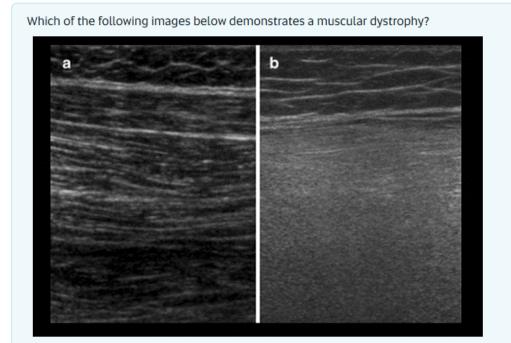
Question 1
Correct
Mark 1 out of 1
Flag
question
Edit
question



### Select one:

- a. B

  ✓
- b. A

# B demosntrates the following signs of muscular dystrophy;

- increased echogenicity
- Loss of visibility of underlying septa, fascia and aponeuroses

The correct answer is: B

Question 2
Correct
Mark 1 out of 1
Figure Flag
question
Edit
question



The correct answer is: Nodular.

Question 3
Correct
Mark 1 out of 1
Flag
question
Edit
question

The images below demonstrate a rare benign, compressible, intra-articular space-occupying lesion, where sub synovial tissue is replaced by mature fat cells giving rise to a villous proliferation, almost always found inside the suprapatellar recess.

What is the name of this lesion?

Select one:

a. Rheumatoid Arthritis.

b. Hypertrophic synovitis.

c. Hypotrophic synovitis.

d. Gout.

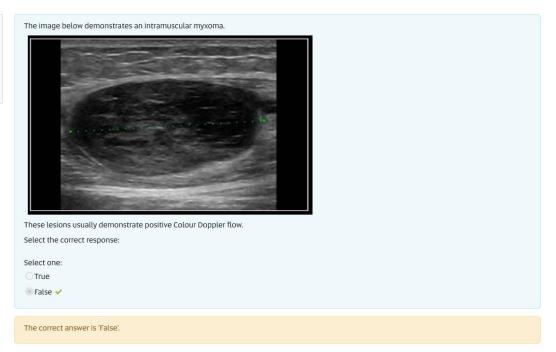
e. Lipoma arborescens.

Lipoma arborescens.

• Cauding the suprapatellar recess.

The correct answer is: Lipoma arborescens.

Question 4
Correct
Mark 1 out of 1
Flag
question
Edit
question



Question 5
Correct
Mark 1 out of 1
Flag
question
Edit
question



Question 6
Correct
Mark 1 out of 1
Flag
question
Edit
question

This image demonstrates a large osteocartilaginous exostosis (osteochondroma).

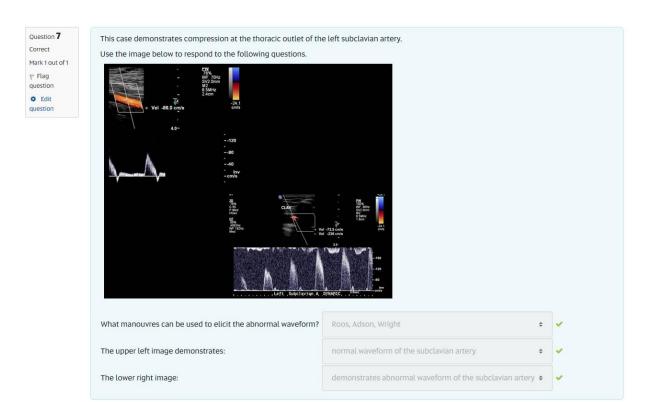


What does the hypoechoic area superficial to the bone represent?

# Select one:

- a. An inflamed bursa.
- Ob. A benign tumour of the bone.
- ⊚ c. Hypoechoic hyaline cartilage. ✓

The correct answer is: Hypoechoic hyaline cartilage.



The correct answer is: What manouvres can be used to elicit the abnormal waveform?  $\rightarrow$  Roos, Adson, Wright, The upper left image demonstrates:  $\rightarrow$  normal waveform of the subclavian artery, The lower right image:  $\rightarrow$  demonstrates abnormal waveform of the subclavian artery



The image below demonstrates numerous well-defined isoechoic oval lesions with no acoustic shadowing in a distended subacromial-subdeltoid bursa of the shoulder. There was marked bursa wall thickening and a moderate amount of hypoechoic fluid (rice bodies).

