MCQ(أثر)

RADIOLOGY

Chest X-ray

https://t.me/+ECs-5dlyKBwwODRk

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Q1: The most reliable sign of direct lobar collapse is:

A) Hilar displacement
B) Elevation of the diaphragms
C) Crowding of vascular markings
D) Displacement of the interlobar fissure
E) Shift of mediastinal structures

✅ **Answer: D) Displacement of the interlobar fissure**
📝 **Explanation (simple):**
The interlobar fissure moves toward the area of collapse, making it the most reliable and earliest radiological sign of lobar atelectasis.
👉 **Similar option (A): Hilar displacement can also occur, but it is less specific and not as reliable as fissure displacement.**

Q2: All of the following represent anterior mediastinal masses, EXCEPT:

A) Lymphoma
B) Thymic tumor
C) Retrosternal goiter
D) Bronchogenic cyst
E) Morgagni hernia

✅ **Answer: D) Bronchogenic cyst**
📝 **Explanation (simple):**
Bronchogenic cysts are usually found in the middle mediastinum, not the anterior mediastinum.
👉 **Similar option (C): Retrosternal goiter does appear in the anterior mediastinum, so it is not the exception.**

Q3: In emphysema, all of the following are correct EXCEPT:

A) The lungs appear expanded and more radiolucent
B) There is reduction in the size and number of vascular markings
C) The heart shadow is long and narrow
D) The AP diameter of the chest is increased
E) The diaphragms are high and convex

✅ **Answer: E) The diaphragms are high and convex**
📝 **Explanation (simple):**
In emphysema the diaphragms become low and flat, not elevated and convex.
👉 **Similar option (A): Hyperinflation makes the lungs appear more radiolucent, so A is correct.**

Q4: Which of the following statements is correct?

A) Small cell tumors are frequently associated with mediastinal & hilar adenopathy
B) Pneumocystis pneumonia is common after solid organ transplant
C) Lung metastases usually present with irregular margins
D) Plain CT without contrast is used for intra-abdominal injury
E) Pulmonary TB is common in posterior segments of lower lobes

✅ **Answer: A) Small cell tumors are frequently associated with mediastinal & hilar**
📝 **Explanation (simple):**
Small cell lung cancer strongly causes central mass + bulky lymphadenopathy.
👉 **Similar option (C): Lung metastases usually appear as multiple round well-defined nodules, not irregular.**

Q5: All of the following statements are correct EXCEPT:

A) In bacterial pneumonia, all radiographic abnormalities resolve after 4–6 weeks
B) Normal pancreas on US excludes pancreatitis
C) Lung metastases tend to be at bases/periphery
D) Early ulcerative colitis finding is mucosal granularity
E) CT is not good for diagnosing acute cholecystitis

✅ **Answer: A) In bacterial pneumonia all radiographic findings resolve after 4–6**

📝 **Explanation (simple):**
Pneumonia may take up to 12 weeks (or more in elderly smokers) to clear completely.

👉 **Similar option (E): CT can show acute cholecystitis but ultrasound is still the first-line, so E is not the wrong statement.**

Q6: ALL the following are signs of heart failure on CXR EXCEPT:

A) Cardiomegaly
B) Pericardial effusion
C) Interstitial/alveolar edema
D) Kerley B lines
E) Cephalization of blood flow

✅ **Answer: B) Pericardial effusion**

📝 **Explanation (simple):**
Pericardial effusion is not a sign of heart failure—it's fluid in the pericardial sac.

👉 **Similar option (A): Cardiomegaly is a classic sign of left-sided heart failure.**

Q7: Most common cancer associated with lymphadenopathy?

A) Adenocarcinoma
B) Squamous cell carcinoma
C) Small cell lung cancer
D) Carcinoid tumor
E) Renal cell carcinoma

✅ **Answer: C) Small cell lung cancer**

📝 **Explanation (simple):**
Small cell carcinoma is highly aggressive and causes massive hilar & mediastinal lymphadenopathy.

👉 **Similar option (A): Adenocarcinoma is usually peripheral and less associated with severe lymphadenopathy.**

Q8: A radio-opacity silhouetting the left heart border is most likely located in the:

A) Left lower lobe
B) Lingula (upper lobe of left lung)
C) Right middle lobe
D) Right upper lobe
E) Left upper lobe (apical)

✅ **Answer: B) Lingula**

📝 **Explanation (simple):**
The lingula lies directly against the left heart border → its opacity erases the contour.

