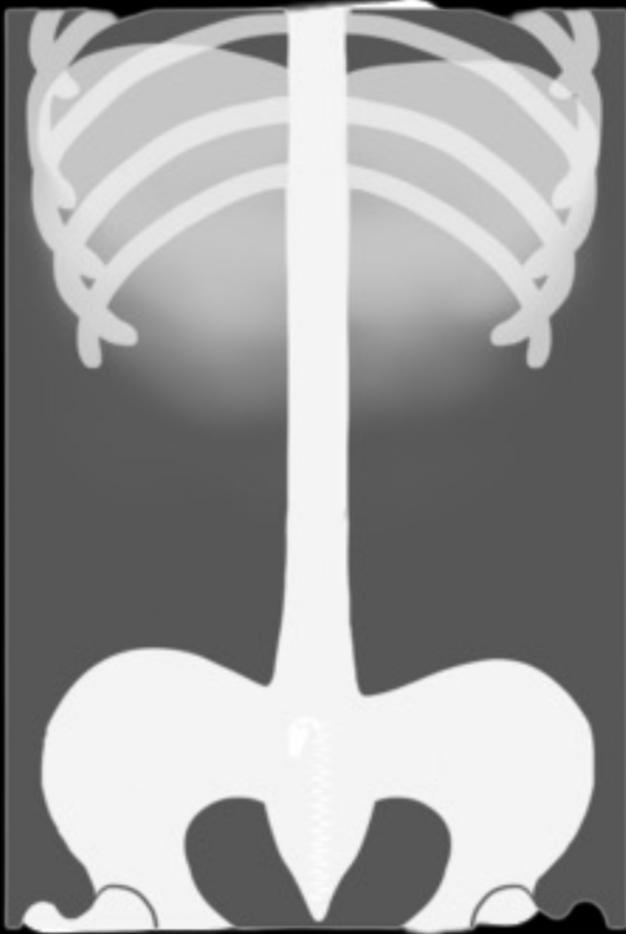


MCQ(أثر) 

# RADIOLOGY

abdominal X-ray



BY  
DR. HESHAM  
MOH. AL MAHASNEH

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

**Q1 Gall-bladder wall thickening can be caused by all of the following, EXCEPT:**

- A) Acute cholecystitis
- B) Sclerosing cholangitis
- C) Liver cirrhosis
- D) Ascites
- E) Gall bladder cancer

✔ Answer: D

📖 Explanation (simple): True causes of gall-bladder wall thickening include inflammation (acute cholecystitis, cholangitis), portal hypertension/cirrhosis, and malignancy. In this question key, ascites is taken as NOT a cause for focal GB wall thickening.

👉 Similar option (C): Liver cirrhosis leads to portal hypertension and congestion → smooth GB wall edema and thickening, so it is a cause, not the exception.

**Q2 The use of Gastrografin is indicated in all of the following, EXCEPT:**

- A) Suspected bowel perforation
- B) Meconium ileus in neonates
- C) In barium swallow if the patient is at risk of aspiration
- D) In barium enema study for volvulus
- E) Post-operative patients for leakage

✔ Answer: C

📖 Explanation (simple): Gastrografin is a hyper-osmolar water-soluble contrast. If aspirated into the lungs it can cause severe chemical pneumonitis, so it is contraindicated in patients at high aspiration risk.

👉 Similar option (A): In suspected bowel perforation, water-soluble contrast is preferred over barium because leakage into the peritoneum is safer than barium peritonitis.

**Q3 Which of the following is CORRECT as a cause of small bowel fluid level?**

- A) Small bowel obstruction
- C) Paralytic ileus
- D) Hypokalemia
- E) Gastro-enteritis
- F) All of the above

✔ Answer: F

📖 Explanation (simple): All listed conditions can produce dilated loops with fluid levels: mechanical obstruction, paralytic ileus (functional obstruction), electrolyte disturbances like hypokalemia, and severe inflammatory enteritis.

👉 Similar option (A): Small bowel obstruction alone is a correct cause, but option F is more inclusive and therefore the best answer.

**Q4 The best imaging test to diagnose the complication of appendicitis is:**

- A) Plain abdomen film, erect and supine
- B) Ultrasound
- C) CT scan with contrast
- D) Barium enema
- E) Barium follow-through

✔ Answer (according to key): A

📖 Explanation (simple): For suspected perforation or obstruction as complications, an erect/supine plain film can rapidly show free air under the diaphragm or air-fluid levels. (In real practice CT is superior, but this slide's key focuses on classic exam teaching.)

👉 Similar option (C): CT with contrast is actually the best overall investigation for appendicitis and its complications clinically, but it is not the keyed answer here.

**Q5 The following statements are correct, EXCEPT:**

- A) In chest X-ray, a pneumonia that obliterates the heart border is located in the lingular segment of the upper lobe.
- B) In barium swallow, marked dilatation of the esophagus with "beaked" narrowing distally indicates esophageal tumor.
- C) The tip of the endotracheal tube should be at least 5 cm above the carina.
- D) The common bile duct usually joins the pancreatic duct as a common duct within the duodenal wall.
- E) In plain abdomen film, the presence of small bowel obstruction and gas in the biliary tree indicates gallstone ileus.

✔ Answer: B

📖 Explanation (simple):

A "bird-beak / beaked narrowing" with proximal dilatation in barium swallow is classically achalasia, not esophageal tumor.

👉 Similar option (A): Loss of left heart border silhouette on CXR indicates pathology in the lingula, so statement A is correct.

**Q6 Unilateral elevated hemidiaphragm can be caused by all of the following, EXCEPT:**

- A) Phrenic nerve palsy
- B) Eventration
- C) Subphrenic abscess
- D) Collapse in the lower lobe
- E) Large ascites

✔ Answer: E

📖 Explanation (simple): Large ascites raises both hemidiaphragms symmetrically. Unilateral elevation is usually due to phrenic nerve palsy, eventration, subphrenic pathology, or ipsilateral lower-lobe volume loss.

👉 Similar option (A): Phrenic nerve palsy paralyzes one hemidiaphragm → unilateral elevation, so A is a true cause, not the exception.

**Q7 The following statements about peptic disease are correct, EXCEPT:**

- A) Malignant gastric ulcers are more commonly in the greater curvature.
- B) Giant ulcers (> 3 cm) are mostly benign.
- C) The majority of duodenal ulcers occur in the first part of the duodenum.
- D) The most common location of duodenal diverticulum is in the second part of the duodenum.
- E) Malignant gastric ulcers usually project beyond the gastric contour.

✔ Answer: E

📖 Explanation (simple): On barium studies, benign ulcers typically project beyond the gastric contour (punched-out niche). Malignant ulcers are more often within the contour with irregular margins and a rigid wall.

👉 Similar option (B): Giant ulcers > 3 cm have a higher malignant risk, so calling them “mostly benign” is questionable in real life, but in this key the main false statement they want is E.

**Q8 Barium enema is contraindicated in all of the following situations, EXCEPT:**

- A) When there is free intraperitoneal air
- B) If toxic megacolon is suspected
- C) In peritonitis
- D) When bowel perforation is suspected
- E) In suspected obstructing lesion

✔ Answer: E

📖 Explanation (simple): Perforation, free air, peritonitis and toxic megacolon are absolute contraindications to barium enema. In a suspected obstructing lesion, contrast enema can still be used carefully to define the level of obstruction.

👉 Similar option (B): Toxic megacolon is a medical emergency; introducing barium and air can risk perforation → strictly contraindicated.

**Q9 In appendicitis, the following are correct, EXCEPT:**

- A) On ultrasound, the appendix is dilated (> 7 mm) and non-compressible.
- B) On plain film, lumbar scoliosis convex to the left side is usually present.
- C) On plain film, local ileus in the right lower quadrant is usually seen.
- D) Enlarged and clustered lymphadenopathy in mesentery and right lower quadrant seen in CT.
- E) Periappendiceal fat changes are usually present in CT.

✔ Answer: D

📖 Explanation (simple): Typical CT findings of appendicitis include dilated inflamed appendix and periappendiceal fat stranding; mesenteric lymph nodes can be present but prominent clustered lymphadenopathy is not the main or specific sign.

👉 Similar option (E): Periappendiceal fat changes (fat stranding) are classic CT signs supporting appendicitis, so option E is correct.

**Q10 The following statements are correct, EXCEPT:**

- A) The jejunal loops are usually larger than the ileal loops.
- B) Ultrasound is the best test to diagnose gallstones.
- C) The superior mesenteric vein lies to the right of the superior mesenteric artery.
- D) In intravenous urogram (IVU), prone film usually demonstrates the ureters more successfully.
- E) Hirschsprung's disease is caused by the presence of ganglion cells in the wall of a portion of the colon.

✔ Answer: E.

📖 Explanation (simple): Hirschsprung's disease is due to absence of ganglion cells (aganglionosis) in the distal bowel, causing functional obstruction.

👉 Similar option (A): Jejunal loops do have thicker folds and can appear slightly larger/more feathery than ileal loops on imaging, so A is considered a correct statement in this key.

**Q11 The following statements are correct, EXCEPT:**

- A) The valvulae conniventes are circumferential transverse folds found in the jejunum.
- B) In suspected toxic megacolon, barium enema is contraindicated.
- C) Oxygen toxicity causes pulmonary edema.
- D) CT is the imaging modality of choice for diagnosis of splenic injuries.
- E) Cephalization of blood flow seen in chest X-ray is one of the radiographic signs of pulmonary arterial hypertension.

✔ Answer: E

📖 Explanation (simple): "Cephalization" (upper-lobe diversion of blood flow) on CXR indicates pulmonary venous hypertension / left-sided heart failure, not primary pulmonary arterial hypertension.

👉 Similar option (B): In toxic megacolon, barium enema is definitely contraindicated because of high perforation risk, so B is a correct statement.

**Q12 The following statements are correct, EXCEPT:**

- A) The preliminary (control) film is usually not required for barium enema examination.
- B) In hyaline membrane disease, the volume of the lungs is decreased.
- C) Voiding (micturating) cystogram is the gold standard for imaging posterior urethral valve.
- D) The vascular structure present immediately behind the pancreas is the splenic vein.
- E) Plain abdomen film reveals about 10–20% of stones in the gallbladder, as they are radio-opaque.

✔ Answer: A

📖 Explanation (simple): A preliminary control film is required before barium enema to assess gas pattern, calcifications, and proper preparation; so saying it is "not required" is false.

👉 Similar option (E): Only about 10–20% of gallstones are radio-opaque and visible on plain films, so statement E is correct.

**Q13: All of the following are true regarding intussusception in children, EXCEPT:**

- A) Barium enema is diagnostic and therapeutic
- B) Ileo-ileal type is the commonest type
- C) Pseudo-kidney sign is seen on ultrasound
- D) Presents with abdominal pain and red-currant jelly stool
- E) Hypertrophied Peyer's patches are the usual cause

✔ Answer: B

📖 Explanation (simple): The commonest type is ileocolic intussusception (terminal ileum into cecum), not ileo-ileal.

👉 Similar option (A): Barium enema can both diagnose and reduce intussusception, so it is true, not the exception.

