RADIO DIAGNOSIS PAPER-I

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- You are provided with 5 answer sheet booklets. Each individual answer sheet booklet consists of 10 pages excluding the covering jackets.
- This question paper consists of 10 short note questions. Question paper is divided into 5 Parts A, B, C, D and E, each part containing 2 questions.
- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.
- 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.

PAPER-I

PART-A

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.

Write short notes on:

PART-A

- 1. a) Imaging evaluation of a patient with Cushing's syndrome.5+5b) Role of imaging in differentiating adrenal adenoma from adrenal metastasis.
- 2. a) Approach for incidental thyroid nodules detected on imaging. 4+6
 - b) TI-RADS and its clinical utility.

PAPER-I

PART-B

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.

Write short notes on:

PART-B

- 3. What is lipoma arborescens? Enumerate imaging findings on US and MRI. Discuss any two differential diagnosis.
- 4. Indications, technique, advantages and limitations of MRI in imaging of 2+3+3+2 breast cancer.

PAPER-I

PART-C

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.

Write short notes on:

PART-C

- 5. Discuss the etiology of femoroacetabular impingement and imaging 10 findings on plain radiographs and MRI.
- 6. Enumerate the various posterior fossa tumours in the paediatric age group. Describe in brief the protocol for evaluation of these patients. Discuss the salient imaging features of the three commonest paediatric posterior fossa tumours.

5+5

RADIO DIAGNOSIS

PAPER-I

PART- D

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.

Write short notes on:

PART-D

- 7. Discuss in brief the salient CT and MRI features in an acute ischemic stroke patient arriving to the hospital within 6 hours of onset. Suggest an algorithm based approach for confirmation of diagnosis and guiding the management of such a patient.
- 8. Describe the imaging protocol of paranasal sinuses for FESS 3+3+4 (Functional Endoscopic Sinus Surgery). What are the important anatomical landmarks and anatomical variants which should be looked for while evaluating for FESS? Discuss the radiological patterns and features of Aspergillus infection of paranasal sinuses.

PAPER-I

PART-E

TIME: 3 HOURS RDG/D/20/40/I

MAX. MARKS: 100

IMPORTANT INSTRUCTIONS

- Answers to questions of part A, part B, part C, part D & part E are to be strictly attempted in a separate answer sheet booklet which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Answers to question(s) attempted on an answer sheet booklet for a different part will not be evaluated.
- Part A/Part B /Part C/Part D/Part E should be mentioned on the covering page of the respective answer sheet booklet.

Write short notes on:

PART- E

- 9. a) Discuss the radiological anatomy of ankle ligaments. 3+(3+4)
 - b) Briefly state various MR sequences and planes used to evaluate ankle joint on magnetic resonance imaging.
- 10. A 37-year-old female presents with history of intractable epilepsy. (3+3)+4 Discuss the imaging modalities and protocols used in workup of this patient. Describe imaging findings of mesial temporal sclerosis.