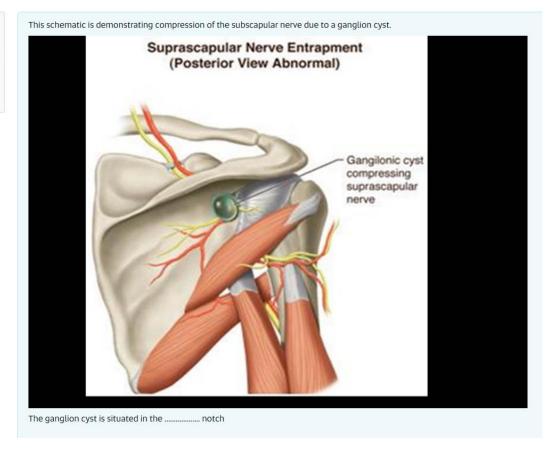
The sonographic appearances are most likely due to rheumatoid arthritis. Please select the correct response:

Select one:

True 
False

The correct answer is True.





#### Select one:

a. suprascapular

b. spinoglenoid 

✓

The suprascapular notch of scapula is superior to the spine of the scapula, and the spinoglenoid notch lies inferior to the spine of the scapula. The correct answer is: spinoglenoid

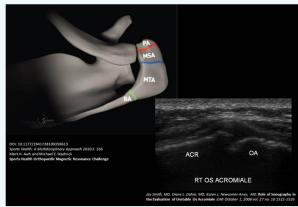
Question 10
Correct
Mark 1 out of 1
Flag
question
Edit

question

The acromion of the shoulder has three growth centres made of cartilage. During development, these growth centres become bone. Sometimes, one or more of these growth centres does not undergo bony change resulting in what is referred to as an os acromiale.

The 3 ossification centres that usually make up the acromion include the preacromion (PA), the mesoacromion (MSA), and the meta-acromion (MTA). These centres are demonstrated on the anatomy image below.

The ultrasound image, see below also, shows a case where the acromial fragment and synchondrosis has been demonstrated on ultrasound. Note the hypertrophic changes on both the os acromiale (OA) and the acromial (ACR) sides of the synchondrosis.

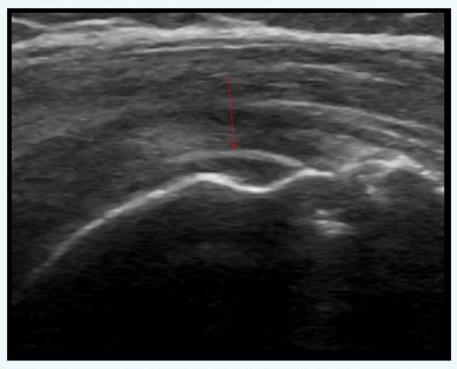


Ultrasound can be used in these types of cases to:		
Select	one.	
Select one.		
<ul><li>a.</li></ul>	Identify the os acromiale.	
<ul><li>b.</li></ul>	Document fragment hypermobility.	
<u></u> с.	Reproduce pain.	
<ul><li>d.</li></ul>	Guide a diagnostic-therapeutic injection.	
<ul><li>e.</li></ul>	All of the above. ✓	

The correct answer is: All of the above.

Question 11
Correct
Mark 1 out of 1
Flag
question
Edit
question

The image below demonstrates an intact postoperative supraspinatus.



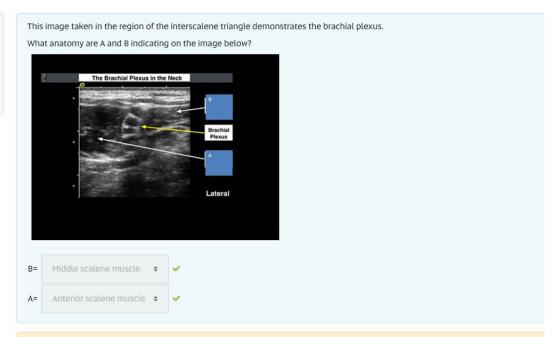
The hyperechoic white line within the tendon (indicated by the red arrow) is:

### Select one:

- a. Suture material.
- b. Subacromial bursa.
- c. Scar tissue.
- Od. Calcification.

The correct answer is: Suture material.

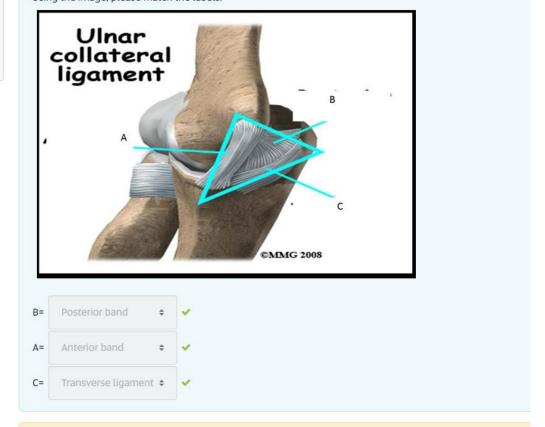




The Brachial plexus lies between the anterior and middle scalene muscles. The middle scalene muscle is more lateral (muscle A). The correct answer is:  $B= \rightarrow Middle$  scalene muscle,  $A= \rightarrow Anterior$  scalene muscle



The schematic diagram below demonstrates the components of the medial ligament complex of the elbow. Using the image, please match the labels.