**Q14: The following statements are FALSE regarding pyloric stenosis, EXCEPT:**

- A) CT abdomen is the imaging study of choice
- B) Pyloric diameter of 10 mm is diagnostic
- C) Double-bubble sign on plain film is typical
- D) Presented at 8–12 weeks with gastric outlet obstruction
- E) Shouldering sign on contrast study occurs with severe stenosis

✔ Answer: E) Shouldering sign on contrast study occurs with severe stenosis

📖 Explanation (simple): In hypertrophic pyloric stenosis, upper GI contrast can show classical signs such as string sign, double-track sign, and shoulder/shouldering sign, so E is true (the "except").

👉 Similar option (C): The double-bubble sign is classically due to duodenal atresia, not pyloric stenosis → therefore C is one of the false statements.

**Q15: All the following are true in GIT imaging, EXCEPT:**

- A) Barium sulfate is the most commonly used contrast medium
- B) If leakage or perforation is suspected, gastrografin contrast is used
- C) Double-contrast barium meal can identify peptic ulcer disease
- D) In sliding diaphragmatic (hiatal) hernia, the gastro-esophageal junction is in place
- E) In infants, barium swallow is done using non-ionic contrast media

✔ Answer: D

📖 Explanation (simple): In sliding hiatal hernia, the GE junction slides above the diaphragm, so it is not in place → D is false and is the "except".

👉 Similar option (B): When perforation/leak is suspected, water-soluble contrast (e.g. gastrografin) is indeed preferred, so B is true.

**Q16: In small bowel obstruction, the following are true, EXCEPT:**

- A) Dilated loops of jejunum show valvulae conniventes
- B) The most common cause is postoperative adhesions
- C) Air-fluid levels appear on supine plain film
- D) Gas is absent in the colon
- E) Dilatation of small bowel up to 3 cm is considered normal

✔ Answer: C

📖 Explanation (simple): Typical air-fluid levels of obstruction are best seen on upright (erect) or decubitus films, not supine.

👉 Similar option (B): Adhesions after surgery are indeed the most common cause of small bowel obstruction, so B is true.

**Q17: Which of the following is TRUE regarding a barium swallow?**

- A) It is mainly a study of the colon
- B) It is mainly a study of the stomach
- C) It is mainly a study of the esophagus
- D) It is mainly a study of the small bowel
- E) It is mainly a study of the gallbladder

✔ Answer: C

📖 Explanation (simple): A barium swallow is primarily used to study the pharynx and esophagus (strictures, tumors, motility).

👉 Similar option (B): The stomach is better assessed with a barium meal, not a barium swallow.

**Q18: The most common cause of free air under the diaphragm on X-ray is:**

- A) Acute pancreatitis
- B) Perforated bowel
- C) Acute cholecystitis
- D) Acute appendicitis without perforation
- E) Ascites

✔ Answer: B

📖 Explanation (simple): Perforation of a hollow viscus (often perforated peptic ulcer or bowel) allows air to escape into the peritoneal cavity → seen as free subdiaphragmatic air.

👉 Similar option (D): Simple, non-perforated appendicitis does not usually cause free air.

**Q19: Which of the following is WRONG regarding abdominal X-ray?**

- A) Dilated small bowel loops with multiple air-fluid levels suggest obstruction
- B) Calcified gallstones may be seen on plain film
- C) Free air under the diaphragm suggests perforated viscus
- D) Gas in the biliary tree with intestinal obstruction excludes gallstone ileus
- E) Fecal loading may be seen in chronic constipation

✔ Answer: D

📖 Explanation (simple): In gallstone ileus, a classic triad is small bowel obstruction + ectopic gallstone + pneumobilia (air in biliary tree). So gas in the biliary tree with obstruction actually supports, not excludes, gallstone ileus.

👉 Similar option (C): Free subdiaphragmatic air is correctly associated with perforated viscus, so C is true.

**Q20: The most common cause of small bowel obstruction is:**

- A) Hernia
- B) Tumor
- C) Adhesions
- D) Crohn's disease
- E) Intussusception

✔ Answer: C

📖 Explanation (simple): Postoperative adhesions are the leading cause of small bowel obstruction in adults.

👉 Similar option (A): Hernias can cause obstruction but are less common than adhesions in many series.

**Q21: Barium meal is used for all of the following, EXCEPT:**

- A) Gastric ulcer evaluation
- B) Duodenal ulcer evaluation
- C) Gastric carcinoma assessment
- D) Esophageal reflux assessment
- E) Colon cancer evaluation

✓ Answer: E

📖 Explanation (simple): The colon is studied by barium enema / CT colonography, not by a standard barium meal.

👉 Similar option (A): Gastric ulcers are classic indications for a barium meal study.

**Q22: Which one of the following radiological examinations does NOT need contrast media?**

- A) CT abdomen to rule out renal stone
- B) CT abdomen to rule out renal tumor
- C) CT abdomen to rule out liver metastasis
- D) MRI to rule out brain abscess
- E) Chest CT scan to rule out pulmonary embolism

✓ Answer: C) CT abdomen to rule out liver metastasis

📖 Explanation (simple): According to the provided key, option C is marked as the examination that does not require contrast in that context. (In practice, many centers do use contrast for liver mets, but we keep the exam's key.)

👉 Similar option (A): CT for renal stones is also commonly done without contrast, so it can be a confusing close option.

**Q23: The radiographic finding most strongly correlated with pneumonia is:**

- A) Cavities
- B) Air bronchograms
- C) Asymmetric disease only
- D) Interstitial pattern
- E) Fibrosis

✓ Answer: B) Air bronchograms

📖 Explanation (simple): In alveolar (lobar) pneumonia, the alveoli fill with exudate but bronchi remain air-filled → air bronchograms, a classic sign.

👉 Similar option (C): Asymmetry can occur in many unilateral lung diseases, so it is less specific for pneumonia.

**Q24: Which of the following is least likely to be diagnosed by a KUB (plain film of kidneys, ureters, bladder)?**

- A) Radiopaque kidney stone
- B) Small intestinal obstruction
- C) Large intestinal obstruction
- D) Cecal volvulus
- E) Acute appendicitis

✓ Answer: E) Acute appendicitis

📖 Explanation (simple): KUB can show stones, obstruction patterns, or volvulus, but acute appendicitis is usually diagnosed by clinical evaluation and US/CT, not by plain KUB.

👉 Similar option (A): Radiopaque renal stones are often visible on a KUB, so A is a typical indication.

**Q25: Regarding small bowel obstruction (SBO) characteristics, ONE is FALSE:**

- A) Dilated loops of small bowel are usually central
- B) Diameter of small bowel > 9 mm is typical of SBO
- C) Multiple air-fluid levels can be seen
- D) "String of beads" sign may appear
- E) Colon may be collapsed

✓ Answer: B) Diameter of small bowel > 9 mm is typical of SBO

📖 Explanation (simple): Small bowel is considered dilated when > 3 cm, not > 9 mm (which is less than 1 cm), so B is the false statement.

👉 Similar option (A): Central dilated loops are indeed characteristic of SBO, so A is true.

**Q26: A patient with right lower iliac fossa pain has an ultrasound showing a target sign in the right lower quadrant. What is the most likely diagnosis?**

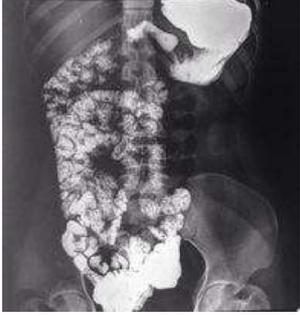
- A) Crohn's disease
- B) Mesenteric ischemia
- C) Acute appendicitis
- D) Sigmoid diverticulitis
- E) Ovarian torsion

✓ Answer: C) Acute appendicitis

📖 Explanation (simple): On US, an inflamed appendix often appears as a non-compressible blind-ending tubular structure with a target sign in the RLQ → typical for acute appendicitis.

👉 Similar option (B): Mesenteric ischemia causes severe abdominal pain but does not usually show this RLQ target sign.

6-REGARDING THIS IMAGE ALL THE FOLLOWINGS ARE FALSE EXCEPT ONE



Select one:

- a THE PATIENT PRESENTS USUALLY WITH BILLIOUS VOMITING
- b. THE PATIENT USUALLY DIAGNOSED INCIDENTALLY
- C. THERE IS SMALL BOWEL OBSTRUCTION
- d. IT IS ILEAL ATRASIA
- e. IT IS A CROHNS DISEASE



Select one:

- a. IT IS A DOUBLE BUBBLE SIGN.
- b. IT IS JEJUNAL ATRASIA.**
- c. IT IS HYPERTROPHIC PYLORIC STENOSIS.
- d. IT IS ILEAL ATRASIA,
- O e. IT IS NORMAL ABDOMEN XRAY.

-Small intestinal obstruction, one is false:  
Diameter is 9cm

**> 3cm**

-one is true regarding this image:

Multiple air fluid level ( fluid fluid level كانت مكتوبة )



Male patient with chronic history of alcoholism and DM, abdominal x ray shows all except ?

- A) alcohol is a risk factor with DM sequale
- B) Gastric body calcification ❌
- C) pancreatic calcification



Female patient with right abdominal pain , one is true ?

- A) it's MRCP
- B) Gall bladder stone
- C) CBD stone ✓



6mo Like Reply

**Boshra Al-Omouh** Top contributor

70 years old male with abdominal distension, colicky pain, one week of constipation, soft abdomen reducible with no hernia, virgin abdomen ..one is true ?

- A) LBO
- B) SBO ✓
- C) Post op adhesion
- D) Sigmoid volvulus



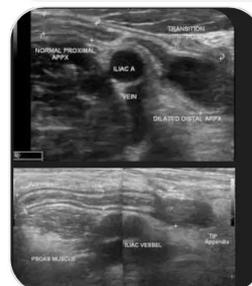
1 month baby with abdominal pain, red jelly stool , one is wrong ?

- A) most common site for pathology ileocolic
- B) Can cause intestinal obstruction
- C) Barium enema halted in transverse colon
- D) Barium meal shows claw sign ❌



patient with generalised abd pain and tenderness an abd us performed which of the following true :

- normal appendix
- positive appendicitis
- non compressable appendix seen in normal
- blind end indicate normal appendix ✓
- wall thickness > 12



6mo Like Reply

pneumatosis intestinalis



6mo Like Reply

all true except:  
closed loop obstruction  
sigmoid volvulus  
large bowel obs  
supine position \*\*



Case 25



# ABDOMEN (ADULT)

One is true?

- A- erect position
- B- large bowel dilatation
- C- small bowel obstruction and apperance of haustra
- D- obstruction and the x-ray demonstrate the cause

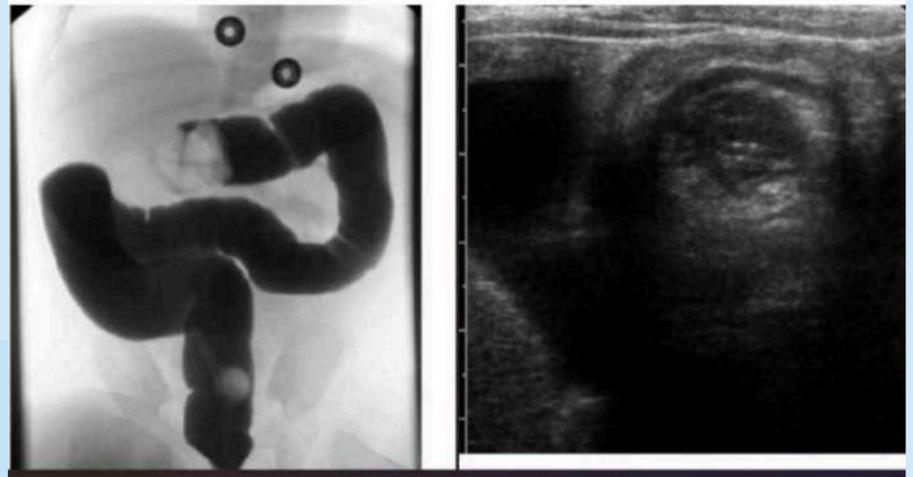
**Answer : c**



One is false?