👉 **Similar option (A): Left lower lobe silhouettes the left hemidiaphragm, not the heart border.**

Q9: Which of the following is NOT a sign of pulmonary edema?

A) Cardiomegaly
B) Kerley B lines
C) Perihilar bat-wing pattern
D) Pleural effusion
E) Pericardial effusion

✅ **Answer: E) Pericardial effusion**

📝 **Explanation (simple):**
Pulmonary edema involves lung interstitium/alveoli, not the pericardial space.

👉 **Similar option (D): Pleural effusion often appears in left-sided heart failure, so it is not the exception.**

Q10: Which of the following is NOT a cause of infant respiratory distress?

A) RDS
B) Meconium aspiration
C) Pneumonia
D) Congenital diaphragmatic hernia
E) Dextrocardia

✅ **Answer: E) Dextrocardia**
📝 **Explanation (simple):Dextrocardia is just a position anomaly, not a cause of respiratory distress.**
👉 **Similar option (D): Congenital diaphragmatic hernia causes severe respiratory compromise, so it is not the exception.**

Q11: Which of the following is NOT a risk factor for contrast allergy?

A) Previous contrast allergy
B) Asthma
C) Multiple allergies
D) Beta-blocker use
E) Tuberculosis

✅ **Answer: E) Tuberculosis**
📝 **Explanation (simple):TB has no relation to contrast hypersensitivity.**
👉 **Similar option (B): Asthma is a strong risk factor for contrast reactions.**

Q12: The most common cause of pneumothorax is:

A) Chest injury
B) Lung tumor
C) Pneumonia
D) Fibrosis
E) TB

✅ **Answer: A) Chest injury**
📝 **Explanation (simple):Trauma (blunt or penetrating chest injury) is the most common overall cause of pneumothorax because it allows air to enter the pleural space.**
👉 **Similar option (B): Lung tumors can cause pneumothorax but are far less common than traumatic causes.**

Q13: Common causes of bronchial obstruction causing collapse include all EXCEPT:

A) Bronchial carcinoma
B) Mucus plug
C) Foreign body
D) Malpositioned endotracheal tube
E) Chronic TB

✅ **Answer: E) Chronic TB**
📝 **Explanation (simple):Chronic TB affects lung parenchyma, not usually causing acute bronchial obstruction leading to collapse.**
👉 **Similar option (A): Bronchial carcinoma can obstruct the airway and commonly causes lobar collapse.**

Q14: The most common cause of spontaneous pneumothorax is:

A) Chest injury
B) Pulmonary hemosiderosis
C) Rupture of subpleural bleb
D) Lung mass
E) Foreign body

✅ **Answer: C) Rupture of subpleural bleb**
📝 **Explanation (simple):A spontaneous pneumothorax most commonly occurs when a small apical bleb ruptures, especially in tall, thin young males.**
👉 **Similar option (A): Chest injury causes pneumothorax, but that is traumatic, not spontaneous.**

Q15: Anterior mediastinal masses — FALSE is:

A) Lymphoma
B) Thymoma
C) Retrosternal goiter
D) Germ cell tumor
E) Schwannoma

✅ **Answer: E) Schwannoma**
📝 **Explanation (simple):Schwannoma is a posterior mediastinal mass (neurogenic), not anterior.**
👉 **Similar option (A): Lymphoma can occur in the anterior mediastinum and is common.**

Q16: Air bronchogram is commonly seen in:

A) COPD
B) Pleural effusion
C) Pneumonia
D) Pneumothorax
E) Pulmonary embolism

✅ **Answer: C) Pneumonia**
📝 **Explanation (simple):Air bronchograms appear when alveoli are filled with fluid (e.g., pneumonia) but bronchi re filled.**
👉 **Similar option (B): Pleural effusion obscures bronchi, so air bronchogram is not seen.**

Q17 Which imaging modality has the lowest radiation dose?

A) Chest X-ray
B) Bone scan
C) Cardiac stress test
D) CT scan

✅ **Answer: A) Chest X-ray**
📝 **Explanation (simple):**
Chest X-ray delivers the lowest radiation dose among all listed tests.