The correct answer is:  $B= \rightarrow Posterior band$ ,  $A= \rightarrow Anterior band$ ,  $C= \rightarrow Transverse ligament$ 

Question 14
Correct
Mark 1 out of 1
Flag
question
Edit
question

The image below demonstrates the normal synovial fringe at the lateral elbow joint (asterisk).



If this structure were thickened and irregular, this might be as a result of locking and popping of the elbow secondary to entrapment of the synovial fringe at the radio-capitellar joint.

Select the correct response:

Select one:

● True ▼

False

The correct answer is 'True'.

Question 15
Correct
Mark 1 out of 1
Flag
question
Edit
question

The image below demonstrates an image of distal biceps tendon with tendinous and intratendinous rupture (yellow arrows).



A coexistent finding in this image is:

Select one:

- a. an effusion in the bicipitoradial bursa

  ✓
- Ob. effusion in the anterior synovial recess
- oc. olecranon bursitis

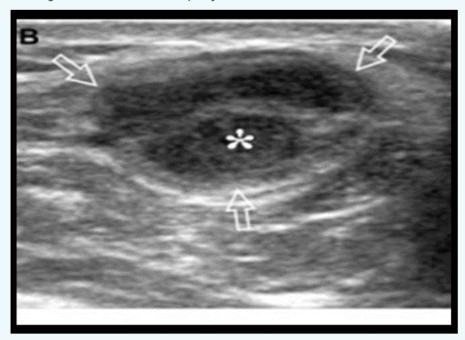
Bicipitoradial bursa is the correct answer. This bursa lies between the distal biceps tendon and the radial tuberosity. Bursitis is seen as a hypoechoic mass near the distal biceps tendon.

The correct answer is: an effusion in the bicipitoradial bursa

Question 16
Partially correct
Mark 1 out of 1

Flag
question
Edit
question

The image below demonstrates leprosy in the ulnar nerve at the elbow.



The main sonographic finding in this image is:

### Select one:

- a. Decreased size of the nerve.
- b. Smooth fusiform enlargement of fascicles.
- c. An abscess formation.

The correct answer is: Smooth fusiform enlargement of fascicles.

Question **17** Correct

Mark 1 out of 1

Flag question

Edit question

The patient with pronator syndrome will present with symptoms of:

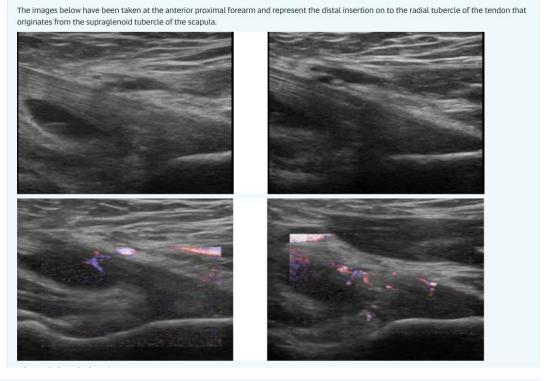
- Aching in the proximal volar forearm which is exacerbated by pronation and supination of the forearm,
- Paraesthesia in one or more of the radial three and a half fingers, and;
- With weakness of the FPL and APL.

### Select one:

- True ✓
- False

The correct answer is 'True'.





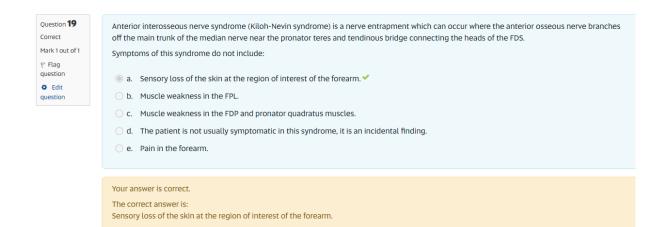
What pathology do these images represent:

- a. There is no pathology demonstrated, this is a normal biceps tendon.
- b. Tricipitaloradial bursitis with effusion and avulsion of the distal triceps tendon.
- ⑥ c. Bicipitoradial bursitis with effusion and tendinosis of the distal biceps tendon. ✓
- od. Bicipitoradial bursitis with effusion and avulsion of the distal biceps tendon.
- e. There is no pathology demonstrated, this is a normal triceps tendon.
- f. Tricipitaloradial bursitis with effusion and tendinosis of the distal triceps tendon.

