1.	Which part of the body would you XR using a single screen cassette C. extremities
2.	The best XR to view the lunate is A. AF' wrist
3.	Which film is taken with the arm raised
4.	D> iat chest Purpose of the grid is
	C. reduce scatter to the film
5.	Most common type of scatter radiation a. Compton
6.	Hereditary mulitple exsotosis can lead to premature D> DJD
7.	Nonunion of the base of the odontoid can appear as a B> Mach line
8.	LD 50/30 means
	B> 50% of animals exposed will die with a dose of 30 rads
9.	A barrier is moved form 10 feet to 5 feet from source of film. TO obtain same
dens	sity of film B. decrease MAS by 1/4
10.1	Aost radiolucent to most radiopaque is
	A. air/fat/water/bone
11.0	What is the disadvantage of a small focal spot
12.	C. inadequate heat displacement The function of the intesnifying screns is to
12.	D. convert energy of XR beam into visible light
13.	The larger the crystals in an intensigiying screen will
	A. decrease sharpness
14.	What is the function of the developer
	D> reduces the exposed silver halide to metallic silver
15.	Ideal time for manual processing is
	A. 68 degrees for 5 mm
16.	Order thru which electrons in an XR machine travel is
	B. rectifier/cathode/anode
17.	The converter to change one voltage to a higher voltage level is B. step up transformer
18.	Which is an effect of increased FFD
10.	D> decrease distortion
19.	Best protection to filter out XR is which substance B> lead
20.	Which technique uses a longer scale of. contrast
	I)> 400 MA, 1/4 see, 90 KVP
21.	An increase in thee MA of at least 30 % will
2.2	C. increase density
22.	What will happen if the safe light is too bright C. fog on film
23	A cresent shaped crease on the film would be due to
23.	B. film was folded by a thumbnail print
24.	Best XR to take for an anode heel effect is
	B> AP thoracic
25.	Jefferson fracture would be seen on which view
	B> APOM
26.	Lower thoracic IVF's are best seen on which view
	B> lateral thoracic
27.	The cervical pedicles are best seen on
	D. oblique cervical

28.	A circumscribed lytiic lesionn is described as
29.	C. geographic The 10 day rule applies to
	A. you may Xr a female within the 1st 10 days following the onset on menses
30.	Most common cause of spondylolithesis B> traumatic
31.	Martins basilar angle is used to measure B. platybasia
32.	XR reveals SI joint obliteration, bamboo spine and marginal syndesmophytes in C. AS
33.	Which disease can cause ivory white vertebra B. blast mets, Hodgkins, Pagets
34.	Osteoporosis from trauma is
35.	C> sudecks atrophy Calcification of the ALL in at least 4 segments in the cervical spine is called
36.	C. DISH Psoas dispalcement, pain and + mycobacterium indicates
	B. cold abcess
37.	Dead bone removed from an infection is called B. sequestrum
38.	Fracture of the radius with anterior displacement is
20	A. smith
39.	An elongated L5 sp is termed C. knife clasp
40.	If you see a horizontal cleft deformity on a lateral view of a dorasal vertebra
	s termed a
	A. Hahns fissure
41.	Cobb Libman is the best line to measure
	D> scoliosis
42.	McNabbs line utilizes B. superior facet of the vertebra below
13	Best view to evaluate the sacrum
43.	A. AP cith tube tilt 15 degrees cephalad
44.	When taking a lateral lumbopelvic, where would the cross hairs be aligned
	C. I/S junction
45.	Which sign is seen when there is a unilateral spondylo1 ithesis
	A. oppositee pedicie is calcified
46.	Best view to see sella turcica D. lateral skull
47.	Which is malignant
	D. osteosarcoma
48.	Best view to see intercondylar eminence
4.0	A> tunnel Metrazamide is used for
49.	B. myelography
50.	The Y and X on the ischium or on the crest of the innominant is due to
	C. epiphysis is not closed
51.	At what age do you see ossification of the crest of the ilium A> 18 years
52.	How can you determine the progression of scoliosis
	A. 1 degree per month is rapid
53.	Which is least likely to be seen in the mediastinum C. sarcoidosis
54.	A large noncalcified differentiated nodule in the chest is probably
	C. brnchogenic carcinoma

55. Best way to diagnose metastatic disease A. nuclear bone scan 56. There is calcification which is parallel and found in left upper quadrant. This is C. splenic artery calcification 57. What causes a nediastinal shift toward the anterior A. pneumothorax 58. Most traction spurs are seen in C. lumbars 59. Slipped epyphysis is most common in A. proximal femur 60. What would describe thinning of bone cortex and loss of bone density B. osteoporosis 61. If lumbar canal measures 10 mm it indicates B. spinal canal stenosis 62. A retropharyngeal space of 5 mm indcates D. normal 63. Why is cervical oblique taken at 72" A. decrease distortion 64. Loose bodies in the joint space are seen in C. osteochondritis dissecans 65. Which does not cause upper cervical laxity of the transverse ligament B. DJD 66. Phieboliths in the pelvic area are D> not clinically significant 67. There is calcification of renalureter junction with D. kidney infection 68. Which structure is not visible on KUB B. pancreas Hilar region with strings: Lymphogenous Hilar region with junk scattered all over: Hematogenous Single lesion in hilar region: Bronchial carcinoma interstitial pattern LD 50/30 how many rads? 30 (50% died with 30 rads) Vertebral rotation across the midline: ++++ (plus 4) look at diagram! Subcutaneous calcification: seen with sclerodenna Debilitated/alcoholic pneumonia: Kiebsiella Mikulicz angle AKA: Femoral angle used to determine coxa vara/valgus Increased acetabular angle: Acetabular dysplasia annular carcinoma: persistant abrupt bowel obstruction Focal spot size: does not effect the pt. dosage of RADS. Cervical lordosis) Thoracic kyphosis} ALL are 3545 degrees Lumbar lordosis} Sacral base angle} Warped intensifying screens: decreased detail

Arthrography: to detect image of Rotator cuff tear. Retropharyngeal space: 7nun or less=normal MPD: Maximal permissable dose Sexual precocity, and polystotic fibrous dysplasia and cafe'o'le spots: Albright's Syndrome Carcinoma of pancrease: Head Source of secondary radiation: Patients body Regional enteritis AKA Chron's Dz. String sign: Rare earth disadvantage: Inc. distortion and quantum mottle Plate like ateletaxsis: m.c. seen in lower lobes of lungs A/C jts. more than 9mm space= Strain ligaments Never causes inc. in AD! DiD: lies anterior 1/3 of sacral base Plumb line: starts at EAM, bisects shoulder, hip, posterior to patella, ans anterior to lat. mall.(12"). Look at diagram in pink notes. 1 mm stairstepping in flexion view of cervical spine: NORMAL Air bronchogram sign: parenchymal lesion Pneumonia: consolidates patchy area bilaterla in both lung fields. Active T.B.: cold abcess is assoc. WI it (a hard calcification along the psoas mm) T.B. of skin: acne vulgaris AKA lupus vulgaris Paget's AKA Osteitis deformans Os odontoidium: base Os Tenninale: at tip Primary hyperparathyroidism: HAND Ochronosis: Calcification of multiple IVIYs Contralateral pedicle sclerosis: Accomidation with spondylolysis Hadley's S curve: determines presence of vertebral subluxations (thoracics) Eisensteins measurement <10 nun in adult lumbars: Spinal stenosis Automatic faster than hand processing b/c: Higher temp. Hillsack's defect: Hole an axial head of hunierousresults in chronic dislocations of shoulder 019) AKA PFD Part Film Distance FFD AKA SID Source image distance Diastasis: Separated syndesmosis jt. (symp. pubis) Xray technique that uses metrizanude: Myelography Braking:Bremstralling Direct sign of atelectasis: Fissure displacement Spatulazation: Hypertrophy of L5 transverse Hahn's Fissures: Horizontal lines in vertebral body Soft tissue masses have rad. densities similiar to: Water Coxa vara in adult: <120 femoral angle Media! femoral epicondyle, calcification of tendon Pelligrini Stieda's dz.: Chron's Dz.: arthritis 1. high KvP, low MaS. 2. Collimation Greatest protection: Lt. ventricle hypertrophy and tortuis aorta: Hypertension Expansile destructive lesion at the end of long bone and goes through epiphysis: Giant Cell Tumor (&Chondroblastoma) Which tumor m.c. in diaphysis: Ewings sarcoma and multiple myeloma Hangman's AKA Bipedicular: Hyperextension injury Femoral angle= 120130 Rarefaction: Bone resorbtion: hyperemia in osseous bone. Calicified pineal gland: midline in location Ext. oblique: best to view radial head

