermatocele is best described as which?

A. Anechoic circle in epididymis

B. Hyperechoic solid mass in testis

C. Calcified ring within tunica albuginea

D. Complex solid-cystic mass in scrotal wall

A spermatocele is a simple fluid-filled cyst that arises from the epididymal duct. On scrotal ultrasound this shows up as an anechoic, round or oval structure with a thin wall located in the epididymis, typically with posterior acoustic enhancement. The fluid content produces no internal echoes, which is why the description of an anechoic circle in the epididymis fits best. The other patterns imply different problems: a hyperechoic solid mass in the testis points to a solid tumor rather than a cyst; a calcified ring within the tunica albuginea suggests calcification; a complex solid-cystic mass in the scrotal wall would indicate a lesion outside the typical epididymal cyst.

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7. Avulsion fracture is commonly confused with which structure?

A. Tendon insertion

B. Ossicles

C. Joint effusion

D. Cartilage fragment

The key idea is distinguishing a traumatic bone fragment from a normal accessory bone piece. An avulsion fracture is when a small piece of bone is pulled off at the site where a tendon or ligament attaches. That fragment can look like a separate bone fragment on imaging, which is where the confusion with ossicles comes in. Ossicles are normal, developmental bone fragments—that is, incidental small bones that exist without trauma. They typically have smooth, well-corticated margins and appear in predictable locations as congenital variants. In contrast, an avulsion fragment from recent injury may show irregular or jagged edges and may be displaced with respect to the main bone, and there is usually a supporting history of a mechanism that stresses the tendon or ligament. So the reason this option fits best is that ossicles are the common normal variants that can mimic a fracture fragment on radiographs, leading to the common confusion.

8. Which view is a shoulder radiographic view named after the scapula?

A. AP view

B. Lateral view

C. Scapular Y view

D. Axillary view

The scapular Y view is the shoulder radiographic projection named for the scapula. On this image the acromion and coracoid form the two upper arms of a letter Y, with the body of the scapula forming the stem. This oblique view positions the scapula so its silhouette resembles a Y, allowing clear visualization of the glenoid cavity and the position of the humeral head relative to it. It's particularly useful for assessing the alignment of the glenohumeral joint and for diagnosing shoulder dislocations. The other common views (AP, lateral, axillary) describe orientation or anatomy rather than a view specifically named after the scapula, so the scapular Y view is the one that is named for the scapula itself.

9. Which of the following is an absolute contraindication to MRI?

A. Non-MRI-compatible pacemaker or ICD

B. MRI-compatible pacemaker or ICD

C. History of claustrophobia

D. Mild dental fillings

Having a pacemaker or ICD that is not designed to be MRI-compatible is an absolute contraindication to MRI. The MRI environment exposes the device to strong magnetic fields and RF energy that can cause lead heating, device malfunction, inappropriate sensing, or reprogramming. These risks can lead to dangerous changes in heart rhythm or device failure, and they are unpredictable enough that MRI is avoided in such cases. In contrast, MRI-compatible pacemakers or ICDs are designed to function safely during MRI when proper protocols are followed, so they are not absolute contraindications. Claustrophobia is a relative issue that can often be managed with open bore designs, sedation, or other strategies. Mild dental fillings are generally safe with MRI and do not prevent imaging.

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10. Air-space opacities are NOT caused by which condition?

A. Pneumothorax

B. Contusion

C. Atelectasis

D. Pneumonia

Air-space opacities arise when the alveolar spaces become filled or flooded, so the air in the lungs is replaced by fluid, pus, blood, or cells. This produces confluent, fuzzy or well-defined areas of increased density that can obscure the underlying vessels on a chest radiograph. Pneumonia fills the alveoli with inflammatory exudate, contusion can cause alveolar hemorrhage and edema filling the spaces, and atelectasis causes loss of air and resultant opacity from collapsed alveoli, often in dependent regions. Pneumothorax, by contrast, is air in the pleural space outside the lung, leading to a visible pleural line with surrounding lucency and often some degree of lung collapse or shift if large. It does not create the classic air-space filling pattern within the lung parenchyma. Therefore, pneumothorax is not a cause of air-space opacities.

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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:

https://sfmsradiology.examzify.com

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

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