Your answer is correct.

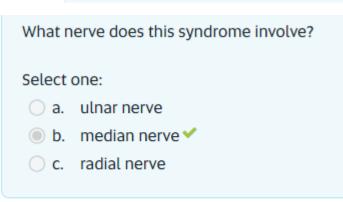
The correct answer is:

Bicipitoradial bursitis with effusion and tendinosis of the distal biceps tendon.



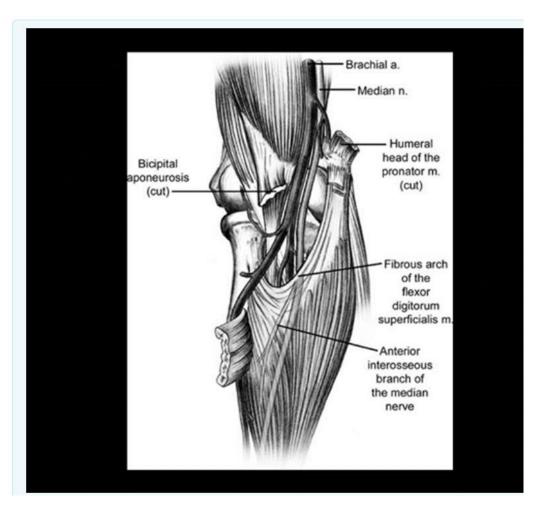
Question 20
Correct
Mark 1 out of 1
Flag
question
Edit
question

This image shows a case of pronator syndrome. The white arrow shows the nerve as it approaches the pronator muscle and then becomes thickened (red arrow).



The correct answer is: median nerve





The schematic above demonstrates the anterior interosseous nerve, a branch of the median nerve. If there is anterior interosseous nerve entrapment, there will be muscle and sensory loss.

Select one:

True

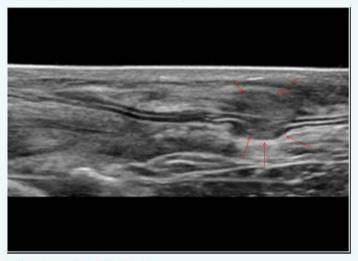
False



The correct answer is 'False'.

Question 22
Correct
Mark 1 out of 1
Flag
question
Edit
question

In the image below, the lesion marked by the red arrows results from a traumatic nerve injury of the median nerve.



This lesion most likely represents:

#### Select one:

- a. A hypoechoic fibrous mass due to random regeneration of Schwann cells and axons.

  ✓
- O b. A surgical anastomosis of the nerve.
- oc. A perineural collection.

The correct answer is: A hypoechoic fibrous mass due to random regeneration of Schwann cells and axons.

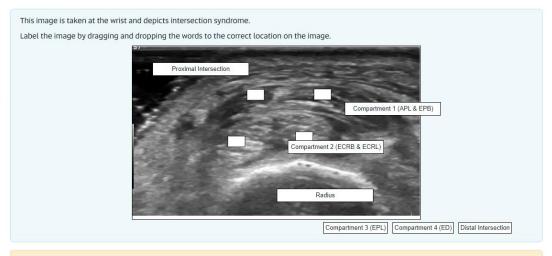
Question 23
Correct
Mark 1 out of 1
Flag
question
Edit
question

Pisiform

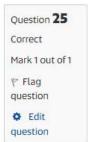
| Quantification | Quantificat

The site of entrapment is at the level of the pisiform where the main trunk sensory and motor fibers will be involved. The correct answer is: The entrapment will involve both motor and sensory fibres of the nerve.

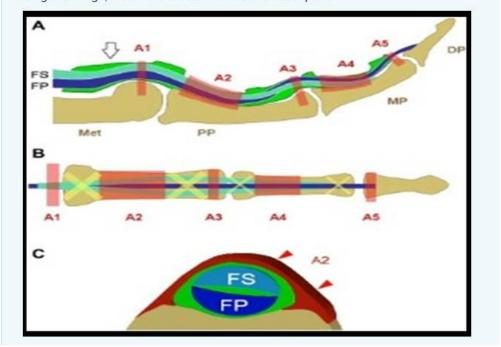




Your answer is correct.