Early ischemic mecrosis of the femoral capital epiphysis (LegqCalvePerthes) most sensitive test: Radionucleotide Imaging (Bone Scan) chondroblastoma: occurs in epiphysis Uncovertebral jt's(Lushka) best seen: A/P lower cervical view Lymphoma: Widening of mediastinal and enlarged bilateral nodular shadows. Location of Y epiphysis: Acetabulum Boehler's angle <25degrees: Calcaneal fracture tumor m.c. in fingers and is radiolucent w/ punctate lesions: Enchondroma Spondylosis: separation of pars interarticularis AP coccyx requires a caudal tube tilt. FFD is halved what change in tech. needed to keep quality: Increase it 4 times as much Platybasia: Martin's basiliar angle Tube rating chart: Protects the machine Technique chart: Protects the patient Cold abcess: Infection (T.B.) that gets walled off in the psoas. Density: MaS Speed: KVP Use of small focal spot results in inadequate heat dissipation. Periarticular asteopenia noted most in: Rheumatoid Arthritis Periarticular destruction: GOUT Dose equivalent for human's: REM Grid protects film from: Scatter 90 Optimum KvP for lat lumbar: Clavicular dysplasia and wonnian bones: Cleidocranial dysplasia Peritracheal and bilateral hylar adenopathy indicates: Sarcoidosis Which chest Xray best shows the lung apex: Lordotic view Cause of vascular calcification: Hyperparathyroidism Attenuation: decrease in Xray intensity as passes thru matter Friction and decreased humidity (<60%): causes static electricity P/A & Lt. Lateral: routine chest views A forceful contraction of sartorious can cause avulsion fracture of: ASIS Senile osteoporosis: decreased quantity, normal qualityAll lab values are normal Kinetic subluxation: aberrant motion Transformer: inc. or dec. voltage Rectifier: AC to DC Subcutaneous calcification m.c. in: Scieroderma Vert. line in vertebral body: Butterfly line Magnification: inc. w/ dec. OFD/ dec. w/ inc. OFD Paget's dz. uncomplicated m.c. site: Pelvis Wilm's Tumor: childhood renal tumor Osteochondrosis AKA Osqood Schlatters: seen on Lat. view Chondromalacia patella: Tangential view Max. normal retrotracheal space: 22mm to " pharyngeal: 7mm > absorbtion of Xray in body=' bone

Focal spot size does not affect the patient dose. Transverse fracture: Pathological Hahn's Fissure: Batson's venous plexus Superior sulcus tumor: Pancoast Tumor Osteopoikilosis: Small round calcified lesions. Suppurative osteomyelitis age group: under 12 Osteochondritis dessicans: loose bodies Metatarsal head is evenly worn: Hypoplasia "uneven: Avascular necrosis Sarcoidosis: adenopathy mt vs. small int.: Haustra in Lg. Least rad. to p1: lowest amount of MaS. Nausea, vomitting, increased fever: Acute radiation syndrome Rad. the operator is exposed to: scatter from patient Most sensitive test to detect early isciunic necrosis of the hip: Bone Scan Occult stress fracture: Best test is Bone Scan Oral barium contraindicated in: Colon obsrtuction b/c it is chalky and will cause constipation Stomach on lesser curve (Cancer on greater curve) Peptic ulcer: Acromegaly predisposes to: DiD Small opacities scattered all over in the true pelvis: Calcified lymph glands Klines: Slipped capital epiphysis (Iliofemoral line) Mickelicz angle: coxa vara/valgus V. Body w/ partial cleft in sagittal plane: Butterfly Spina Bifida Patella Alta and Baha: cause chondrmalacia patella Intracapsular Xray contrast to examine a joint: Arthrography Acetabulum and femoral head disrelation, best line to detect: Shenton's line Shoulder pain, fever,: Osteomyelitis Circumscribed, uniform, lytic: Geographic Osteomyelitis: Seen with D.M. Thin cortex on lat. margin of pelvis: Brim sign=Pagets Dz. Causes of Ivory white vertebra: M.P.H. (blastic Mets., Pagets, Hodgkins) Tooth like deformity: Teratoma Staghorn calculi: kidneyseen on plain film Abd. MIDLINE: PANCREASE Bilateral renal enlargement w/ notable lobulations: Polycystic dz. Thyroid cart .: Don't confuse w/ Vert. Art. Calcification Rad. exposure is best minimized by Rare earth (depends upon choices!!) Rt. 1W Cspine: LPO or RAO AP full spine: Scoliosis Azygous lobe in Rt. upper lung field AP spot L5S1 tube tilt: 3035 cephalic. Ant. V.B. normally appears concave on xray. Most stable fracture of Cspine: A. bilat. interfacetal B. Teardrop C. Post. Arch D. Pedicle Paget: Axial skeleton and Pelvis Benign lesion: thick edge of bony sclerosis PA w/ rib problem: helps demonstrate pheumothorax Pulmonary metastasis on xray as multiple pulmonary nodules, varing sizes throughout: Hematogenous Air bronchiogram sign: Lesion in parenchyma Exit radiation: Makes latent image on film

Bone problems in age group 12-18 (sock hop): Slipped capital femoral epiphysis Scheuremans Oshqood Schlaters Scoliosis Angling anode: more detail Rotate anode: dissipate heat Anoe heel effect: put cathode down b/c of attenuation of the beam Focusing cup: thermniomc emniision Grid not proper distance: Cut off Best detail: small crystals and thin emulsion Inc. KvP: decreased contrastlong scale increased contrastshort scale Dec. KvP: Film has latent image before developing ** Comptom effect: scatter Lymphnode calc. wI eggshell appearance: Histoplasmosis GHON tubercle: Ranke complex Active component of Xray film: reflective layer Usefull xray beam: Primarily made up of characteristic radiation Obliteratioin of SI jt.: Ankylosing Spondylitis Xrays wI multiple fractures in various stages of healing: Child Battery Sensitometry: Maintain film processing quality control Manual: 68degrees/ 5 min. decrease time by 15 sec for every idegree Increase in temp. M.C. primary bone malignancy tumor: Multiple myeloma Longest stage of manual processing: Wash 5develop, 10fix, 15wash Blastic Prostate metastasis is typically: Lung and breast is typically: Lytic Primary purpose of filtration: to reduce skin dosage m.c. serious complication of an open fracture: infection most serious complication of fracture: embolus Lead for primary barrier 1/16" M.C. location of choroid plexus calcification on the frontal projection: Bilateral near the midine Beam goes through anode, this is called: Attenuation A/C to D/C: Rectifier What is best to minimize scatter: Grid Fabella: lateral head of gastroc. Osteopoikilosis: ???look up???? What produces shortest scale of contrast: Lowest KvP(depends upon choices) Ilium demonstrates mutrient grooves. Automatic processing: develop, fix, wash, dry. Silver is recovered from the fixer. Avascular necrosis of fractured fragment m.c. effects: Scaphoid (called Preisser's) Degen. spondylosis freq. causes cord compression. Falx cerebri calc. visible on frontal xray at the midline. Syndesmophytes m.c. in: A. S. Tumor matrix w/ flexed rings or flocculent opacities: Cartilagenous Xray finding often accapamng inflaminitory bowel syndrome: A.S. Blunting of costophrenic angle m.c. due to: Pleural effusion COPD: asthma, emphesema, chronic bronchitis Persistant abrupt bowel constriction on barium enema: Annular carcinoma Xray view for apex of lung: Lordotic AKA Apical