- A- target sign
- B- claws sign
- C- riglers sign
- D- no apple core sign
- E- coil spring sign

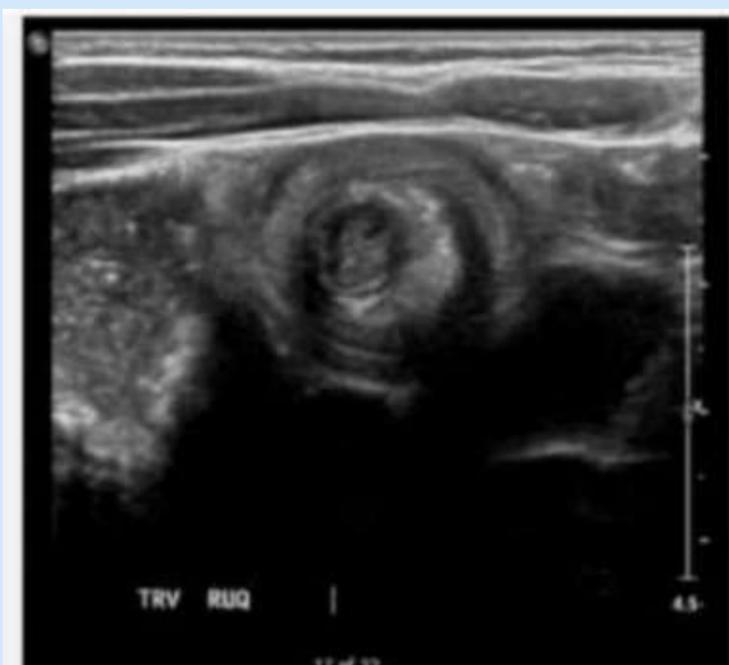
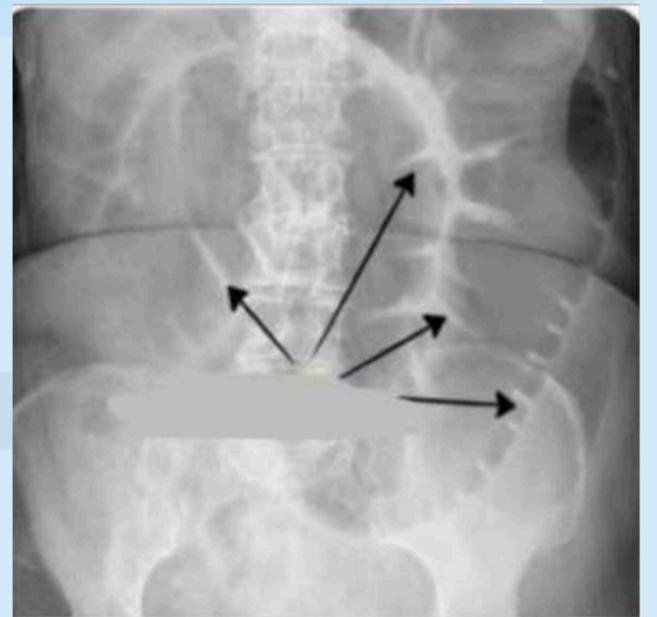
**Answer : c**



Choose the correct answer :

- A. Small bowel obstruction
- B. Acute appendicitis
- C. Large bowel obstruction

**Answer : c**

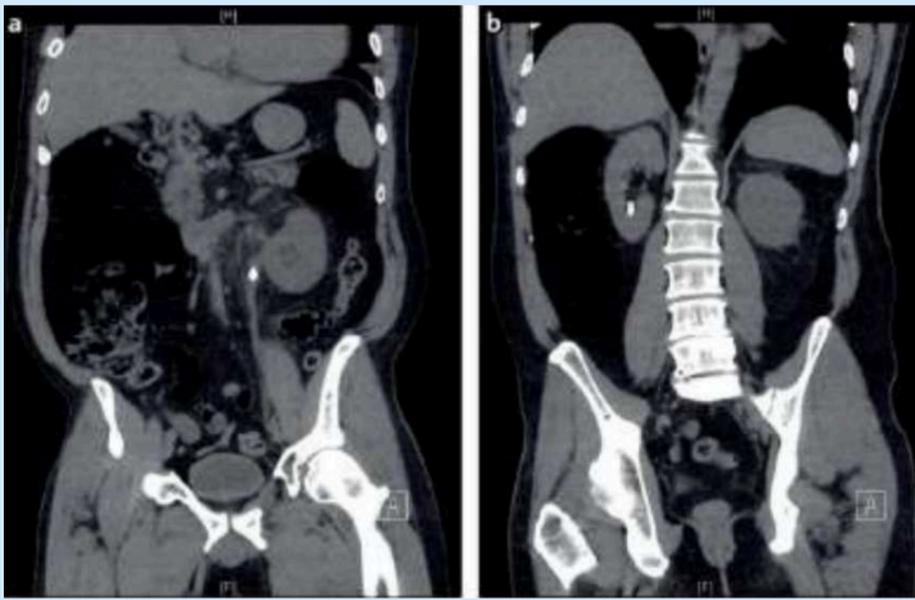


**air reduction can reduce the number of surgical cases**

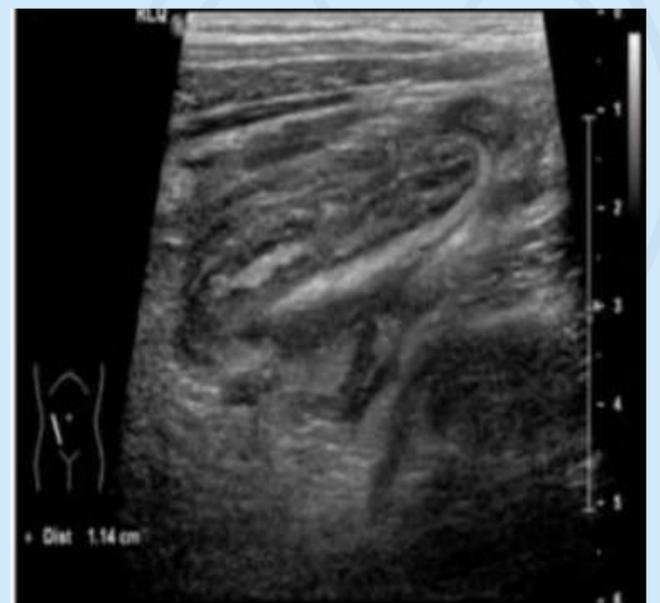


**Spot diagnosis?  
pneumoperitoneum**

# ABDOMEN (ADULT)

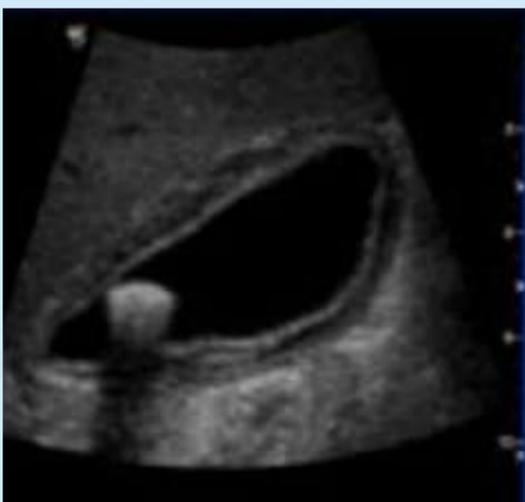


CT coronal reconstruction of the abdomen



one is false

non blinded structure



Acute cholecystitis



football sign falciform ligamen

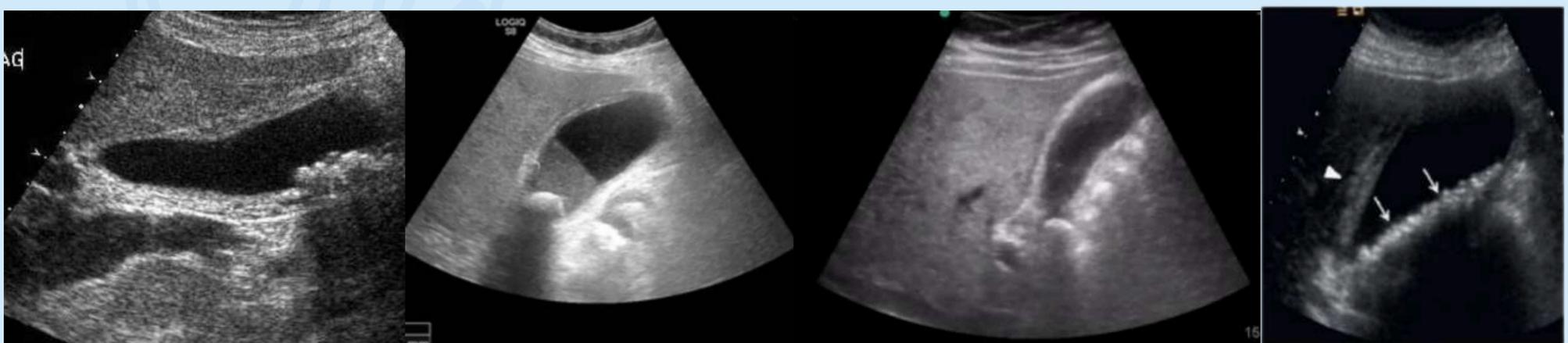


thoracic wedge fracture

Segmoid volvulos  
urgent surgical intervention



Acute appendicitis



Diagnosis?  
Calculus cholecystitis

# ABDOMEN (ADULT)

What is the true regarding this picture?

- 1) obstruction bowel large
- 2) The most common cause of it is adhesions

**Answer : b**

**( Small bowel obstruction )**



according to this image :

gall stone

acute cholecystitis

Appendicitis

Renal stone

**Answer : gallstone**

انتبهوا للـ wall thickening + edema اذا كانوا موجودين يكون الجواب b



One is true?