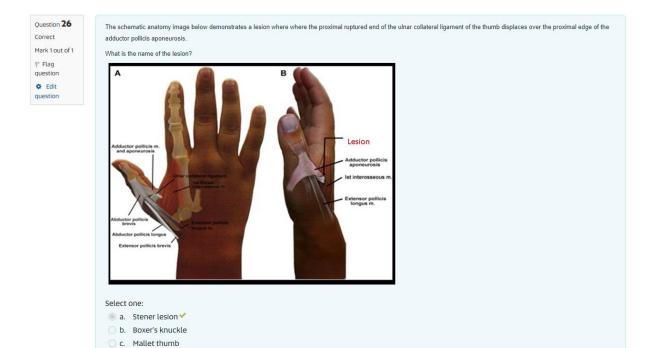


The schematic below demonstrates the sites of the finger pulleys.
Using the image, match the labels with the site descriptors.





The correct answer is: A5 pulley is at the:  $\rightarrow$  DIP joint and arises from the palmar plate., A2 pulley extends from the:  $\rightarrow$  Base of the proximal phalanx to the junction of the proximal two thirds and distal third of the proximal phalanx, arises from the bone and is the strongest pulley., A3 pulley is:  $\rightarrow$  A small pulley at the PIP joint arising from the palmar plate., A4 pulley is at the:  $\rightarrow$  Middle third of middle phalanx and arises from the bone., A1 pulley is at the:  $\rightarrow$  MCP joint-base of proximal phalanx and palmar plate.



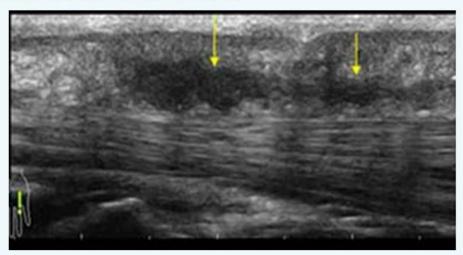
The correct answer is: Stener lesion

Question 27
Correct
Mark 1 out of 1
Flag
question

Edit question

The image below demonstrates a case of Dupuytren's palmar fibromatosis.

The nodules in this condition adhere to the:



### Select one:

- a. Extensor tendons of the fingers.
- b. The phalange bones of the affected finger.
- ⊚ c. Flexor tendon of the fingers. ✓
- d. The lunoscaphoid ligament.
- e. The palmar plate of the MCP.

The correct answer is: Flexor tendon of the fingers.

Question 28
Correct
Mark 1 out of 1
F Flag
question
Edit
question

The image below demonstrates a Boutonnière deformity.

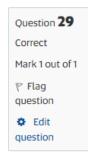


This deformity is where there is:

#### Select one:

- a. Rupture of the central slip of the extensor tendon at the PIP insertion site, and the lateral tendons are still intact.
- $\bigcirc$  b. Rupture of the central slip of the extensor tendon at the DIP insertion site, and the lateral tendons are still intact.
- oc. Rupture of the A5 pulley of the affected finger.

 $The correct \ answer \ is: \ Rupture \ of \ the \ central \ slip \ of \ the \ extensor \ tendon \ at \ the \ PIP \ insertion \ site, \ and \ the \ lateral \ tendons \ are \ still \ intact.$ 



Which of the following signs is not a sonographic feature of an A2 pulley tear?

### Select one:

- a. Displacement of the flexor tendon over the proximal phalanx.
- b. Displacement of the flexor tendon over the middle phalanx.
- oc. Swelling and thickening of the pulley.

The correct answer is: Displacement of the flexor tendon over the middle phalanx.



The images below have been taken on the dorsal aspect of the 3rd finger nailbed.

A Pure Precision

NAIL

B

Image A is the symptomatic side and image B is a comparison image.

The patient presented with sharp pain in the nail plate of the finger when pressure is applied and extreme sensitivity to cold. Given the ultrasound appearances and patient's symptoms, the most likely diagnosis is:

a. Osteochondroma.

b. Palmar Plate Tear.

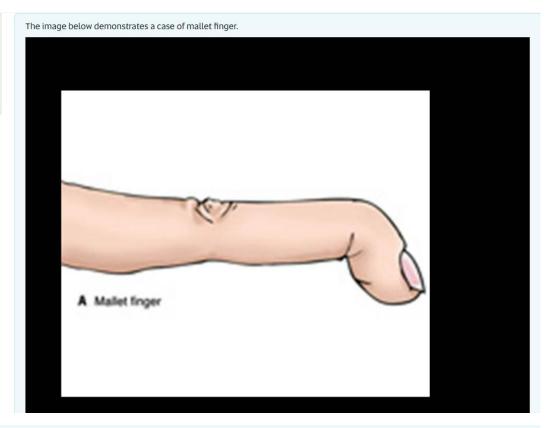
c. Rheumatoid Arthritis.

d. Subungual Glomus Tumour.