Subcutaneous emphesema: see w/ rib fracture Fergusons line drawn thru the center of L3 body Fat pad normally seen in Xray film lateral Myositis ossificans: post. traumatic nun injury Fine grain, high definition, fine detail and high resolution are: From slow speed screens 2.5 cm mottled calcification in pelvis of 65 y.o. female Liomyoma penrenal fat allows visualization of kidneys enlarged gall bladder Hydrops: Klipple feil synd.: Multiple blocked vertebra Geographic: circumscribed and uniform Metastatic Dz.: uniform flattening of vertebral body (not compression fx as in osteoporosis) Artifacts (static) handle film in too dry of conditions: Long wave iss not a property of Xray Purpose of adding filtration: Decrease long wave Retropharyngeal interspace at C2: 7mm Xray finding of infectious arthritis: Subchondral cysts Cell most sensitive to radiation: Lymphocytes Ochronosis: Calcification of discs Best view to see pedicle in cervicles: Oblique Mid axillary rib fracture best seen on: Oblique Pineal gland: posterior to sella tursica Dosimetry: measure radiation exposure Scatter best limited by: collimation. Post. fat pad: INTRAcapsular effusion Tech. for chest film: High KvP and low MaS GH jt should not exceed 6mm AC jt. should not exceed 1 mm Marfan's: Bone long and tubular; Heart AN septal defect double jointed/hypermobile R.S.D. (reflex sympathetic dystrophy) hand/wrist McCullocks Angle: Coxa vara/valgus Half distance: 1/4 MaS iliofemoral jt: best seen in in, rotation Rhomboid fossa: notch on clavicle Ribs 911, full expiration and hold. Bone absorbs the greatest amount of radiation. Brodies abcess: similiar to osteoid osteoma; night sweats, and pain relieved by aspirin Anode heel effect best used w/ largest film (AP full spine) 5(N18) REM; 20y.o.10REMS/year Bone scan: best to find metastasis (40%) Blastic/ Lytic: have hot spots (lytic more common 75%) Eosinophilic granuloma: Wafer thin vertebral body A.S.: Increase in rib diameter 1. The miniimum ADI in an adult is F. 3.0mm 2. Of the following which reduces exposure time and skin dosage to the patient. B. high KVp The greatest amount of scatter radiation s produced 3. A. compton. effect 4. Which combination of factors wit! not yci Id same density as others D. 400 MA i 1/10 sec 5. When present, the azygous lobe is visualized in B. right upper

Best color to paint the darkroom 6. F. any pastel. 7. When a patient. is in the prone position which portion of the stomach will gas migrate antrum R. Which spinal structure are you apt to find radiographic evidence of MET's to the spine > pedicle. 9. Patient has a blow to the top of the head. APOM views bilateral displacement of the lateral mass. DX is Jefferson Fracture 10. An .< li indicates there is gas within the peritoneal cavity, this could indicate which condition viscus proliferation film exposed to light prior to process lag will appear on devel-11. . A section of oping black 12 Cessation of skeletal growth and protect patient from scoliosis progression is B. kissers sign 13. Where I s the target located in the FR machine B. anode 14. Whey is the tube angulated for an AP vies of foot A> demonstrates tarsal without disloe. 15. Which decreases the amount of static electric it to which the XII. film is exposed C. increase darkroom humidity 16. A lateral skull XII demonstrates which sinus just anterior and inferior to the sella turc i.ca sphenoid slipped captial epiphysis is a Salter-Harris type t\ r. >1 10. 20. Which can be demonstrated on plain film staghoin calculus 22. Brodies abcess is otten difficult to dLfterenitate from osteoid osteoma 23. Which is not considered 24. The prlmary disadvantage to rare earth screens > increase quaturn mottle 20. A focused grid is used with longer FFD than specified.What effect i s produced > grid cut off at edge of film 27. Normal developing temperature of 90 sec. antoma tic processor C. 9 degrees 28. WHat part. of the long bone is most radiolucent I). physis 29. Which is triangular or rounded ossicle located posterior to I he t a i s A. os trigone 31 . Multifaceted. radiodensities of various sizes on plain film of abdomen indi-A. mesenteric lymph nodes cate C. head 32. carcinoma of the pancreas most often affects 33. An air bronchogram sign indicates A, parenchymal lesion 34 * In an adult , coxa vara is diagnosed by C. a greater than 120 degree angle 35 . Purpose of supplemental filters is > produce uniform film densities 30. Primary function of HAS B. density Wf I J, (11 dev ice i.s most effective in preventing, > grid :38. Combination of crystals and emulsion > small / thin 39. The normal width of retrotracheal space does not exceed B. 23mm 41, Mulitple hereditary exostosis primarily affects which bones A. Iong 42. Routine PA chest indicates a. rib hi lateral it demonstrates A. pneumothorax 43. What is meant by the 10 day rule 10 days after the onset of menses is OK 44. Which KR view is for fluid level in sinus cavity lying supine 45. Jioehlers angle is diagnostic for fracture of > caicaneus 46. The I ow level density which appears on Kr, > base f 0q 7. iF the line compensartor (controls vol tage) is set too 1 ow the NR wi ii appear uriderexposed 48. Law of Bergenine and Tribondeau A. radiosensitivity of cell differentiation 49. Poor alignmentnt of set. rollers in an automatic processor causes; B. uniform scratches on film

50. WHich component promotes normal visualization of the kidney > perirenal 51 . Decrease L5 interoseous disc space, ostnphvtos is, Sheitrinans subchondral scnleosi s of facet i. s dagnost] c of > disogenic arLhorsi 52. Long extension arid hyperrnohi Ic ci ongalted fingers a recharacteristic in syndrome B. Marfans 53. Metrazimide is used in which KR procedure C. myeiography Linear lines which blur out surrotindingtis sue 54 B. tomogrrn 55. Quantity of KR produced is pnimaryily determined by A. MAS 56, Which is an example of inherent filtration B. tube housing 57. Area of unsharpness of borders is called C. penumbra 58. When pat lent. presents with nausea vomiting; and increased temperature arid prostration it is typical of C. acute radiation syndrome 59. Hypertrophy of the 15 transverse process i s called B. spatulization 60. Fracture of' the thoracic can be dectected by > spinous percussion If you draw a line to connect anterior and posterior arch of Ci arid another line A. 42 degrees 62. Person Fell on arm arid fractured proximal nina with seperaton of radial head D. Monteggia 63. To diagnosis breast cancer which would you do first B. mammography. 64. On lateral skull which sinus do you see A. sphenoid 65. in osteomelitis the heal rig process piduces sclet; iriq called F 1 . Factors for AP lumbar were 2,00 > ptint movçment 2. What gino of fiitration is in front of col limnator B. compensating, Pathology the requires a decrease in exposure 3. B. iayxedema [f film distance is halved and all other factors 4. remain constant which change should he made to maintain similar density Which technique uses a longer scale of contrast. 5. 1). 400 MA, 1/4 see, 90 KVp What color is film that is developed but NOT exposeo 6, C. transparent 7. Which XR best demonstrates foramen magnum A. Townes. To take oblique of cervial the patients position is 45 degrees to ri 1 m and 8. head s P. rotated so sagital plane is parallel to film 9. Bet, view to see the APT A. lateral 10. To take an oblique NP the SID should be T2' 4(E. decrease distortion 11 . Dry is series cpmsost S pf jpw, , amu veew 1). 7 12. NUB least. likely to show