- A- gallstone with no evidence of cholecystitis
- B- acute calculas cholecystitis
- C- acute acalculas cholecystitis
- D- chronic calcaulas cholecystitis

**Answer : a**



What is the most common cause for this case :

- A) CA colon
- b) Adhesion
- c) Valvulus
- d) Recent surgery
- e) Sigmoid CA

**Answer : A**



# ABDOMEN (ADULT)

imaging show??

a- small bowel obstruction

b- large bowel obstruction

**Answer : b**

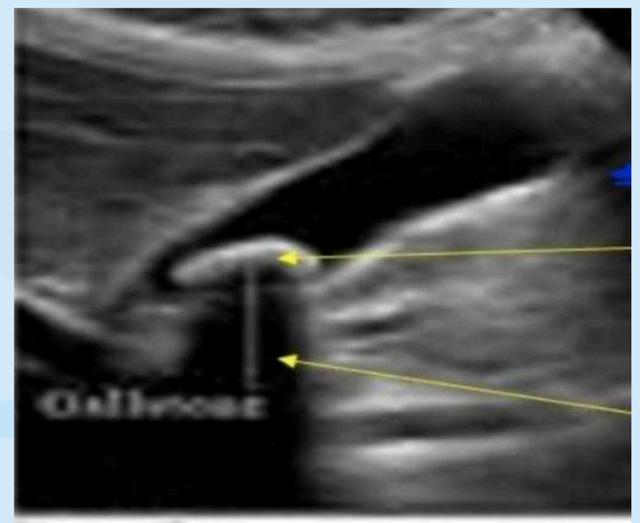


findings?

a- gallbladder stone

b- renal stone

**Answer : a**



all are false except?

a- bilateral renal stones

b- CT , with oral and ivcontrast

c- CT , oral without ivcontrast

d- MRI , without contrast

سؤال ناقص



66 year old man :

A) small bowel obstruction

b) large bowel obstruction

**Answer : b**

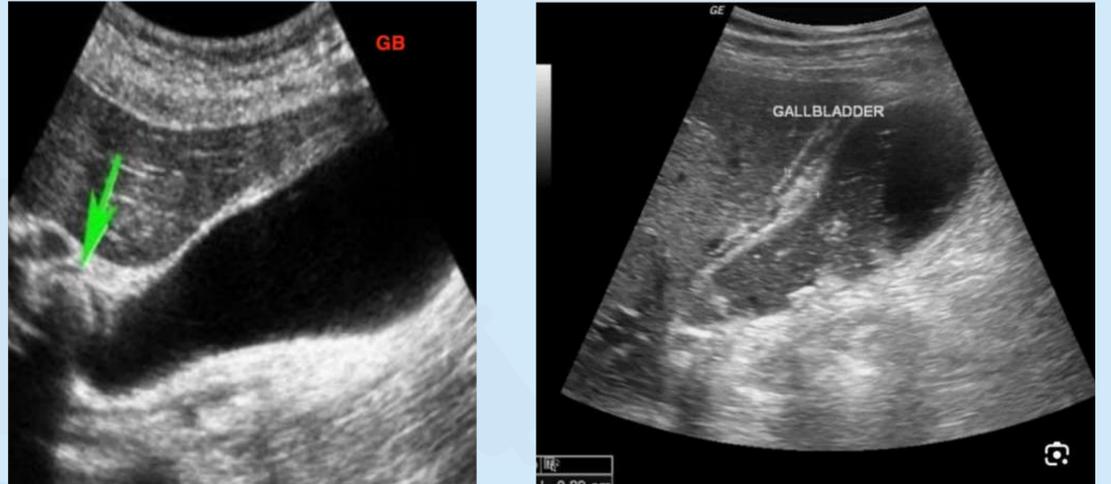


# ABDOMEN (ADULT)

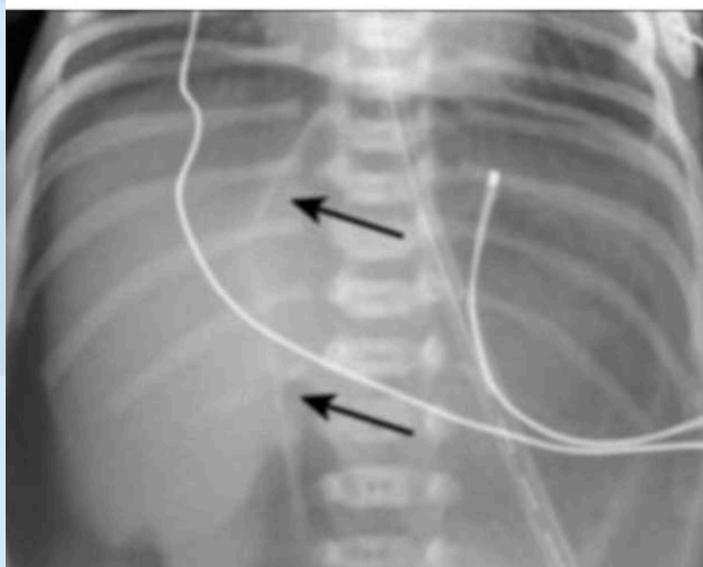
intestinalis pneumatosis



Acute cholecystitis



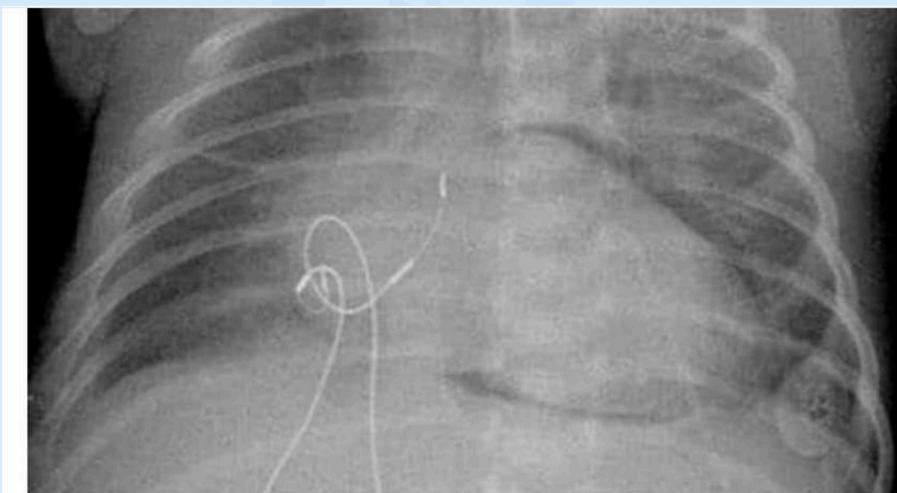
Barium enema



Silver sign



Large bowel obstruction

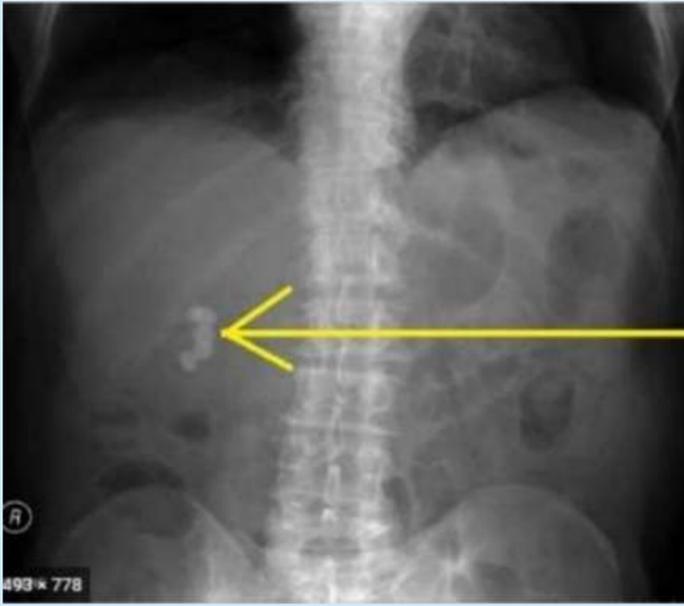


Pneumopericardium ✓



Stomach

# ABDOMEN (ADULT)



Gallbladder stone



Football sign



Common cause Adhesion



Common cause Adhesion



Most likely gallbladder stone



Gallbladder stones

# ABDOMEN (ADULT)



Common cause Adhesion



sigmoid vovulus



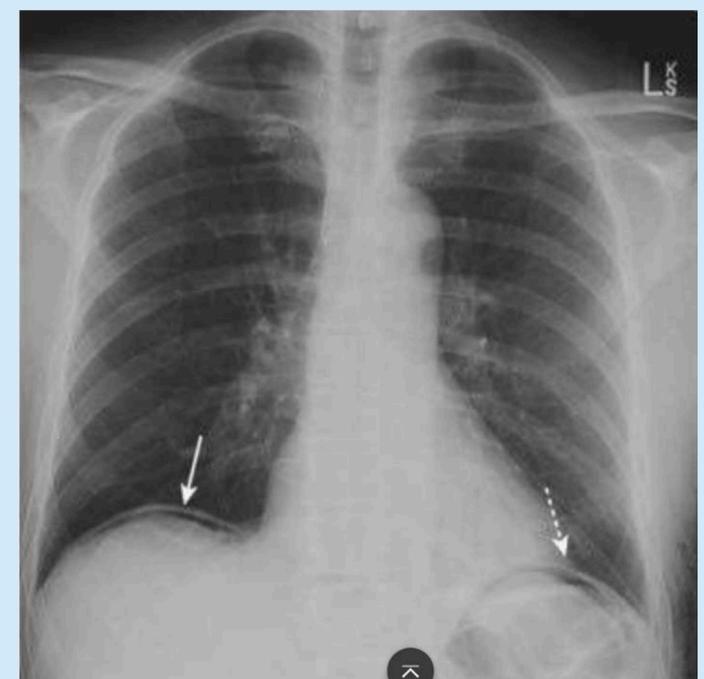
Small bowel obstruction



Small bowel obstruction



Small bowel obstruction



Bilateral air under diaphragm

# ABDOMEN (ADULT)

most likely diagnosis?

- a) Renal stone
- b) Small intestine obstruction
- c) Gallbladder stone
- d) Large bowel obstruction
- e) Bone mets

**Answer : c**



Patient presented to the ER :

- a) Treatment is urgent and needs surgery
- b) Treatment is urgent but doesn't need surgery
- c) Send pt. home
- d) Can delay the treatment

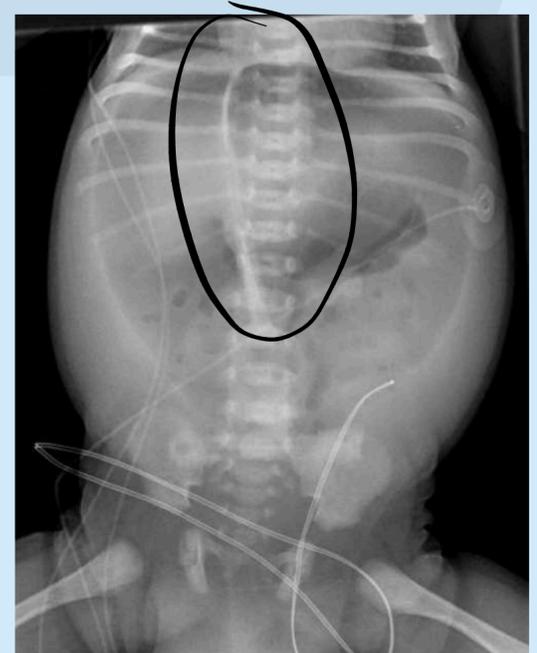
**Answer : a**



The following X-ray shows which of the following signs

- A. Silver sign
- B. Crescent sign
- C. Silhouette sign
- D. Bird's peak sign
- E. Apple peel sign

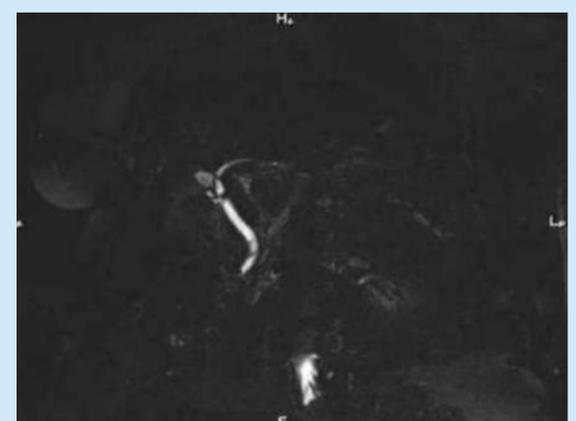
**Answer : a**



This picture shows :

- A) MRCP
- B) ERCP
- c) MRI LIVER

**Answer : a**



# ABDOMEN (PEDIATRIC)

Patient with acute appendicitis, which one of these isn't a radiological sign :

- a) Diameter > 7mm
- b) Thick wall > 3mm
- c) non-blind structure
- d) A peristaltic
- e) Filled with & surrounded by fluid



**Answer : C (aperistalsis is assessed by physical exam so confirm with the doc)**

Which is true according to this U/S of a child with red jelly stool :

- a) First step is surgery
- b) Air induction enema is the treatment



**Answer : B**

Which is true regarding this photo :

- a) CT saggital view soft tissue window
- b) shows thoracic wedging
- c) Esophageal atresia
- d) This is a pathological fracture

**Answer : B**



# ABDOMEN (PEDIATRIC)

1) All the following are true in G.I.T imaging, except :

- a. Barium sulfate is the most common used contrast media
- b. If leakage or perforation is suspected, gastrografin contrast is used.
- c. Double contrast barium meal can identify peptic ulcer disease
- d. In sliding diaphragmatic hernia, the gastro-esophageal junction is in place
- e. In infants, Barium swallow is done using non ionic contrast media.