Your answer is correct.

The correct answer is: Subungual Glomus Tumour.





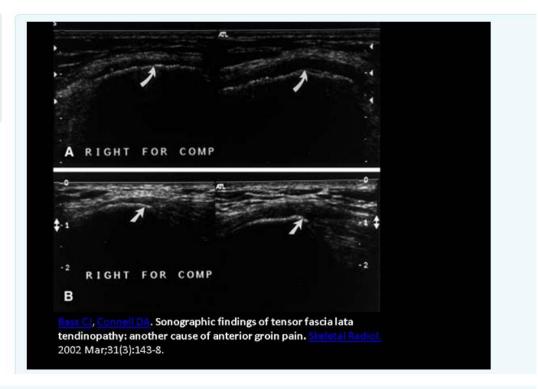
What appearances are you likely to see on an ultrasound scan?

### Select one:

- a. Sagittal band injuries
- ob. extensor hood injury
- $\odot$  c. Extensor tendon tear in the finger at the distal insertion of the tendon into the base of distal phalanx  $\checkmark$

The correct answer is: Extensor tendon tear in the finger at the distal insertion of the tendon into the base of distal phalanx





Above, are split screen sonograms of a normal right TFL and an abnormal left TFL. Filled arrows point to the iliac crest.

What is the origin site of the TFL?

# Select one:

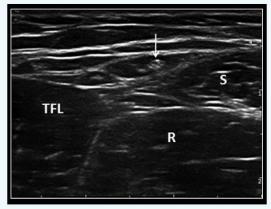
- b. Anterior inferior iliac spine (AIIS)

The correct answer is: Anterior superior iliac spine (ASIS)

Question 33
Correct
Mark 1 out of 1

Flag
question
Edit
question

The transverse ultrasound image below demonstrates the lateral femoral cutaneous nerve (LFCN) lying within the intermuscular space between the tensor fasciae latae muscle (TFL) and the sartorius (S) with the rectus femoris (R) seen sitting inferiorly.



Compression of this nerve will result in:

#### Select one:

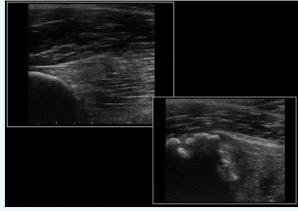
- a. Sensory symptoms only.
- b. Motor symptoms only.

The correct answer is: Sensory symptoms only.

Question 34
Correct
Mark 1 out of 1
Flag
question
Edit

question

The top image demonstrates the normal origin of the rectus femoris muscle. The bottom image demonstrates an abnormal origin of the rectus femoris muscle.

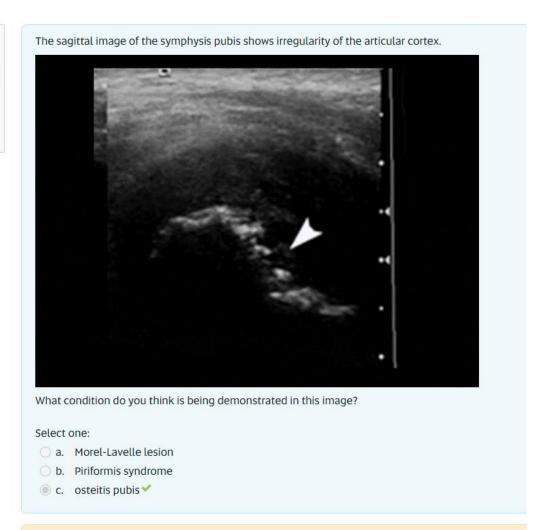


What is the origin of the rectus femoris muscle?

### Select one:

- O b. Anterior superior iliac spine.
- o. Posterior inferior iliac spine.
- $\bigcirc$  d. Posterior superior iliac spine.

Question **35**Correct
Mark 1 out of 1
PFlag
question
Cdit
Guestion

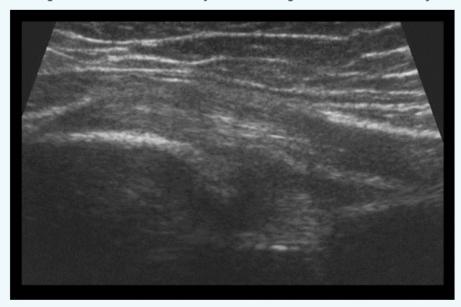


The correct answer is: osteitis pubis

Question **36**Correct
Mark 1 out of 1

Flag
question
Edit
question

The image below demonstrates a conjoint tendon origin at the ischial tuberosity.