> pure cholesterol gallstones 13 . On neutral lateral lumbar view, a. vertical tine from the center of the body of L3 passes to posterior 1/3 of sacral bast. indicates C. anterior weight hearing 14 . Case management. of idiopathic scoliosis , which line is best to evaluate its progression A. Cobbs angle 15, Which level is most common for degenerative spodyiol ii hesi s > T.416. Which can indicate skeletal growth cessation arid can predict progression of scoliosis P. Rissers' 17. What is the best film for the, hip B. AP hip and frog leg laterait 18. The femoral neck is seen most. when ili.ofemoral joint is in > interal rotation 19. You can best demonstrate the sacrum on AP projection with the central ray oriented > 15 degrees cephalad p20. A notch like normal v, ii rant on the anterior media] ; iSja ct ol the C 1 a v 1 сІе 1). rhomboid fossaa I companion shadow s seen with Lb s P of ii hss 912 should be taken i 21 > full exhalatioi #22. Which XR is best to see AC separaion of shoulder C. bilateral sLudies with and without weights 23 . characteristic of verterbral body compression secondary to met.astisis > flattening .24. P of a patient with hemolyti c anemia is pti marl I y a L of P. mania hyperplasia 25. Which tissue absorbs the greatest amount of' XR 13. bone 26. Femur Xli on 8 yo male. periostealreaction C. Ewings 27 . Anode causes uneven produc Lion of 28. What frequently micmics the XR appearance of a l3ro: Ii es abcess B. osteoid osteoma 29. Which view uses andoe heel elect to its best advantage > AP thoraeir 30. HAS by to obtain 50% increase in dcnsty B. .50 31. 'The greatest racliograplii c density is achieved eith which exposure factors II. 1/4 sec ® 500 MA 32 . Shoulder XR. of 65 yo male shows uneven pattern of bone density in the homera head/ thick cort e v/ eni a iged head no flattening of art icu.1 al' surface/ exceril urated 33 . Decrease image detail may result from P. warped intensifying screens 34 . Fly wh i ch process are ci eel roris suppi ted by the ca thode Of the XR tube A. thermionic emisssion 35. Grid ratio is defined as the ratio of the to the

> height / distance 36. is not a property of 'Xli > lens wavelength 37 . The disadvantage of using a sma.. I 1 focal spot .i s 11). inadequate heat dissipaton 38. Xli image is gerenrated and electron is ejected from one orbi C to another > characteritjc 40. When you touch the inner surface center of I ntens i lying screens it may cause A. screen abrasions 41. To produce greater image detail you should use a coinoi not uu of crystals and emu I si ens small/thin 42. If the safe light is too bright, what will result an rOm > fog 43. The maximal permissible dose of accumi ated ion zing radiaiton for radiation workers is 44. Which age group has supperat ire osteomyei it in A. under 12 45, I ntraart icular loose bodies are seen in C. osteochondritis dessicans. 046. A patient presents with an elevated Eli C. phos increase(I pelvic radiopacity and distorted outline or bone. DX is B. osteitis deformans ipk 47. An evenly Fattened 2nd metatarsal head adjacent to a normal joint space is a result of E. hypoplasia 4 8. Aggressive malignant lesion has a 1 8. pmeative pattern 49. A chest XR shows horieq'eiious lobar density and traphiai deviation to same side p. ateleetasis 50. Sarcoidosis on an Xli demonstrates A. adenopathy 51. Chest Xli shows increase AI lung diameter, flattened diaphragm increased r'etro sternal air space. DX is C. emphysema 52. An abdominal aorta which mesures more han 4 cm on a lateral B. an aneurysm 53. Which radiographically oiferenrj.at.es the large lutes 1 from the small haustra Β. 54. lihich. produces the least. amount. or radiation increased KVP/decreased HAS/increased FED в 55. Nausea, vomi, tt i ng , rising fever and prostration are is yp ira acute radiation syndrome C. 56. WIli cli device is best. to prevent scatter в. grid 57. Which is the major source of radiation to operator B, scatter from patient '58. The function of the intensifying screen I s to > convert energy of XR beam inot visible light 59. Most, sensitive for ischemic necrosis radionucleid Α.

60. Which Xli views an occult stress fracture radionuctei bone scan Α. 61. An oral barium study is contraindicated in people with >colon p62. predisposes to early D.JD > multiple hereditary exostosis 63. Multiple small radi.opa.que densities, randomly scattered throughout the pelvis, most likely indicate A> calcified lymph glands (dl. Which Line is used to diagnosis vertebral I isthcsis eorges. Α. 65. Drawing a line along the lateral margin of the I lion extending along the femoral head, determines 1). SkU 66. Which determines coxa vara/valga > Michelicz angle 67. A vertebral body with a partial cleft in the sag i to I p Lane > butterfly vertebra 68. The greatest vertebral rotation in a scol tosis is called > apical vertebrn 69. Patella aita is found with what knee condition > chonjromJeja pFItP11R 70. intracapsular XR contrast exam of joint is H. arthrorRph 71. A 2 month history of hip pain, small fragment C. TCP 72. Anterior body wedging, s.chmorles nodes, decreased disc spore at. contigotis levels Sheurrnanns 73. Osteoporosis secondary to a neuro\'asctl tar condition is duo to U. reflex sympathetic dystrophy 74. Which tumor most often affects middle age and eider! P. metastatic disease 75. Sclerosis and hypertrophy of anterior arch of A is seen in > atlant.oaxial instability •76. What is best XR for lung apices ft. lordotic 77. S. Lateral chest R arms in what position > arm above head with elbows elevated 79. A slipped capital femoral epipysis is a Sn lterlJa iris type fracture A. I 80. The most likely area for metast isis > spine hi. 82, lateral. lumbar AA.R a line drawn on inferior end plate of' vertebral body and extended to posterior hhru the art iculaj process is called A> Me Nabbs 83, The best view to evaluate the 1.5SI disc C. L/S spot AV Evaluation atlatoaxial motor unit I). posterior cervical 85, McGregors line is used to indicate 1). basilar impression 86. Which line or angle visualizes the di srelati onshi p between the femur and the acetabul urn

> Shenton 1)> ()steomye t I t i H6. A lesion which is circumscribed and Ulil torm, i,], v ly t i ("15 best described as 1]. geographic 890steornyelitis is Irequstitly a complication of' B. diabetes metlitiw f 90. Thickening of the cortex along the lateral margin of the pelvic basin and it'iopectineai line is called a > brim sign *91. Which condition presents with an i vcr vertebra B. llodgkins, blastic mets, Pagets 92. Toothlike density mass > teratonia 93. can be seen on a plain Film of the abdomen P. stagkiorn calculus 94. Calcification which is ceo on iR along abdominal ni dl ne C'> pancreatic calculi 95. Xh which shown bilateral renal eniargemtn with notahlu [0 bul at i ons n:, polycystic disease 96. Calcification of is often mistaken for ari'ierosc,l erotic plaques in the vertebral arteries 97. Radiation exosure is best minimized by which screens B. rare earth 98. Which is the best view to see right ICE' in Cervical spine B. LPO 99. AP thoracic view, the cathode should be closest to the A. floor 100.WHen present the azygous lobe is found in which wig tieid > 101 .AP full spine Xh most appropri~~,te 102.AC spot. of P5/Si 'tube tilt should he 0. angled cephadd 11)3. ihe normal \H appearance of anterior contour of thoracic vertebra, | body j C. concave 105 Where does Pagets generally occur -axial skeleton and pelvis 106.Whch XLI finding indicates a benign lesion A. thich edge of bony sclerosis 108 . WILi cli mechansirn of pulmonary metastasis appears as mui t pulmonary nodules of varying size C. hemt, ogenous 100. Air bronchograrn sign indicates a lesion in the A. parenchyma, XRAY XU finding in ke)tjii in tho; e with hnnol 't i. : inniej Т primarily duePu .1 n) marrow hyperplasip 5; i t to the)erei Which teciiljnli(c;po aRLiI: e) I) KVP. !(W MAS, 84 MN, i.0 £'FP. (i1v(i4t11ec. What ic the rationale for ire)11iing a 'A client ci P a iCi(Her] es:

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dl lung pathology may cause thoracic pain
    Which \,p
    best to see minimal I:.Illerai
in
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       C)
Lateral decubitus
       A traumatic
5.
separation or the C :iL is
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displacement of the
       a) superior/ clavicle
. (3.
Whore is a pleural effusion 11s0a1 t
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9,
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I U. \. round, ;i 01 diamond shaped piece or bone in the most cnj)naIacl portion
of the dens in a pt K 12 yo is: 0 1 ossiculurn terilhinale
ii . A Lh.ri vertical curvilinear calcification lit to the iiqlu (T
    the spine in an AP lumbar of a PS yo:
    a) aortic aneurysm
12, What are the breathing instructions the t
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lumbar spine,
    a Jet breath out and hold
13. A hangman's f:.: an a ix of the:
    dl pedicle of
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       Which sesamomd hone is located in the lateral head of 1
iti,
gastroc: a) us fabeila
       Reflex sympathetic dystrophy is usually preee)cci ha:
17.
a) trauma.
1 IL Metastasis most. often affects which:
b) vertebral Which has the greatest effect on reel .i ogro p i c contrast:
a) penetrating power of the XR beam
20 . Which view best demonstrates spina bitida noun Ito
dl AP
I.. Tn radiate cartilage is part. of:
a) acetahinl ann
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23. Grid ratio eleta to)lv at li ol the ± 0 a) ht of lead strips to the distance btw the'fl 23, Which a goats necliastitial widening and large hil"terai C) lymphoma. 21. klJB is least likely to detour:] ate: dl pure cho tetern1 a] stones 25, hI bow pathology is mo stl likely indicate] if a lii eta demonstrates: C) post fat pad 2h. general I y I ndic baa benign Lea ion: dl thieh edge of bony sclerosi 27. is indicated when t)o lumbar gravity line is posi to 5, Si facets: ci ant wt bearing 25, best. show the maxi] iary pinup: a) Water's 29. A sina i I segment of necrotic sUoc an I to al ihn m"001 femoral candy) e is monk likelv: a) osteochondrlijs dessicans.. 30, CI shia dark shadow in ajt margin at His c) intradiscat ga. 3). On an AP spot film of 15,41 51 the tube tilt should hn: a) angled cephajad 32. APiny shovler's fx is a C) avulsion _ would improve quality wiub aecp.int orii ant , ion1) cienh overall density: hi double MAS only Iho most common elnow tv in adults is 3, C) radial head and neck .35. Fhc qiiant its of electrons :n [be iihoIo sttecn in dependent on a) heat of the filament 30. Condition with widespread mu) tinln vnnIi : iiclirni i ted O\ RI donna] I. tea is: a) osteopoikii.osis I; inc 70 KV) and 3d() 9\ 37 t /0) receives yon San: a) 30 35. WhUh biological .irmto.'actj.oi produces I ho taming inc. ollEoll 9 01 hI atom]oni"atior 39, Mechanism 0] pulmonary metastasis appears as ii p10 pulmon ary nodules: a) hematogenous

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indicates:
hi normal finding
    Left ventricular hypertrophy anct a tortuous aorta are seen
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    in:
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    A h exposed to light before processing g wili appear:
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a) black,
43, What; tests the integrity of the transverse ligament in the
upper Cspine:
a I ADT
44, ii Lb 50/.C) for acute whole body radiation is rads:
P) 4()
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iS. Which view should he taken in a routine eu; )1 hr hip il:
hi A? and t frog leg tat
11. Pt with shoider pain, hs of Fever and 10frl iou. .tS dio.:
central diaphyseal deotrtuoL or
a) otteomyeliti
42
   Which is
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r'e the 1)I
       b) lateral
    is the consequence o using nasmall small focal 4pol:
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       0) inadequate heat dissipation
SO. Which is iid bated by two thin paraL Ui t.iues
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si. Stress studies of
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51. What color would the [11Th be if it ice put tutu I oessor without hemp
d\elc:cd: di transparent Shit \II indicates sarcoidesis: a) B/L hilar adenopathy tL
Slal oitw to see pars in lumbar: c I oblique
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HO. Automatic film processors are faster than manna! procenhor~,
due to; ci elevated temps
(ii To rule out Ix of the ('spine which projection shu"Id K::! completed and evalu-
ated first: a) APOM, AP lower cervical and neutral latera.i
NY Parowed interosseoits iS disc space, or) eoptuy) osu s and rid
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       ci discoenic arthrosis
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(iF. Pathology necessitates a decrease in exposure technique iii;
hi emphysema
64. Persistent active hyperemia will cause which alteration ill not maj osseous ar-
chitecture: c I bone resorption
' (iS. The invisible image which is produced in the film emul rior h exposure to
light or XRs is the image: a) latent
66 . Pi n& speed screens are not used when:
dl maximum detail is critical
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I 1 ' in effect 0 tO I 0(1 h1 I a) ,lecresed pt exposure Li , Chamberlain's arid McGregor's are used For: a) crevicooccipital • Which is ho Lest do for : increased a) phrr, in I a itch disrupt(1 hone: C) osteitis deformans (Prret's) ' 8:5. Which view in the lumbar spine is best, to vies th tVFs: a) lateral 8(5. Subcutaneous calcification is most common in: b) sclei'oderma ' \$7. lh yo ma] e, solitary dense, sclerotic, enlarged Li, normal ca It eve] s and increased al k phos a) osteogenic sarcoma, \$8 An acnte.v iii and debilitated pt with B/L upper lobe consol idation and areas of lung cav: iiii't.rion most likely has pneumon 1 ii C) cJebsieka 49. n de(} aPc1 In S fliH(tr: decreased OH) .91. loinaripi olac; occur most yontIS'ri a tile verl • An lfl 1 ac;oct ace I etli 1ji angle ifCeI Ii PC ∖ retrhter dysilasia b) • Persistent abrupt OCc I (Cast 1st iOn I nO ii:oi Cs С Most dangerous form of radiation o I lamma S You have .5 inherent Al filtration, ohow much added fi j needed, inn 10 You sr' e an ohilutic shadow hire ihe fat pad and bnn . dl oil. Proper sequence for developing or ti wash, dry ol 12. What sill cause a yellow gray appearance on on NH iN o 1 too long in Lhe Fixer • Why do you agitate the flint when in the love Inpor: a) to get rid of the hubbies 14. hhs bone is most affected by he inhock s 0Stoh di'n; o) tunate 5. P1rplicnl fat pad sign is best soon on hi lateral el how IS. if a ehoi Fder di sLcrcaIe5 inferior, there toes ilts terrin lot ptorass go: hi superior 17, H you VincI at increase itt bone deunity on a plain I rn ', what. is the non. nt en: dl hone scan 18. You 001110 across what appears to be a slenot I v I unii.ar op inn cana F on a plain ii I rn Sent step:

coinputorized axial tomography 119. Best Xli to see .1 umbar i ret tr .i In e) angled lurnbopetvic at 36 degrees 21) What is the benefit of a rotating anode tube as compared to a stationary tube? U) dispersion of heat (pon iispijiion the diaphragm 1100 not loser. !his 21 s seen 2 An NP MK 1 a I Small. Intestine Deflection of an electron close to the nucleus of a target atom which produces 1. Xray: c) roentgen Appropriate SID for a lateral thoracic is: 2. b) 40 Exposure time of 1/10 of a second or less is taken for which view: 3. c) PA chest 4. Which best expresses the 10 day rule: a) females of child bearing age can he Which relative hylar position on PA chest: c) left is higher than right i7yo soccer player persistent calf pain. Soft tissue calcification on XR: 6. a) myositis ossificans 7. Which is the most likely dx for a pt. with narrowed interosseous L5 disc space, osteophytosis, subchondra[sclerosis of facets and end plate sclerosis: a) DJD 8. Blurred brorichovesicular markings and a hairy appearance in the hilar region are suggestive of: interstitial edema Mucosal defect on the lesser curvature of the stomach on a GI series indicates: 9. a) ulcer 10. Which is not an etiology for atlantodental interspace of 5 mm. in an adult: d) DJD 11. Cornminuted fx is characterized by: b) one or more fragments along the fx line 12. The target is located in the of an XR machine: c) anode 13. The lateral thoracic XR is taken during respiration to: a) blur the superimposed ribs 14, Lateral skull at. 68 KVP and 200 Mas displays the proper den sity and too much contrast. To improve contrast KVP would be used with 100 mAS: 78 15. Which technique exposes a pt. to the least amt of radiation: e) 110 KVP, 100 mas, 85 FFD (highest KVP w/ lowest mas) 16. Which is a notch like the normal variant on the inf medial aspect of the clavicle: c) rhomboid fossa 17. An XR of the elbow shows an irregular localized soft tissue mass, narrowing of the , jt space with localized radiolucent defects in the olecranon. Which is most likely dx:

a) Gout

18. An XR film which is used after its date of expire is likely to demonstrate excessive: d) discoloration 19. Dx for ant body wedging, multiple Schmorl 's nodes and disc narrowing: c) Scheurman's dse. 20. Chest XE of a 29 yo female with recent wt loss shows mediastinal widening and pulmonary infiltration which radiate to the lung fields from hilar regions. Best dx: a) Hodgkins 21. On a recuinbant view of the abdomen gastric air is visualized predominantly in the ____ of the abdomen: C) rdia 22. Normal max. size of retropharyngeal tissue space in an adult is mm: b7 (retrotracheal 22mm) 23. Pacionian granulations: d) outpocketing of arachnoid into table 24. Which is a disadvantage of using a small focal film spot: e) inadequate heat displacement 25, Which XE view is most appropriate to view lumbar facet imbrication: d) oblique lumbar 26. The appropriate time relationship for developing, fixing, washing film during manual development at 68 degrees is b) 5, 10, 20 27. Focused grid employed with longer focal distance than specified will produce which: c) grid cut off edges of film 28. Which is not visable on plain film XE of a normal abdomen: c) pancreas. 29. A Brodies Abcess is often difficult to differentiate from whichtumor: c) osteoid osteoma. 30. Before you are able to see hone loss on an XE 응 must be lost : d) 3050 31. Which is not a common sign of atelectasis: "' d) depression of diaphragm v32. Exceptionally small kidneys seen incidently on a lumbar XI? could indicate: d) hydronephrosis 33. An 80% spondylolisthesis is classified as a grade according to Myerding: ci) grade 4 34. What is the most clefinitve method for demonstrating spinal stenosis: ci) catscan 35. XE procedure in which dye is used for visualization of gallbladder ducts: b) cholangiography 36. Phieboliths are classified as calcified b) venous thrombi 37. After a lesion is noted on plain film what study should be performed to demonstrate the extent of skeletal metastasis: c) bone scan 38. Which procedure best demonstrates calcification within a pulmonary nodule: d) tomography 39. Which isotope is used most frequently and produceds the best

overall results in bone scanning:

a) Technitrum 99 40. Which XE findings indicate presence of a progressive malignant lesion: e) permeative pattern 41. Which is not characteristic of Multiple Myeloma ci) diffuse peristeal rxri 42. During cervical flexion physiological stress lines cross normally at, the interspace btw: b) 05, 06 43. Which cervical XR demonstrates hypermobile subluxation of C1C2: a) flexext laterals 44. XRs show B/L kidney enlargement with noteable lobiilat ions indicates: b) polycystic dse 45. Which modifies the structure of the R beam: a) filt'tthi' 46. Increased thickness of active layer on the intensifying screen does not result in: c) image detail improvement 47. Radiographic demonstrations of fluid levels in the sinuses requires which: d) erect 48. The inverse square law is utilized to determine the: h) intensity relationship to distance 49. To he sure that the upper teeth do not obliertate the odontoid or remain superimposed at the base of the skull on an APOM, what post ion should be used: a) lower the chin 51 The lesser trochanter is best viewed on: d) frog leg of the hip 52. Multiplying mAS by a factor of results :1 n a 30% decrease in density: a) 0.5 53. Which XR finding is typical of lumbarization: c) Si with characteristics of a lumbar segment 54. An area of increased uptake on a bone scan is a result of: c) increased bone activity 55. Chest. XR with fluid below lungs and above diaphragm: b) diaphragmatic inflammation 56. Which is indicated by the XR appearance of severe B/L erosion of inf borders of 4th9th ribs: d) coarctation of aorta 57. Pectus excavatum will create which XR appearance of a PA view of the chest: a) poorly defined right heart border 58. Gross heart enlargement with B/L hilar infiltration and pleural effusion suggest: d) congestive heart failure 59. Cardiac shadow which occupies 70% of the thoracic diameter on XR without sx is: c) cardiomegally 60. Hypertrophy of L5 TP is: a) spatualization 61. You will not see large amts of gas on a normal adult XR in which structure: b) small intestine 62. When proper radiographic detail cannot be obtained because of excessive object film distance which adjustment will improve detail d) FF1) 63. To maintain an accurate source image distance for recumbant radiography, tube tilt should be by for every

6 degrees of angulation: decreased, 1 inch 64. The film fixer fxns to: c) clear and harden film in the emulsion 65. A small segment of necrotic subchondrai hone at the lateral margin of the medial femoral condyle is most likely: osteochondrjtjg dessicans 66. A missing pedicie on an AP film suggests: d) lytic metastasis 67. Fx is suspected but not demonstrated on initial film. Additional studies shows callus formation in days: c) 14 (1014 days) 68. Pathognomonic KR eveidence of primary hyperparathyroidism is most likely seen on which KR film series: a) hand(lacey periosteum) 69. Which view of the chest best shows small amts of pleural effsions: b) lateral decubitis affected side down 70. Primary radiographic fxn of mAS: c) density 71. Which is least radiolucent: h) bone 72. Inappropriate variations of does not result in distortion. h) grid ratio 73. The best radiographic detail is produced by: a) slow screens at 1 mm focal spot 74. Which is defined as an unequal magnification of different, proportions of the same object: b) distortion 75. To eliminate the effects of anteversiori of the femoral necks the pt's feet should he: b) internally rotated 15 degrees 76. The collar of the scotty dog e) pars defect 77. In which spinal disorders are the apophysea] jts arid discs usually normal: a) DISH 78. Which condition occurs most often in teens and is characterized by deep bone pain arid is relieved by aspirin: d) osteoid osteoma 79. DJI) which affects articulations B/L vert bodies: c) spondylosis 80. The body bridges which form parallel to the vert in AS are known as: d) syndesrnophytes 81. Disc thinning at. L4 which results in slippage of L4 on L5 is classified as a spondylolisthesis: b) degenerative 82. Which is used to indicate cessation of skeletal growth and to predict the progression of an idiopathic scoliosis: h) Rissor's sign 83. Designations of vert rotation, 1 pedicle across midline arid another not visab1e d) 4+ sign 84. Hadley's curve is used to determine: e) subluxated vert. 85. The normal max size of the AOl in an adult is: dl 3 mm 86. Osteoid osteoma in what structure: d) post. arch