**Ans : d**

2) The following are false regarding pyloric stenosis, except :

- a. CT abdomen is the imaging study of choice.
- b. Pyloric diameter of 10 mm is diagnostic.
- c. Double bubble sign on plain film
- d. presented 8 to 12 weeks with gastric outlet obstruction
- e. Shouldering sign with severe stenosis.

**ans : e**

3) The following are true regarding intussusception in children, except :

- a. barium enema is diagnostic and therapeutic.
- b. ileo-ileal type is commonest type.
- c. pseudo-kidney sign is seen transversely on U/S
- d. presented with abdominal pain and red current jelly stool
- e. hypertrophied Peyer's patches is the usual cause.

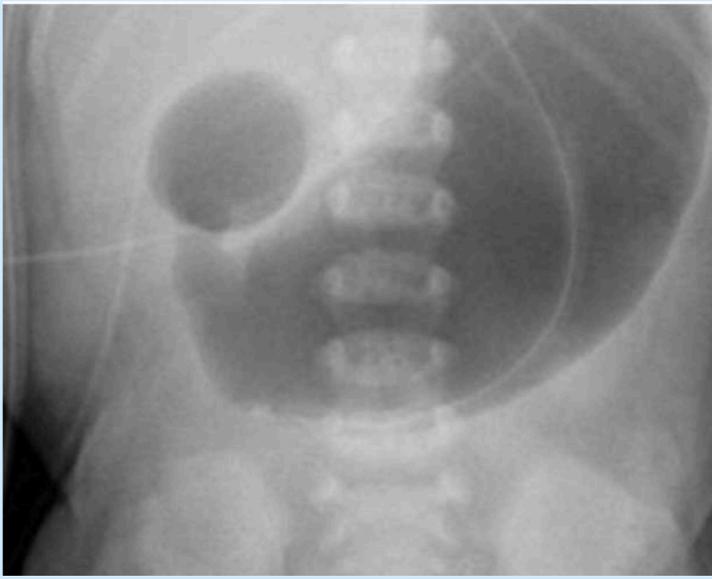
**ans : b**

4) The following statements are correct except :

- a. The jejunal loops are usually larger than the ileal loops.
- b. Ultrasound is the best test to diagnose gallstones.
- c. The superior mesenteric vein lies to the right of the superior mesenteric artery.
- d. In intravenous urogram (IVU), prone film usually demonstrate the ureters more successfully.
- e. Hirschsprung's disease is caused by the presence of ganglion cells in the wall of a portion of the colon

**ans : e**

# ABDOMEN (PEDIATRIC)



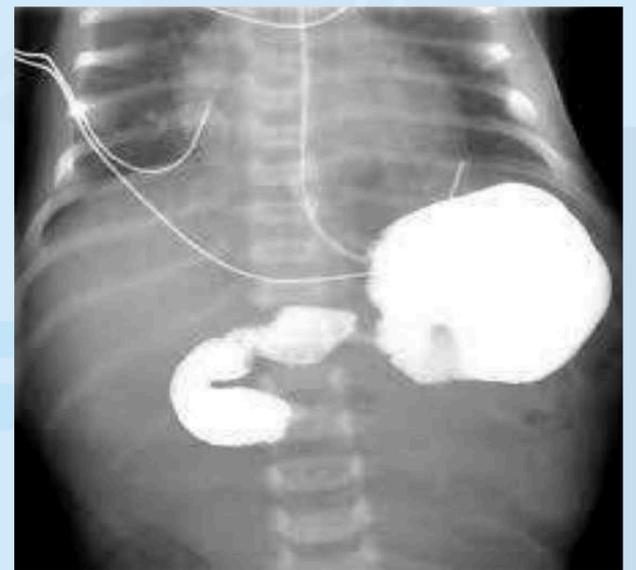
**Duodenal atresia**



**Intestinal malrotation**



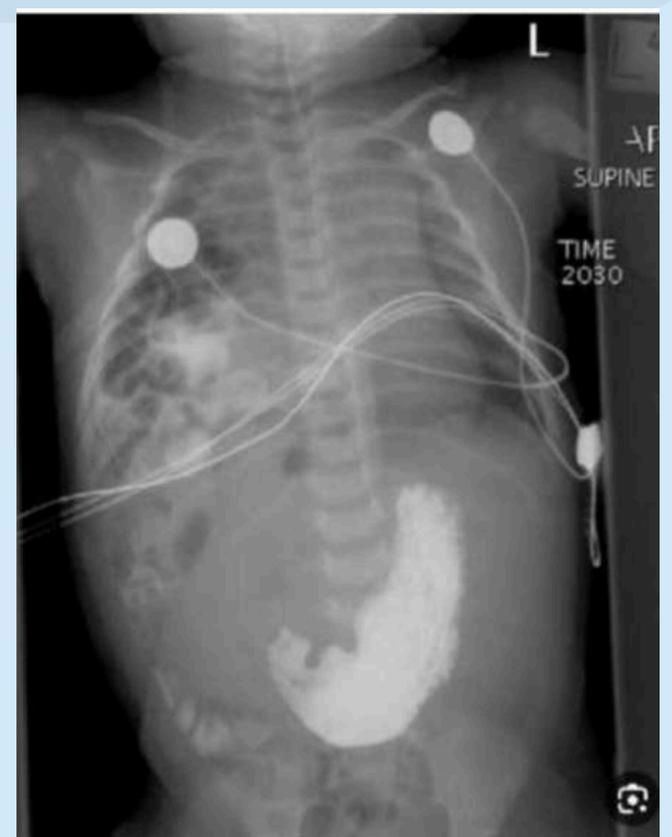
**Diaphragmatic Hernia**



**Midgut valvulus**



**Incarcerated inguinal  
hernia**



**Congenital  
diaphragmatic hernia**

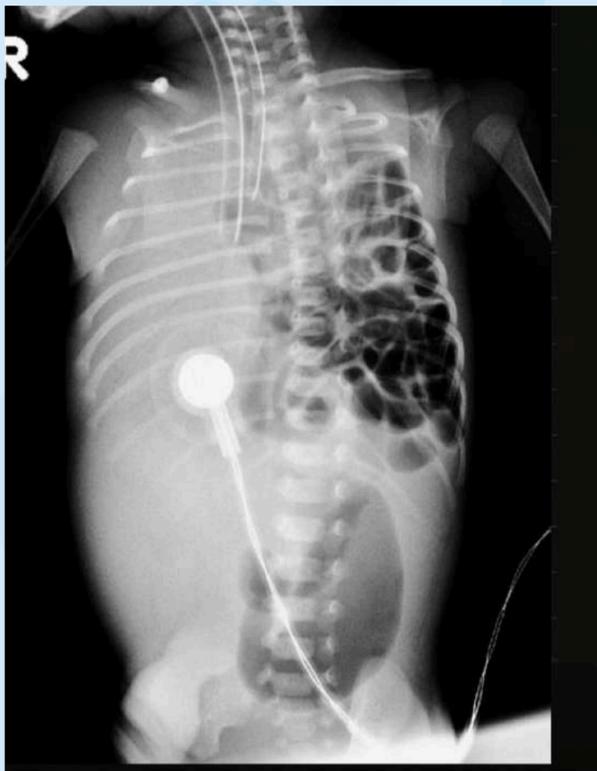
# ABDOMEN (PEDIATRIC)



Duodenal atresia



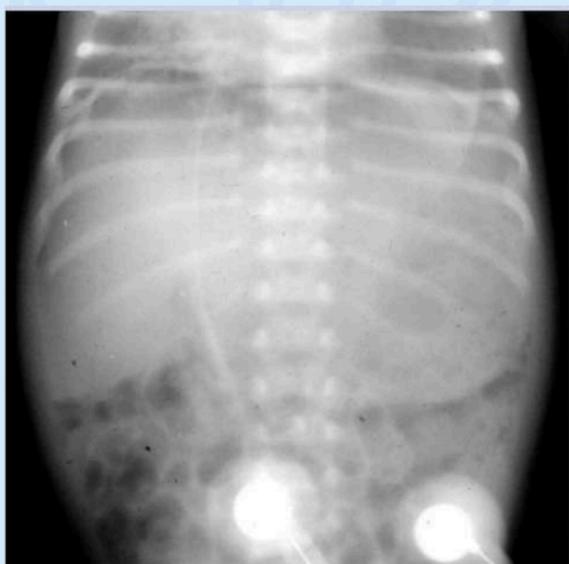
Small bowel obstruction



Diaphragmatic Hernia



Midgut valvulus



All of these signs are present except?

1. football sign
2. falciform ligament sign
3. crescent sign .

**Ans : 3**

# ABDOMEN (PEDIATRIC)

3- This picture shows :

- a) Crescent sign
- b) Football sign and Rigler sign
- c) Football sign and Falciform ligament sign
- d) Silver sign

**Answer : C**



4- Abdomen X-ray of a child shows : (not exact pic but showed lucent line)

- a) Rigler sign
- b) Pneumatosis intestinalis
- c) Crescent Sign

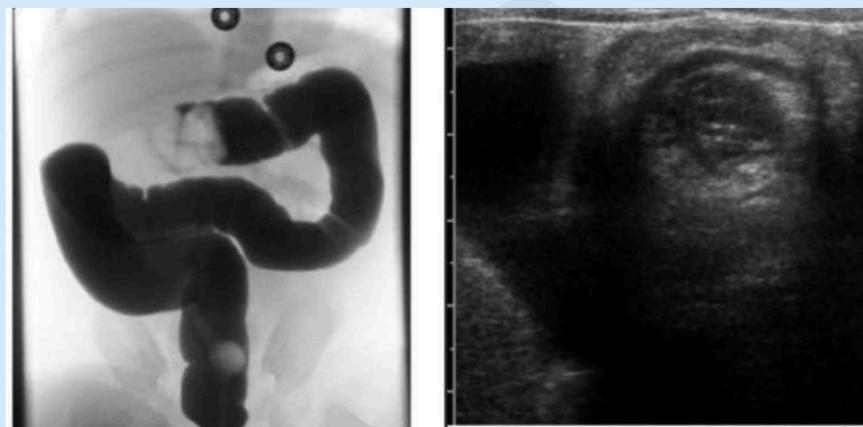
**Answer : B**



One is false?