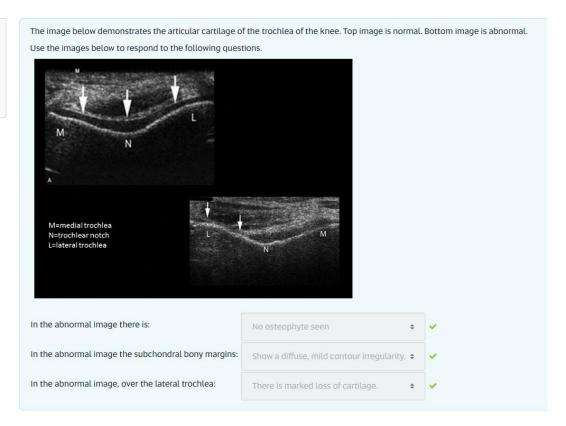
What is the tendon called?

# Select one:

- O b. Conjoined tendon of the semitmembranosus and biceps femoris.
- oc. Conjoined tendon of the semitendinosis and semimembranosus.

The correct answer is: Conjoined tendon of the semitendinosis and biceps femoris.





The correct answer is: In the abnormal image there is:

- → No osteophyte seen, In the abnormal image the subchondral bony margins:
- ightarrow Show a diffuse, mild contour irregularity., In the abnormal image, over the lateral trochlea:
- → There is marked loss of cartilage.

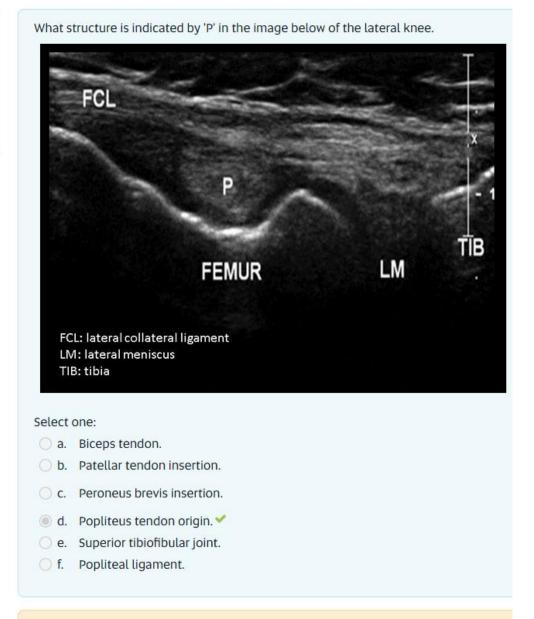
Question 38

Correct

Mark 1 out of 1

Flag
question

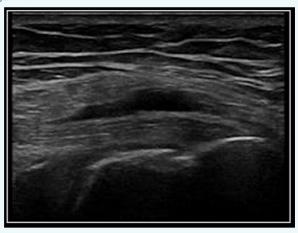
Edit
question



The correct answer is: Popliteus tendon origin.

Question 39
Correct
Mark 1 out of 1
Flag
question
Edit
question

The ultrasound image below demonstrates a tendon at the knee inserting on to the anteromedial aspect of the tibial metaphysis, 5-6 cm below the joint line.



What is the most likely pathology that is demonstrated here?

#### Select one:

- a. Pes anserine bursitis.
- ob. Semimembranosus-tibial collateral bursitis.
- oc. Baker's cyst of the medial popliteal fossa.

The correct answer is: Pes anserine bursitis.

Question 40
Correct
Mark 1 out of 1
Flag
question

question

The x-ray image below demonstrates smooth periosteal bone formation (open arrow) of the medial femoral cortex.

The ultrasound image is taken in the transverse imaging plane and demonstrates cortical irregularity (arrow) of the right femur with surrounding hypo echogenicity (open arrows).



What pathology are these images demonstrating?

#### Select one:

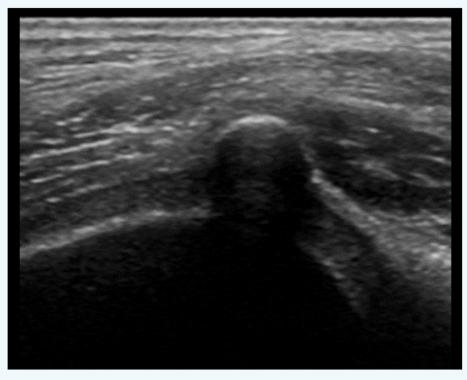
- a. Adductor Insertion Avulsion Syndrome.
- b. Osteosarcoma.
- o. Myositis Ossificans.