- **Bone scan & CT use significantly higher radiation.**
- **Cardiac stress test (nuclear) also exposes patients to more radiation than CXR.**

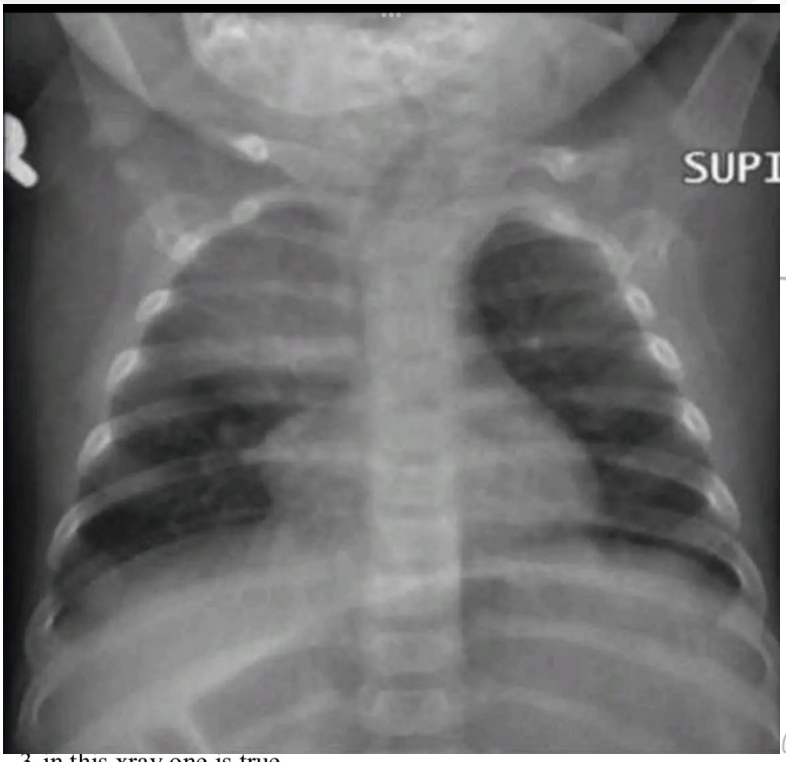
👉 **Similar option (B): Bone scan uses radionuclides → higher radiation dose, not the lowest.**

■ male patient with sudden chest pain after trauma , most likely diagnosis
A)Hemothorax
B)pleural effusion
C)pneumothorax
D)lobar collapse

Answer: A) Hemothorax

📝 Explanation (simple):
The X-ray shows a **large homogeneous white opacity** on the right side with **blunting of the costophrenic angle** and **no lung markings**, suggesting **blood filling the pleural space**. This is typical of **traumatic hemothorax**.

Baby x ray with opacification in right upper zone with letral x ray
A- normal x ray
B- pancost tumer
C- upper lobe consolidation

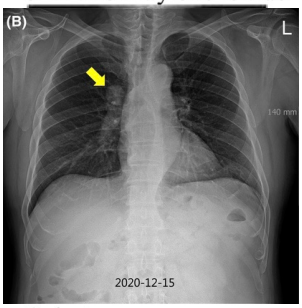


✅ **C) Upper lobe consolidation**

📝 **Why? (simple)**

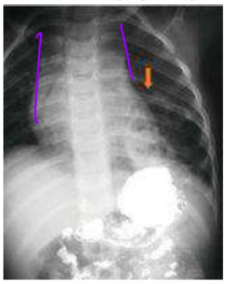
- **Consolidation in babies is usually from infection.**
- **Pancoast tumors occur in adults, not infants.**
- **Normal X-ray would show clear, symmetrical lung fields.**

3-in this xray one is true



Select one:
a. IT IS AP CHEST XRAY.
b. IT IS A CASE OF ESOPHAGAL ATRASIA.
C. THERE IS RT MEDIASTINAL MASS SILLHOUTING RT PARATRACHAL LINE.
d. THE INFLAMMATORY CAUSE IS NEVER BE A CAUSE FOR THIS RT MASS.
e. IT IS MIDDLE MEDIASTINAL MASS.