- A - target sign
- B - claws sign
- C - riglers sign
- D - no apple core sign
- E - coil spring sign

**Answer : C**



الصورتين مع بعض



Pneumoperitoneum, air under diaphragm, crescent sign .  
causes : bowel perforation from ulcer, endoscopy

# ABDOMEN (PEDIATRIC)

7- Which is true according to this U/S of a child with red jelly stool :

- a) First step is surgery
- b) Air induction enema is the treatment

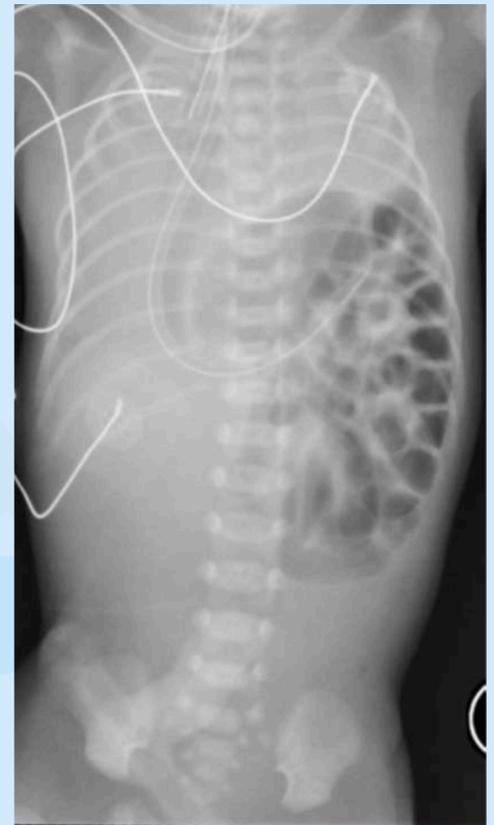
**Answer : B (it's a child not an adult)**



9- Which is true regarding this CXR :

- a) Condition doesn't affect breathing
- b) The patient doesn't have pulmonary hypoptasia
- c) Next step is barium follow through

**Answer : C**

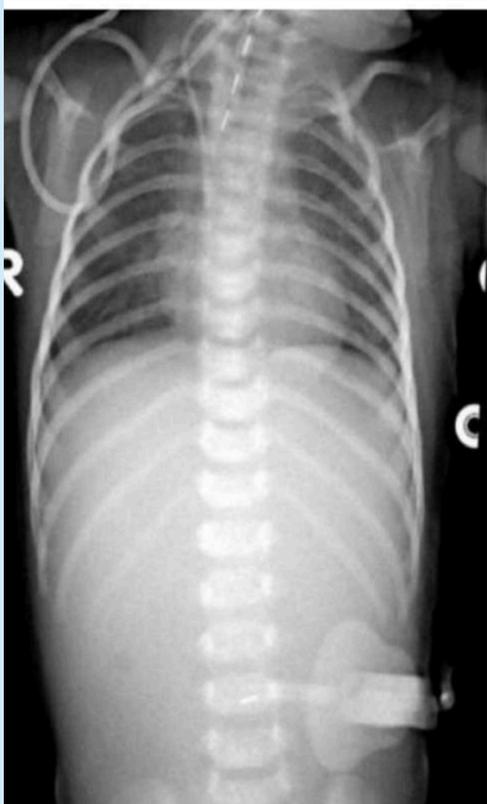
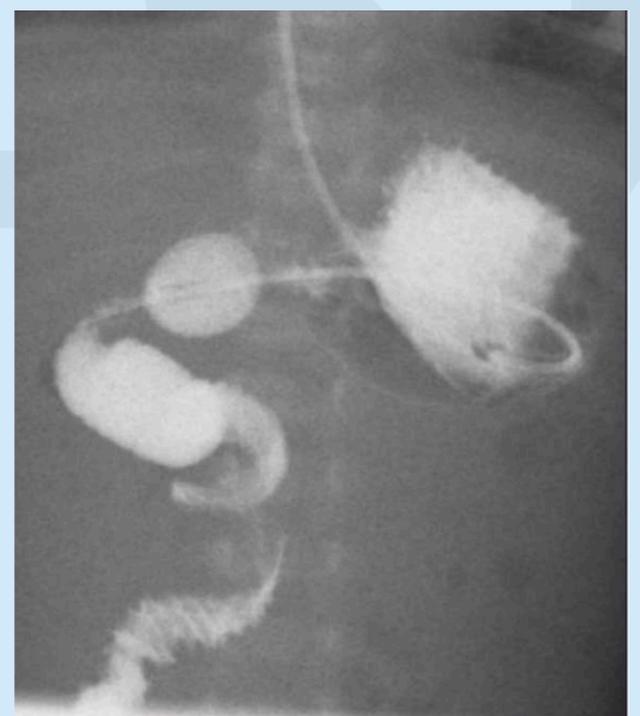


One is false ?

A- lead to ischemic if not treated surgically

B- first presentation in first 48 hours of life

**Ans : b**



One is true?

A. normal

b. atresia with fistula

c. atresia without fistula .

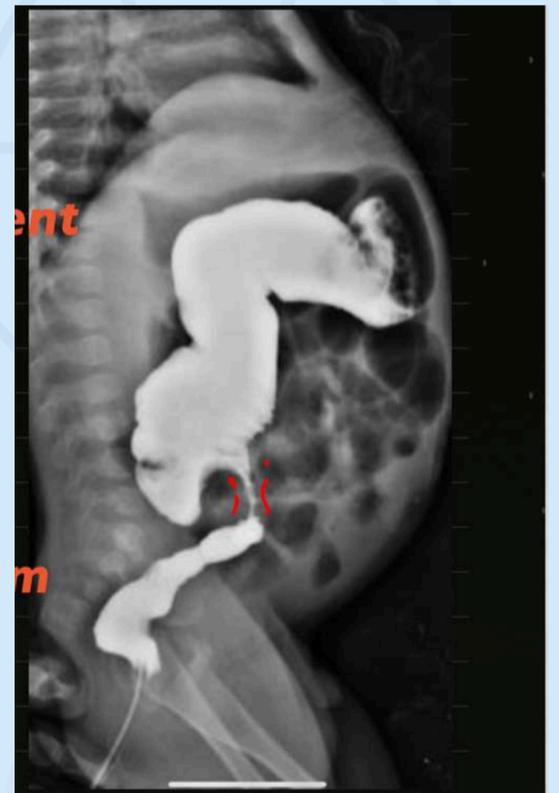
**ans : c**

# ABDOMEN (PEDIATRIC)

2- Child with abdomen distended, no meconium passage, barium shows patent anus:

- A) radiological signs correlate with findings
- B) recto-sigmoid ratio less than one
- C) the definitive diagnosis is meconium ileus
- D) doesn't need histopathology

ans : b



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

- 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

ans : a

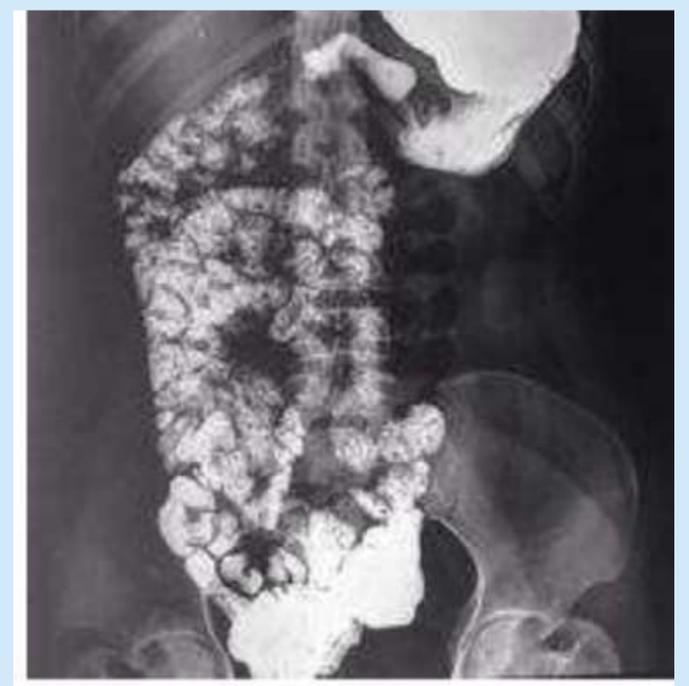


6- REGARDING THIS IMAGE ALL THE FOLLOWINGS ARE FALSE EXCEPT ONE

Select one:

- a. THE PATIENT PRESENTS USUALLY WITH BILIOUS VOMITING
- b. THE PATIENT USUALLY DIAGNOSED INCIDENTALLY
- c. THERE IS SMALL BOWEL OBSTRUCTION
- d. IT IS ILEAL ATRESIA
- e. IT IS A CROHNS DISEASE

ans : a



# ABDOMEN (PEDIATRIC)

3) REGARDING THIS IMAGE ONLY ONE IS TRUE :

Select one :

- a. THE PATIENT PRESENTS USUALLY WITH BILIOUS VOMITING.
- b. THE PATIENT USUALLY DIAGNOSED INCIDENTALLY
- c. BA MEAL IS NOT CONTRAINDICATED IF THERE IS SUSPECTED PERFORATION
- d. THE PATIENT PRESENTS USUALLY WITH NON BILIOUS PROJECTILE VOMITING.
- e. MANAGEMENT BY (WAIT AND SEE)

ans : a



\*Select one :

- a. IT IS A DOUBLE BUBBLE SIGN.
- b. IT IS JEJUNAL ATRESIA.
- c. IT IS HYPERTROPHIC PYLORIC STENOSIS.
- d. IT IS ILEAL ATRESIA, OR e. IT IS NORMAL ABDOMEN XRAY.

ans : b



\*Name of study :

**ultrasound of pyloric region**

Findings :

**Increase in the single muscle thickness and length**

Diagnosis :