87. A well defined radiolucent lesion, sclerotic rim located in the diaphys.is and sparing the articular surfaces is: e) fibrous cortical defect 88. The first changes due to Legg Calve Perthes dse which is visable on plain film is: d) radiolucent crescent on the femoral. head 89. Which fx generally heals poorly and frequently results in nonunion is: e) epiphyseal 90. A fx at the distal radius and ulna with a silver fork deformity is known as: d) Coile's fx 91. Multiple punctuated calcifications distal across midline of -pancreatic calculi abdomen are: 92. KR evaluation of the kidney, you normally find the left kidney than the right kidney: larger and higher 93. Multiple round opacities in the gluteal mm exhibiting sclerotic margins and lucent centers are most likely caused by: a) calcifications of previous injection sites 94. Which cells are radiosensitive: e) lymphocytes 95. Chalky appearance of KR is most likely: a) inf quality of film emulsion 96. The conversion of silver halide > black metallic silver is a fxn of: d) reducing agent 97. On a RUB radiograph which is not a normal point. of narrowing of the ureters: - ureteropelvic jctn 98. The combination of crystals arid emulsion will result. in greater image detail: a) small / thin 99. Film artifacts which resemble trees are caused by: b) static electricity 100. The inf part of the epiglottis is normally visable on a lat C spine pointing in which direction: e) post and sup 102. Over 18 yo what occupational dose is allowed: - 5 REMS 5(N18). 103. Which is the best XR technique to find adbominal aortic aneurysm: - diagnostic ultrasound 104. Multiple oval opacities found in an elderly pt. Located on the lumbar spine, femur and pelvis probably indicate: b) prostatic metastasis 105. An apical infiltrate with rib destruction in a pt with brachial radiculitis suggests: d) Pancoast tumor 106. Emphysema is not characterized by which: c) air bronchogram sign (pathognomonic for pneumonia) 107. The foramen ovale is visahie on which view: d) basilar 108. On a PA chest film, the left ventricle is in contact. to which portion of the lung: c) lingula 109. Who is responsible for establishing a radiation safety program for diagnostic XR: d) the registered owner of XR equipment

110. In which region of the heart are fat pads visualized:

d) costophrenic angle

Which view exposes the gonads to the greatest. amt of radiation:b) AP lumhar2. Which tx is characterized by more than two honey fragments:a) comminuted3. What is the affect of increased FF0:a) decreased pt. exposure

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4.	Which occurs most comonly in the suharticular portion of a long bone: d) Giant cell, tumor
5.	The minimum total filtration required for equipment operating at 70 RVP or
grea	ter is mm of aLuminum: e) 2.5
6	,
6.	A 5mm retropharyngeal soft tissue interspace at the level of C2C3 on a neutral
Iate	ral of an adult indicates:
	a) normal7 A dose of radiation in a specified period is known as: b) permissable dose
0	A small, F] at, slightly curved soft tissue calcification found at the upper
8.	er of the medial femoral conciyle:
DOLO	a) Pelligrini Stieda's Dse
9.	If the barrier, 10 ft from the source of radiation is moved ft closer to the
	ce, what is the relative amt of radiation received:
SOUL	b) 4x as much (inverse square law)
10	Cafe Au Lait spots, sexual precosi ty and polycyst I c fibrous dyspl~7tsia are
11,	Calcification of the A. L. L. along 4 consecutive cervical segments indicates:
10	a) DISH
12.	Carcinoma of the pancreas most commonly affects:
10	a) the head What is the ma,jor source of secondary radiation:
13.	b) pt's body
1/	The string sign seen on barium studies indicates:
14.	c) Regional enterreitis (Chron's dse)
15	What results from a smaller effective focal spot:
1,	d) sharper radiographic image
16	Small rounded or flask shaped outpocketing of the colic mucosa se. en on barium
	ies indicate: b) divertioulosis
	The useful .XRs of a diagnostic range have energy and wavelengths:
1,.	a) high/short
is	Radiographic visibility of calci fication in the wail of the gallbladder is: a)
	rops porcelan gallbladder sign
_	The primary disadvantage of rare earth screens is: d) increased distortion
	Multiple round opacities in the gluteal mm with sclerotic margins indicate:
20.	a) calcification from previous injection sites.
21	The restriction of the primary beam is the fxn of the: a) collimator,
	Plate like rte lectasis is most likely seen in a PA and lat chest view in which
	tion: h) lower lobes
	Factor that controls the penetrating power of XRs is:
23.	b) kilovoltage
24 .	Vertical calcification ant to the body on a lateral lumbar, View indicates:
21 •	a) arterial sclerosis of the abdominal aorta
25.	In the adult, coxa vara is dx when the femoral angle is:
20.	b) K 120 degrees
26.	Stress studies of the AC it shows the difference btw the right and left AC
	e greater than 9mm indicates a injured shoulder: h) sprain
-	Which is not an etiology for an ADI of 5mm in an adult: e) DJI)
	Chest XRs of a 29 yo male with marked recent wt loss shows mediastinal widening
	pulmonary infiltration which radiates to the lung fields of the hilar region:
	b) Hodgkin's
29.	Erosive osteoarthritis affects which it predominantly:
	-) diatal interphalangeal
30.	The gravitational line on a lat projection of a normal lumbar spine lies in
	h location: a) ant 1/3 of the sacral base (Ferguson's)

31. Condition which is characterized by hone which is decreased in quantity and normal quality is: d) senile osteoporosis 32. A 1mm stair stepping on a flexion view of the cervical spine indicates: a) normal finding, (2mm or > =lig laxity) 33. Psoriatic arthritis most commonly affects which peripheral areas: b) hands and feet. 34. A Lovett reverse typically accompanies: d) discal hypoplasia 35. improper film fixing causes: a) residue on the film 36. Pleural effusion is often first noted on a PA chest in which location: b) costophrenic angle 37. A section of XE film exposed top light prior to processing will appaer following developing: a) black 38. Presence of an air bronchogram sign indicates lesion: h) parenchymal 39. The fxn of developing solution is to: d) reduce silver halides 40. Left. ventricular hypertrophy and tort.uosity is seen in: C) HTN 41. When static electrical charges are on an XE it will posses which artifacts: d) branching black 42. Which is characterized by numerous patchy opacities which have no central consolidations in the lower, lobes of a febrile pt: -activTB 43. In which period of pregnancy is the fetus most sensitive to Xray: d) first few weeks 44. A soft tissue mass in the paraspinal region which displaces the psoas mm shadow and contains calcified deposits is indicative of: - cold abeess 45. The primary origin of ilytic bone metastasis in females.is most commonly in breast or: c) lung 46. Transverse ti,, laxity is best evaluated ra.liographicaIIy by which view: a) flex/ext 47 .58 yo male with solitary densely sclerotic and slightly enlarged deformity of a segment.. Alk phos is increased: -Paget's 18. A round, oval or diamond shaped piece of bone at the most cephalad part of the dens ma apt under 12 years is mostlikely: d) os terminale 49. On a neutral lat cerv Xray intersecting lines are drawn tangent to the post, aspects of C2 and C7 vert. bodies. The point of intersection is the. The method is the c) Ruth Jackson stress lines. 50. Which develops due to full body radiation: d) Leukemia 51 . Pathognomoni c finding for primary hyperparathyroidism is: b) hand 5 2. A lateral skull XR demonstrates which sinuses located ant and inf to the sella tursica: d) sphenoid 53. Calcification of multiple IVDs is found in:

c) ochronosis 54. Which view is standardly taken at 72 FF1): a) lateral cervical 55, Unilateral spondylolysis is accompanied by: c) contralateral pedicle sclerosis 56. Hadely's S curve indicates the presence of: e) vert subluxation 57. The grid protects from radiation: c) film/scatter 58. Eisenstein's measurement of < 10mm in adult lumbar spine is indicative of: b) spinal stenosis 59. The fxn of mAS is to regulate: d) density 60. What assists in the dx of slipped femoral capital epiphysis: d) Kline's line 61. A thin crescent. shaped artifact on an XP I s most. likely due to: b) creasing the film before processing 62. Increased object film distance results in decreased: h) detail 6,1 . The normal ADI I ri an adult is 3mm 64. Radiographic definition refers to the: cI sharpness of image 65. A Boeh].er's angle of less than 25% most indicates: c) calcaneal fx 66. Automatic film processing is more rapid than manual due to the use of: dl increased temp 67. The sagittal diameter of the spinal canal is measured on lat view or surface of the vert body to the spinal laminae line: I lvoatl 68. The .IVF of the Tspine is best seen on without tube tilt: a) neutral lat view 69. The most. likely dx for a pt with narrowed interosseous disc space, osteophytosis, subchondrat sclerosis of facet and endplate sclerosis is: a) discogenic 4rthrosis 70. Oblique views of what area at 55 degrees pt position lumbar 71. Osseous neoplasm is most. likely to occur Mw 5 and 20 yo is: c) Ewing's sarcoma 72. Charnherl in's line is used to determine: d) Basilar invagination 73. A horizontal radiolucent cleft in the midpor ion of a I at thoracic protraction is: d) Hahn's fissure 74. Chronic dislocation of the shoulder most commonly accompanies d) Hilisack's defect which: 75. The degree of spondy] oil sthesis is determined on which view: b) lateral. 76. Which radiographic feature of a bone lesion indicates a benign process: a) narrow zone of transition 77. Which disc space is most poorly demonstrated on an lAt' lumbar: d) 155 78. The spinal region most commonly assoc with compression fx in geriatric pts is: b) thoracic 79. Lesion for preexisting cause for metacarpal fx:

exrnchondroma

80. Distortion due top magnification can be decreased by reducing the: a) OFD (object film distance) 81. A small segment of the chronic subriodol e pole at the lat margin of the medial femoral condyje is indicative of: - osteochondritis dessicans 82. What. contributes to increased radiographic definition: - long FFD 83. Degenerative spondylol is thesis is most common at which love I - L4,L5 84. A radiograph is produced using an 8:1 grid. A 16:1 grid replaces the 8:1 grid. What. would maintain the same density: - increase mAS 85. An example of inherent filtration is: - tube housing 86. Which tumor i s. either sessile or pedunculated and may potenially degenerate to chondrsarcoma: - osteochondroma 87. Which. improves the quality of a. lumbosacral spot Ci lm with insufficient, overall density: d) increase the mAS by double. 88. Pneumbra can be elicited by increaseing the: d) OFD* 89. The initial radiographic feature of peri.arthritis is: a) soft tissue swelling 90. Lower ext what position for an AP pelvic view: a) i'nt rot. 91. Separation of a syndesmosis is known as a: c) diastasis 92. A Vshaped or shaped lucency located centrally in the ilium is probably: b) vascular growth 93. Intravenous urogi'aphy is contraindicated for pt.s with: e) iodine sensitivity 94. Recommended source to image distance for a PA chest is: b) 72 inches 95. Exam of injured long bone sshouid always include: a) joint nearest to injury 96. Which sesamoid bone is located in the lateral head of the gastroc: d) osfabel1 97. The rational for including a Pa chest as part of a rib series is to: d) detect free air in the pleural cavity, 98. Multiple punc Late calcifications which are distributed across the mid). me of an AP abdomen: c) pancreatic calculi 99. Which view of the lumbar spine best demonstrates the lumbar 1VFs: d) lateral lumbosacral spot 100, The sagittaL diameter of the spinal canal is most usually determined by which condition: a) stenosis 101, Which technique is most effective in early detection of metastasis to bone: b) radjonucleide bone scan 102. Which special XR. uses metrizamide: b) myelography 104. A decrease in intensity of an XR beam as it advances its atoms is called: hI braking

105, A compensatory direct sign of atelec'tasis iv: r ,

a) fissure displacement 106. Air fluid levels are seen in which pt position: a) upright The best Xli to view the lunate is 2. A. AP wrist Which film is taken with the arm raised B> at chest Purpose of' the q;rid is 4. C. reduce scatter to the film Nost common type of scatter radiat ion 5. a. Gompton h . He red tory nm] i tple esotos I s can Lead t a hr:cinn t use B> DJD Nonunion of the base of the odontoid calm appear as a 7. B Mach line LB 50/30 means 8. B> 50% of animals exposed will die with a dose of 30 rads A harrier is moved form 10 feet to 5 feet from source of film. TO obtain same 9, density of Ii Lm H. decrease MAS by 1/410. Host radio] ucent. to most radopaque is A. air/fat/water/bone 11. What, Js the disadvantage of a small focal spot C inadequate heat displacement 12. The function of the intesnify jug' screns is to B. convert energy of AR beam into visible light 13 The larger the crystals in an intensigying' screen wi .1 A. decrease sharpness 14 . What is the function of the developer - reduces the exposed silver halide to metallic SilVV' 15. Ideal time for manual processing' is A. 68 degrees for 5 mm 16. Order thru which ci ec t eons in an XP mach i ne rave B. rectifier/cathode/anode 17. The converter to change 01_ic 50 1 tage I o a H I g'ier vo 1 1 a se i eve] i s, B. step up transformer 18. Which is an effect of increased FFD B> decrease distortion 19. Best. protection to filter out XR is which substance B> lead 20. Which technique uses a longer scale of contrast D> 400 MA, 1/4 sec, 90 KVP 21 . An increase in thee MA of at least 30 % will C. increase density. 22. What. will happen if the safe light is too bright. C'. fog on film 23. A crcse ls}iaed crcas€ o nthe Cl On w due to B. film was folded 25 , Jefferson fractiire won id be seen on which view B> APOM 26. Loeer thoracic lvi's are best seen on which vic B lateral thoracic 27. The cervical pedicies are best seen on B. oblique cervical

29. The 10 day rule applies to
- you may. Xr a female within the last 10 days following the onset on menses
30. Most common cause of spondylolisthesis
- traumatic
31 . Martins basilar angle is used to measure
B. platybasia
32. AR reveals SI joint obliteration, bamboo spine and marginal syndesmophytes is
C. AS
33. Which disease can cause ivory white vertebra
B. blast mets, Hodgkins, Pagets
34. Osteoporosis from trauma is
 sudecks atrophy
35 Calcification of the ALI, in at least 4 segments in the cervical spine is called
- DISH
36 . Psoas displacement , pain and + mycobacterium indicates
cold abcess
37. dead hone removed from an infection iS called
sequestrum
35. Fracture of the radius with anterior displacement is a
smith
39. An elongated L5 spinous is termed
knife clasp
40. If you see a horizontal cleft deformity on a a dorsal vertebra it is termed a Hahns fissure
41 . Cobb Lippman is the best line to measure
-scoliosis
42. McNabb's line utilizes
B. superior facet of the vertebra below
43. Best view to evaluate the sacrum
A. AP with tube tilt 15 degrees cephalad
44. When taking a lateral lumbopelvic, where would the cross hairs be aligned
- L/S junction
45. Which sign is seen when there is a. unilateral spondylolisthesis
- opposite pedicle is calcified
46. Best view to see sella turcica
- lateral skull
17. Which is malignant
- osteosarcoma
42. Pest view to see intercondylar eminence
- tunnel
49. Metrazamide is used for
- myelography
50. The Y and X on the ischium or on the crest of the ilium is due to a
C. epiphysis is not closed
51. At what. age do you see ossification of the crest of the ilium
A> 18 years,
52, How can you determine the progression of scoliosis
A. 1 degree per month is rapid.
53. Which is least likely to be seen in the mediastinum
0. sarcoidosis
54. A large non-calcified differentiated nodule in he chest is probably
C, bronchogenic carcinoma
55, Best way to diagnose metastatic disease
A. nuclear bone scan

56. is	There is calcification which is parallel and found in left upper quadrant. This
	0. splenic artery calcification
What	causes a mediastinal shift toward the anterior
	A. pneumothorax
52.	Most traction spurs are seen in
	C. lumbar.
59.	Slipped epiphvsis is most common I ii
	A, proximal femur
60.	What would describe thinning of bone cortex and loss of bone density
	B, osteoporosis
.GI.	If lumbar canal measures 10 mm it indicates
	B. spinal canal stenosis,
22.	A retropharyngeal space of 5 mm indicates
	U. normal.
63.	Why is cervical oblique taken at 72"?
	A. decrease distortion
64 .	loose bodies in the joint space are seen in
	C. osteochondritis dissecans
65.	Which does not, cause upper cervical laxity of the transverse ligament,
	B. DJD'
66.	Phleboliths in the pelvic area are
	U> not clinically significant
267.	There is calcification of renal ureter junction with
	P. kidney infection
68.	Which structure .1 s not visible on kUB
	B. pancreas