

RADIODIAGNOSIS

PAPER – III

RDG/J/17/40/III

Time : 3 hours

Max. Marks : 100

Important instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

1. a) Based on the anatomic location of the bleeding site, how is gastrointestinal bleeding typically categorized? 2+8
b) How does multi-detector computed tomographic angiography help in the localization and characterization of acute gastrointestinal bleeding?
2. Role of contrast enhanced ultrasound in the imaging of nodules in a cirrhotic liver, and the algorithm of how it can be integrated to be a part of a multimodality imaging approach. 5+5
3. a) Enumerate the venous tributaries constituting the portal venous system and the sites of portosystemic anastomoses. (1+2)+(4+3)
b) Sonographic and CT imaging features of portal hypertension.
4. a) Multi-detector computed tomography (MDCT) features of acute intestinal ischemia. 4+6
b) How does MDCT contribute to appropriate treatment planning and provides important prognostic information?
5. CT imaging features of acute pancreatitis alongwith the revised Atlanta system of classification. 5+5
6. A 52 year old road traffic accident victim is brought to you from the casualty with history of frank haematuria. 3+7
a) How would you evaluate this patient?
b) What are the possibilities with their key radiological findings?
7. A 66 year old patient has undergone a renal transplant. 3+7
Enumerate the potential complications that may occur in this patient. What is the role of Colour Doppler and ultrasound in the imaging of these complications?

P.T.O.

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8. A 26 year old patient, who is 12 weeks post-partum, is referred to you for radiological appraisal with a history of bleeding per vaginum and raised beta-HCG levels. 2+2+6
a) What is the likely diagnosis?
b) How would you evaluate this patient?
c) Mention the possibilities with their key radiological findings.
9. a) How would you decide on the amnionicity and chorionicity in a multiple pregnancy? 3+3+4
b) Enumerate the complications that may occur in a twin pregnancy.
c) Radiological findings in twin-twin transfusion syndrome.
10. a) Enumerate the various Müllerian duct anomalies along with the line diagrams. 5+5
b) Imaging algorithm and diagnostic features of the various types of Müllerian duct anomalies.