**hypertrophic pyloric stenosis**

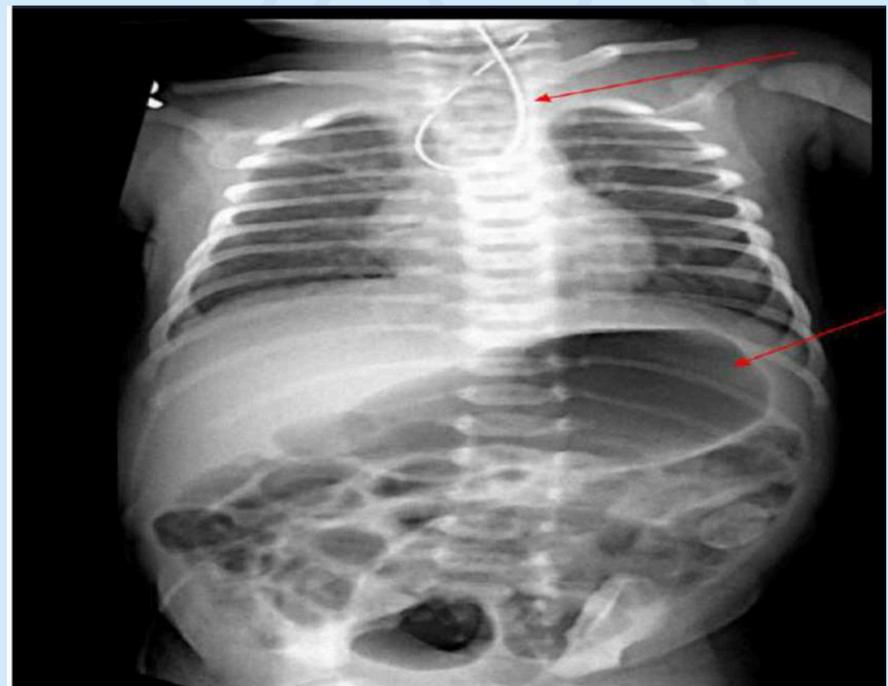


# ABDOMEN (PEDIATRIC)

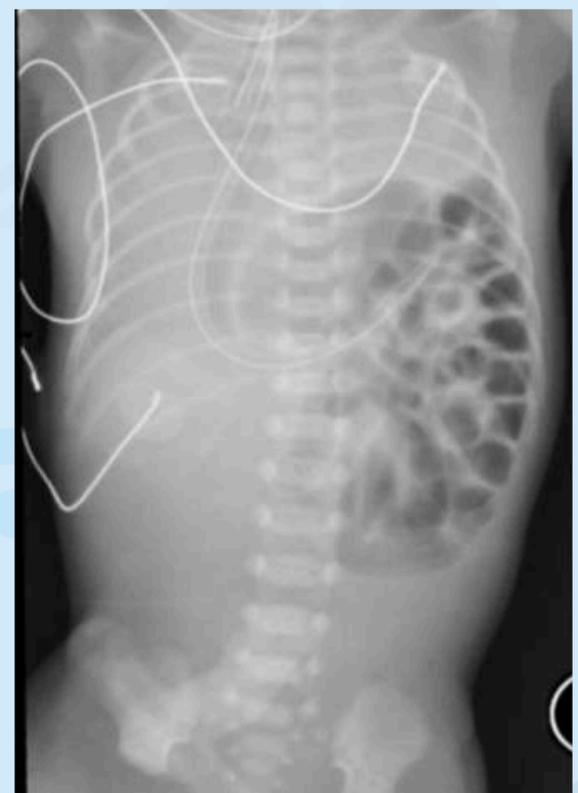
a .Esophageal atresia without fistula

b .Esophageal atresia with fistula

ans : a



Supine abdominal x-ray demonstrates a large pneumoperitoneum which outlines the falciform ligament giving the classical appearances of football sign and falciform ligament sign.



CDH needs barium follow through



Pneumatosis intestinalis



Football sign + falciform ligament

# ABDOMEN (PEDIATRIC)

Select one

- a. Midgut volvulus without malrotation.
- b. Midgut volvulus within malrotation.

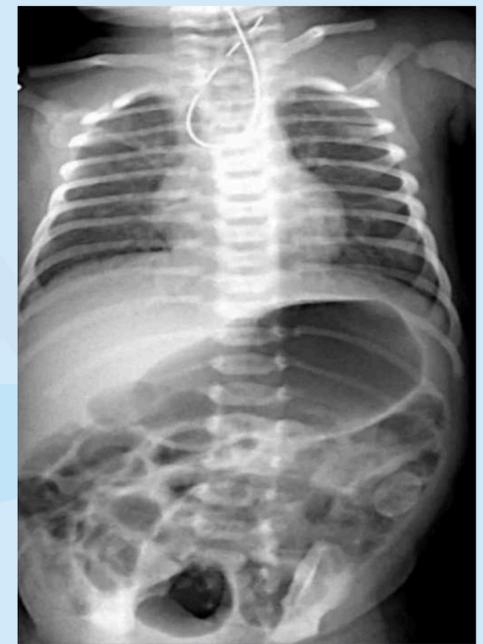
Ans : b



Select one :

- a. duodenal atresia.
- b. duodenal atresia with Trachesophageal fistula.

ans : b



select one :

- a. meconium ileus
- b. ratio between rectum and sigmoid is equal to 1
- c. ratio between rectum and sigmoid is less than 1
- d. ratio between rectum and sigmoid is more than 1

ans : c



Which of the following sign is not seen on this x-ray?

A. Crescent sign

# ABDOMEN (PEDIATRIC)

The following X-ray shows which of the following signs

1. Silver sign
2. Crescent sign
3. Silhouette sign
4. Bird's peak sign
5. Apple peel sign

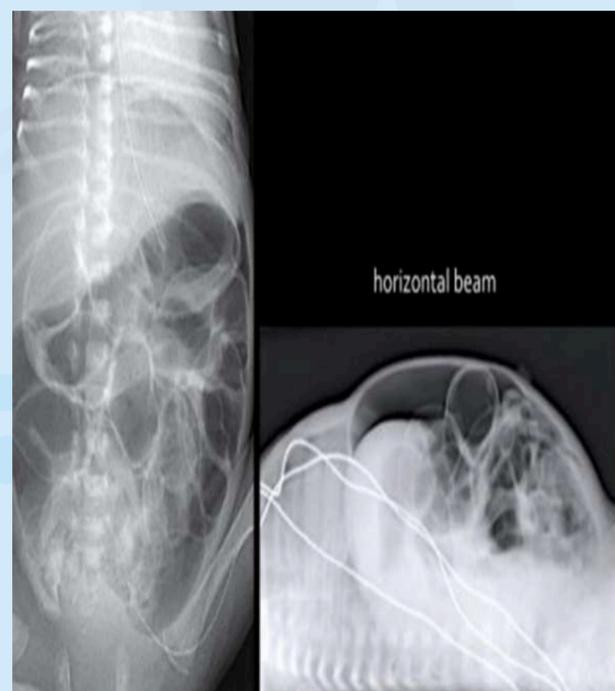


**Ans :a**

Select one about NEC :

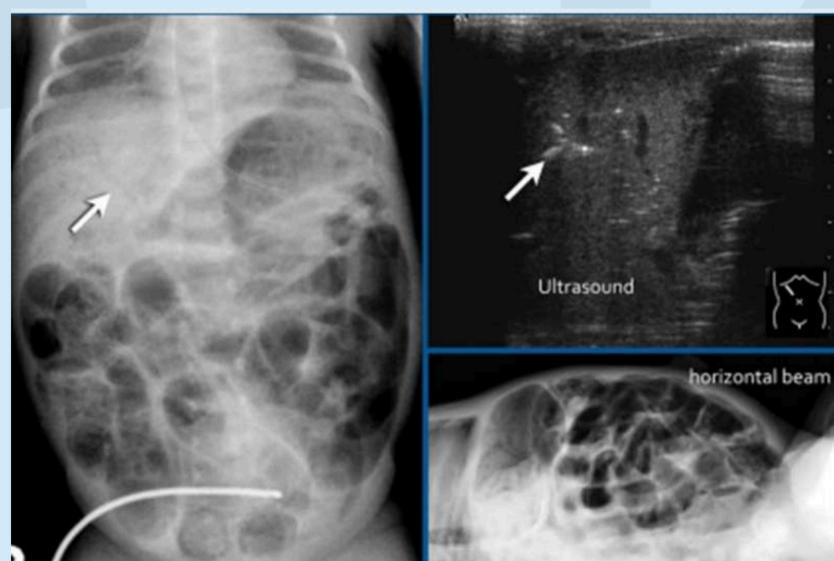
- a. stage 1
- b. stage 2
- c. stage 3
- d. stage 4
- e. stage 5

**Ans :c**



Which of the following sign is not seen on this x-ray?

**A. Crescent sign**



The true answer regarding this picture :

1. Barium swallow; achalasia
2. Barium meal; chron's disease
3. Barium meal; dysphagia

**ans : 1**

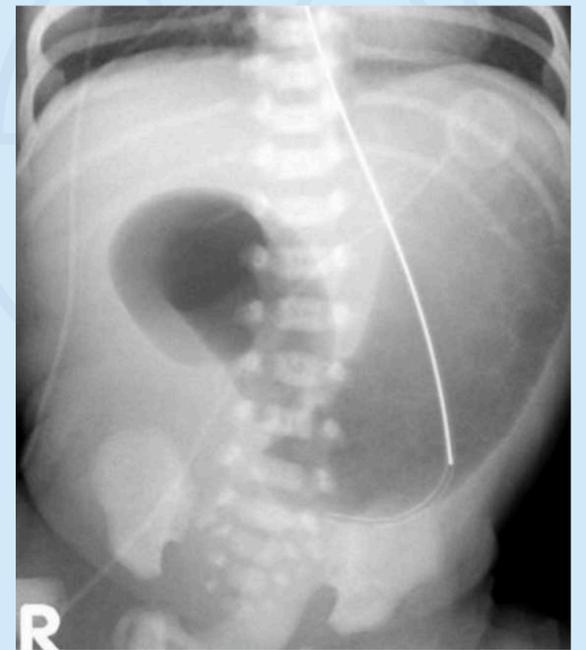


# ABDOMEN (PEDIATRIC)

Most likely diagnosis?

- a. Duodenal obstruction
- b. Pyloric stenosis
- c. Catepellar sign

**Answer : Duodenal obstruction**



32 weeks baby presented with abdominal distention, his x-ray shows :

- 1. Pneumatosis intestinalis
- 2. Football sign
- 3. Free gas
- 4. Regler's sign

**Ans : 1**



Name Of this study ?

What is the most common type ?