Question 41
Correct
Mark 1 out of 1
Felag
question
Edit
question



Question 42
Correct
Mark 1 out of 1
Flag
question
Edit
question

The image below demonstrates a sesamoid bone called a flabella.



What structure does the flabella lie within?

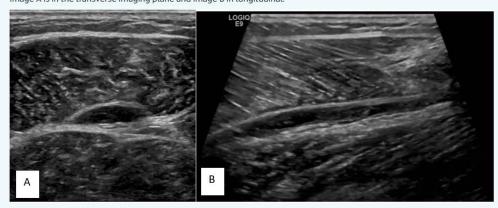
### Select one:

- a. Medial head of gastrocnemius.
- o. Tensor fascia latae.

The correct answer is: Lateral head of gastrocnemius.

Question 43
Correct
Mark 1 out of 1
Flag
question
Edit
question

The images below are taken at the posterior calf after the patient reported a sudden sharp pain in this location while playing tennis. Image A is in the transverse imaging plane and image B in longitudinal.



These images most likely demonstrate:

- Ob. A grade 3 tear of the soleus muscle.
- oc. A grade 3 tear of the medial gastrocnemius muscle.
- Od. A ruptured Baker's cyst.
- o e. A grade 3 tear of the lateral gastrocnemius muscle.
- f. A ruptured Achilles tendon.

Your answer is correct.

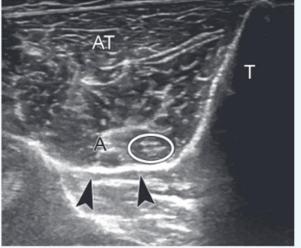
The correct answer is:

A ruptured plantaris muscle/tendon.

Question 44
Correct
Mark 1 out of 1
Flag
question
Edit
question

The images below represent the transducer location and the corresponding ultrasound image when examining one of the lower leg nerves.





The white circle on the ultrasound image is indicating which lower leg nerve?

- a. The superficial peroneal nerve.
- b. The sural nerve.
- ◎ c. The deep peroneal nerve. ✓
- O d. The common peroneal nerve.
- e. The tibial nerve.

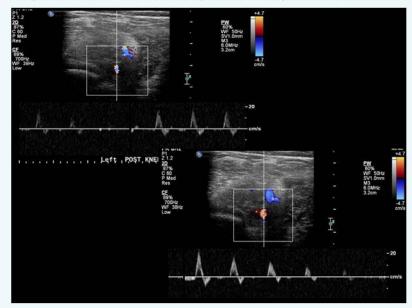
Question 45
Correct
Mark 1 out of 1

Flag
question
Edit

question

The case below demonstrates a normal waveform of the popliteal artery (top left).

During plantar flexion, the popliteal artery waveform changes from triphasic to biphasic (bottom right).



What are the findings diagnostic of?

### Select one:

- a. Popliteal artery aneurysm.
- Ob. Popliteal vein thrombosis.
- ◎ c. Popliteal artery syndrome. ✓

The correct answer is: Popliteal artery syndrome.

Question 46
Correct
Mark 1 out of 1

Flag
question
Edit
question

The Sural Nerve:

- a. Is a potential site of a neurogenic tumour.
- b. Can be identified on the medial aspect of the SSV.
- o. Is a posterior structure.
- od. Enters the ankle between the lateral malleolus and the Achilles tendon.
- e. All of the responses are correct. ✓

Your answer is correct.

The correct answer is:

All of the responses are correct.

Question <b>47</b> Correct	The most common cause of medial ankle pain is:
Mark 1 out of 1	a. Tarsal tunnel syndrome.
₹ Flag question	<ul> <li>b. Posterior impingement syndrome.</li> </ul>
<b>⇔</b> Edit	
question	d. Medial calcaneal nerve entrapment.
	e. Flexor hallucis tendinopathy.
	Your answer is correct. The correct answer is:
	Tibialis posterior tendinopathy.
Question <b>48</b> Correct	Tears of the Tibialis Posterior Tendon:
Mark 1 out of 1	a. Over time will lead to loss of the medial arch.
	<ul> <li>b. Occur around the medial malleolus.</li> </ul>
• Edit	
question	d. Are usually longitudinal splits in the tendon.
	e. May occur at navicular insertion.
	Your answer is correct.
	The correct answer is:  All of the responses are correct.





# Select one:

- a. Achilles Tendon.
- b. Peroneus Longus Tendon.
- c. Peroneus Brevis Tendon.

Your answer is correct.

The correct answer is: Peroneus Longus Tendon.