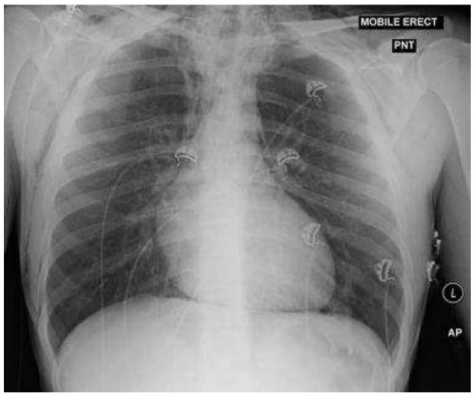
10-IN THIS CHEST ABDOMEN PELVIS VIEW ,ONE IS TRUE:



Select one:
a. NON OF THE OTHER ANSWER CHOICES IN THIS QUESTION IS TRUE
b. IT IS A BARUIM MEAL STUDY
C. IT IS A CYSTIC FIBROSIS OF RT LUNG
d. DIAPHRAGM SURGICAL REPAIR IS RECOMMENDED
e. DIFFERENTIAL DIAGNOSIS AFTER THIS STUDY IS CCAM AND DIAPHRAGMATIC HERNIA

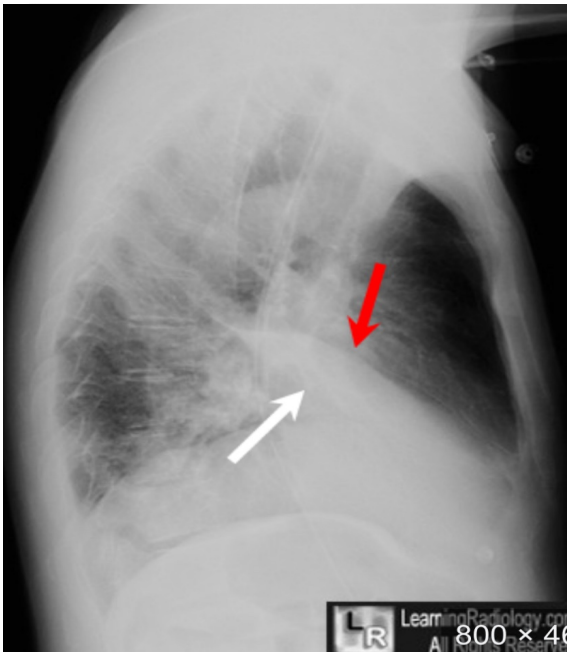
40- in this chest xray one is true :

7.

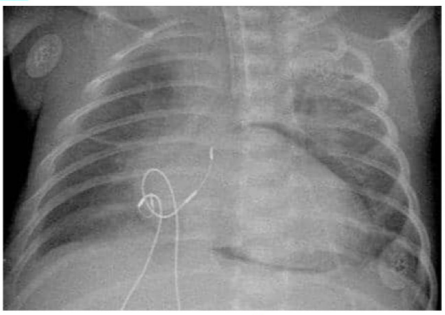


Pneumopericardium

Select one :
a. There is bilateral clavicle fracture
b.skeletal survey may be requested
c.it is a case of heart failure
d.it is most likely accidental trauma
e.normal cartligenous defect of ribs

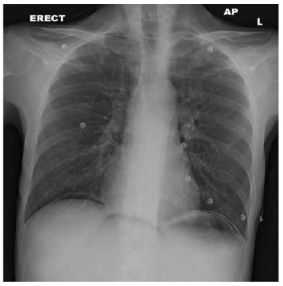


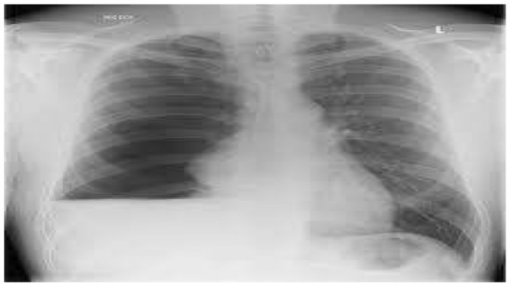
Right middle lobe atelectasis



Pneumopericardium ✔

31) Pneumoperitoneum





Hydro pneumothorax ✔