**Answer :**

**1- Follow Through Barium**

**2-Type One, Large cyst 2-10 cm**

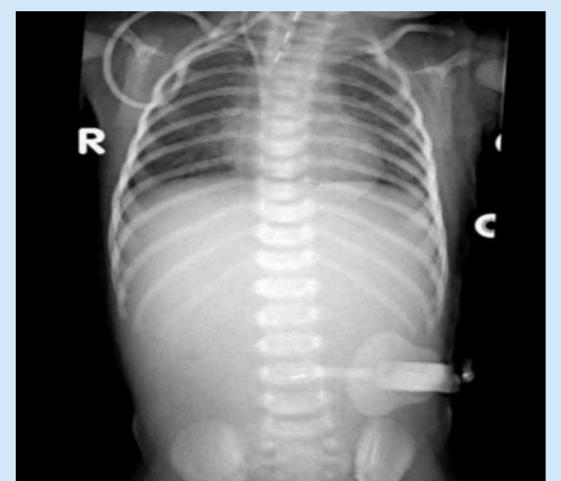


Chest x ray

NO PASSAGE OF NG TUBE TO STOMACHE WITH  
ABSCENT STOMACH GAS

No abdominal gaz

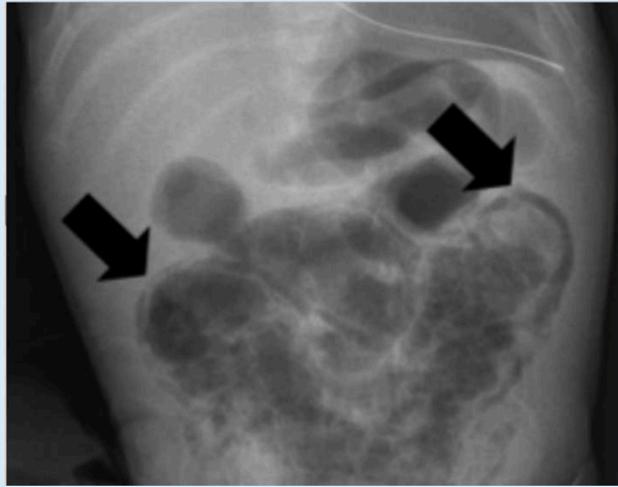
ESOPHAGAL ATRASIA WITH NO DISTAL TRACHEO  
ESOPHAGAL FISTULA



# ABDOMEN (PEDIATRIC)



**Pneumatosis intestinalis**



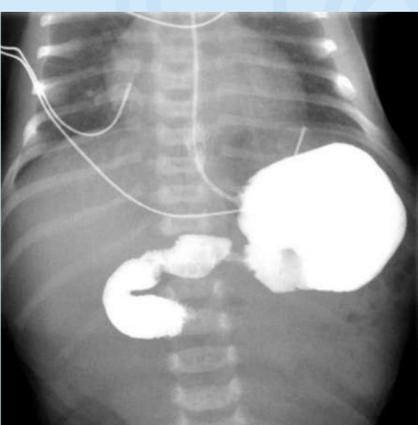
**diaphragmatic  
hernia**



- **Claw sign**
- **barium enema**
- **intussusception**



- **Catrabiller sign**
- **AXR**
- **hypertrophic pyloric stenosis**



- **Barium meal**
- **inverted 3 sign**
- **Malrotation with  
volvulus**

# ABDOMEN (PEDIATRIC)



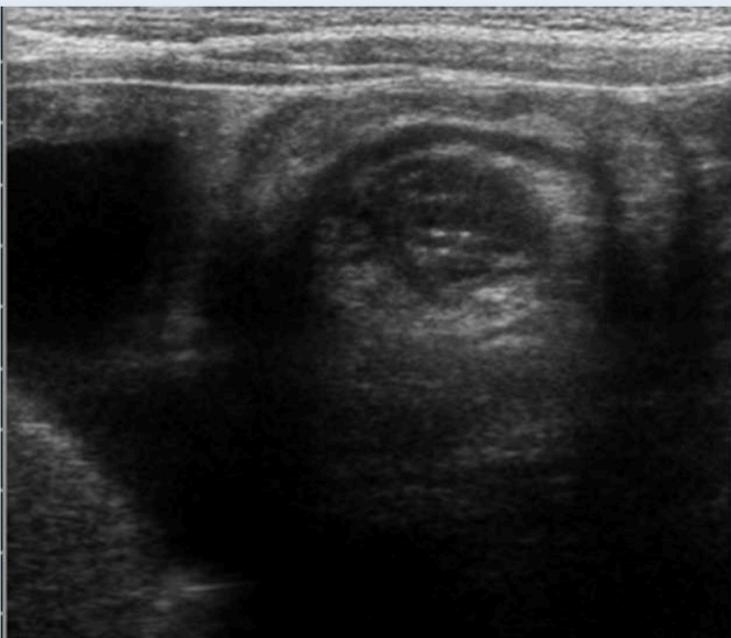
Duodenal atresia



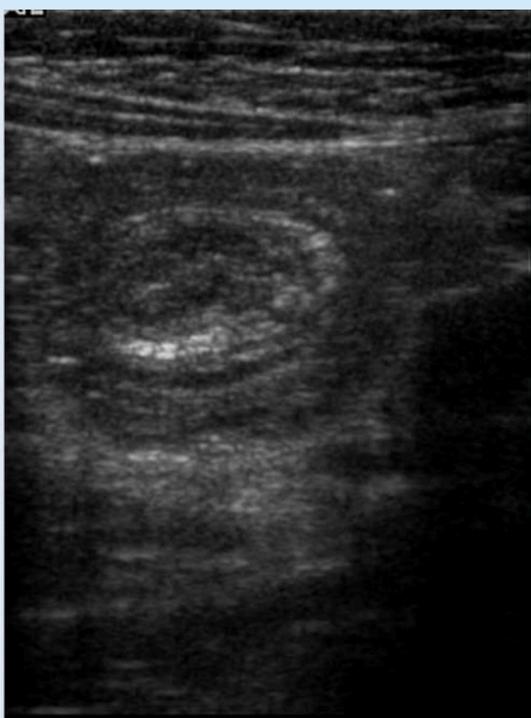
Diaphragmatic hernia



volvulus and  
corkscrew sign



- Name of test, diagnosis, treatment
- **Abdominal ultrasound**
- **Target sign indicate intussusception**
- **Air enema**



- findings and diagnosis?
- **Findings : ultrasound showing target sign.**
- **Diagnosis : intussusception**

# ABDOMEN (PEDIATRIC)

Q1 :6 months old male complaining from chronic constipation :

Name of study?

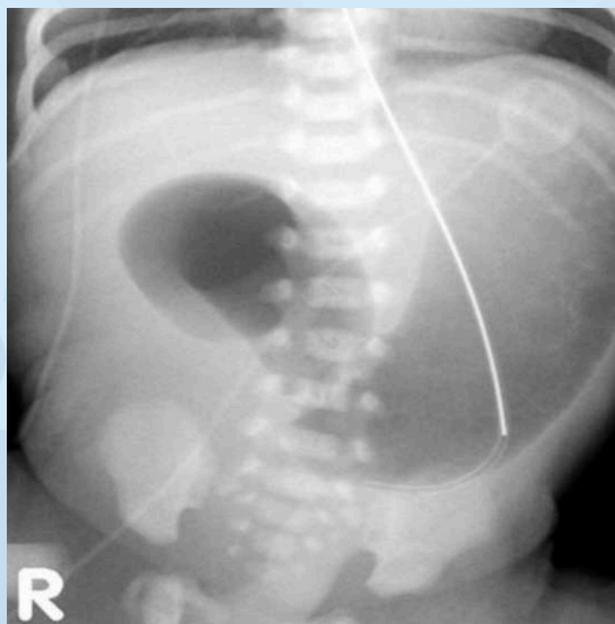
**Barium enema**

Findings and diagnosis?

**There is narrowing in the rectum Dilatation in sigmoid colon**

**Recto sigmoid index <1**

**Diagnosis : Hirsch sprung disease**



Spot diagnosis :

**Duodenal atresia**

Main sign : **double bubble sign**

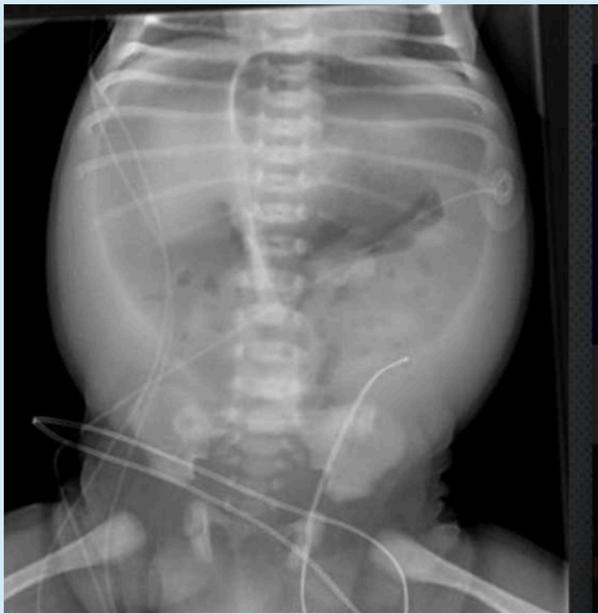


Spot diagnosis :

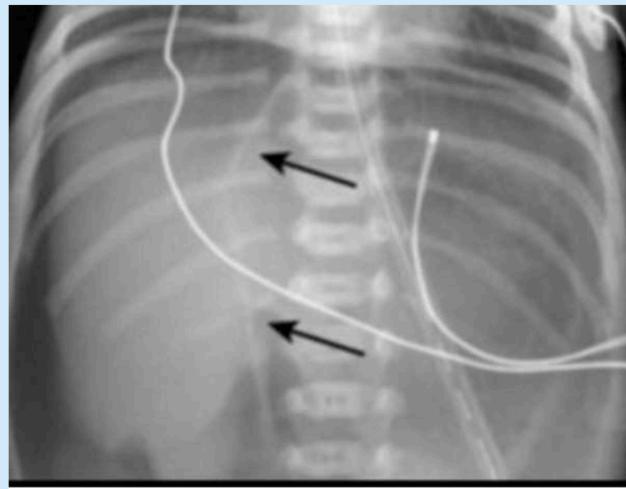
**intussusception**

Main sign : **claw sign**

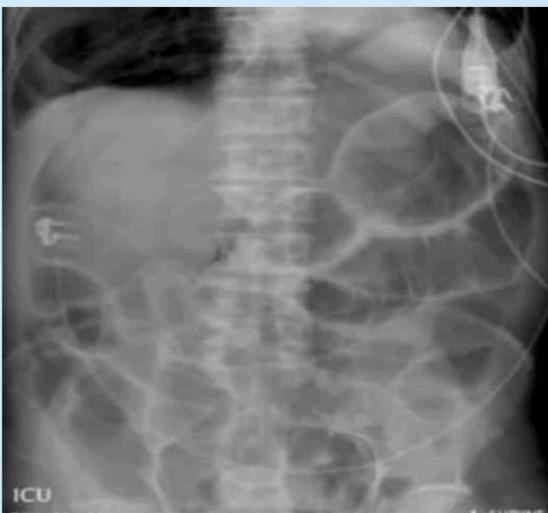
# ABDOMEN (PEDIATRIC)



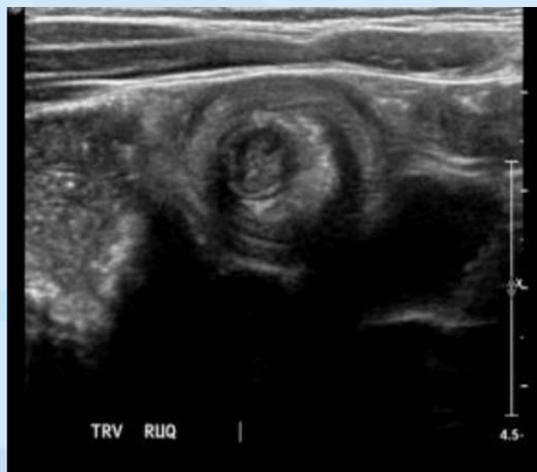
**Sliver sign**



**diaphragmatic  
hernia**



**Football sign**



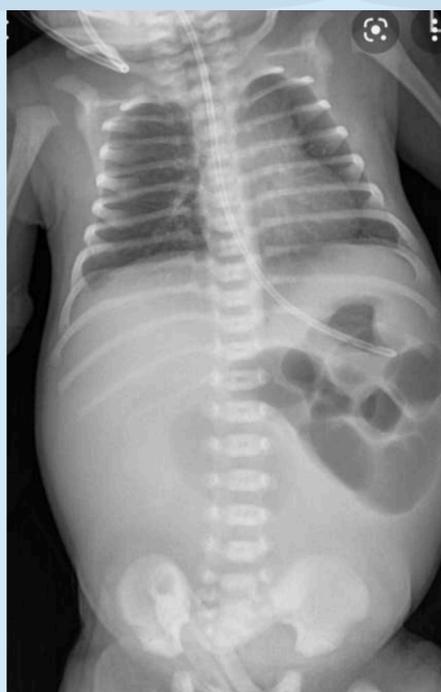
**target sign of  
intussusception**



**NEC**



**Duodenal atresia  
(double bubble sign)**



**Jejunal atresia**



**Jejunal atresia**