#### CBAT-PC-PNDT-2023-SET-1-B

	Time: 2 Hours
Section-A: 50 MCQs of one mark each	= 50 Marks
Section-B : 10 Short Questions with five marks each Total Marks	= 50 Marks = 100 Marks
Roll No. (in figures)	
(in words)	
	(Signature of Candidate)
have checked the entries made above and in the	OMR Sheet by the candidate.
	(Signature of Invigilator)

## CANDIDATES MUST READ THE FOLLOWING INFORMATION / INSTRUCTIONS BEFORE STARTING THE QUESTION PAPER.

- 1. All the candidates must return the test booklet as well as answer-sheet to the Invigilator concerned before leaving the Examination Hall. If any candidate leaves the examination hall without handing over the test booklet / answer sheet to the Invigilator, a case of use of unfair means/ misbehavior will be registered against him/ her in addition to lodging an FIR with the Police. The answer-sheet of such a candidate will not be evaluated.
- 2. The candidates must not do any rough work or writing work in the answer-sheet (OMR Sheet). All rough work is to be done in the test booklet.
- 3. Candidates will be required to darken the circle by using **blue/ black ball point pen** only.
- 4. Books, papers, slide rule, log table, cellular phone, pager, calculator or any other electronic gadget etc. are not allowed in the Examination Hall.
- 5. BEFORE ANSWERING THE QUESTIONS, THE CANDIDATES SHOULD ENSURE THAT THEY HAVE BEEN SUPPLIED THE CORRECT AND COMPLETE TEST BOOKLET CONTAINING (SECTION A: 1 TO 50 MCQs AND SECTION-B: 1 TO 10 SHORT QUESTIONS), COMPLAINTS REGARDING MISPRINT ETC. WILL NOT BE ENTERTAINED 10 MINUTES AFTER THE EXAMINATION GETS STARTED.

### SECTION-A

1.	Normal shape of cerebellum is A. Dumb bell shaped C. Strawberry shaped	B. Banana shaped D. Clover leaf shaped
2.	The normal growth rate of mean sac dia A. 1 mm/day C. 1.3 mm/day	ameter (MSD) is B. 1.1 mm/day D. 1.5 mm/day
3.	In fetal head sonography, banana sign a A. Chiari II malformation C. Dandy Walker malformation	and lemon sign are seen in B. Holoprosencephaly D. Hydrancehaly
4.	During fetal asphyxia the diastolic flow i A. Increases C. Reverses	n the middle cerebral artery B. Decreases D. Remains normal
5.	Pseudokidney sign is seen in A. Gut wall thickening C. Midgut malrotation	B. Intussusception D. All of the above
6.	Compression sonography is used in dia A. Acute cholecystitis C. Acute pyelonephritis	gnosing  B. Acute pancreatitis  D. Acute appendicitis
7.	If a postmenopausal female present endometrial biopsy is required if on ult more than	
	A. 3 mm C. 6 mm	B. 5 mm D. 8 mm
8.	The harmful effect of Diagnostic ultrasou A. Ionizing radiation C. Both A & B	und is  B. Bowel perforation  D. None of the above
9.	As per current rules, the Application Fee Clinic or Imaging Centre under the PC-FA. Rs.20000/-C. Rs.35000/-	
10.	Ultrasound jelly is used in Ultrasonographer A. Reduce burning sensation B. Protect the probe C. Reduce friction on the skin surface D. Remove air between the probe and sensetions.	

11.	In an Ultrasound Probe, Ultrasound way A. Matrix elements C. Oscillating plates	ves are produced by  B. Piezoelectric crystals  D. Rotary system
12.	Free peritoneal fluid is normally best vis A. The right paracolic gutter C. The hepato-renal pouch	ualized in the supine position in B. The left paracolic gutter D. The peripancreatic region
13.	The commonest site for an obstructing of hydroureteronephrosis is	calculus causing
	A. Major calyx     C. Vesico-ureteric junction	B. Pelvi-ureteric junction     D. Minor calyx
14.	Uterine artery doppler is used in screeni A. Aneuploidy C. Cervical length	ng of B. Preeclampsia D. Congenital malformations
15.	Every certificate of registration shall be from the date of its issue.	
	A. 5 yrs C. 6 months	B. 10 yrs D. Forever
16.	All records for PCPNDT F form need to A. 10 years C. Lifelong	be kept for? B. 2 years D. 5 years
17.	Raised nuchal fold needs invasive testin A. 3.5 mm C. 1.5 mm	g , if it is more than ? B. 5 mm D. 2 mm
18.	Cervical length of <25 mm in high risk p screened at which gestation?	
	A. 16 to 24 weeks C. 36 weeks	B. 30 weeks D. 12 weeks
19.	All are causes of placentomegaly EXCE A. Maternal diabetes C. Maternal obesity	PT B. Severe maternal anemia D. Immune hydrops
20.	What is the principal posterior acoustic f A. Acoustic shadowing artefact C. Drop out artefact	eature evident in cystic lesions? B. Comet tail artefact D. Acoustic enhancement
21.	Fat fluid layering appearance is seen in A. Mature cystic teratoma C. Vesical calculi	B. Renal calculi D. Ovarian torsion

22.	Sonographic measurements taken bet bone to the outer margin of the skin is c A. Nuchal fold	
	C. Cisterna magna	D. Orbital distance
23.	What is the normal thickness of GB wall A.15 mm C. 3 mm	l? B. 30 mm D. 5 mm
24.	Lying down adrenal sign is seen in A. Renal agenesis C. Adrenal hemorrhage	B. Renal ectopia D. Multicystic Dysplastic kidney
25.	Frank venticulomegaly in fetal sonogradiameter is A. > 10mm C. > 13 mm	B. > 12mm D. > 15mm
26.	The sonographic features of Mirizzi syno A. Dilated CBD C. Dilated intrahepatic bile ducts	drome is  B. Calculus in lower end of CBD  D. All of the above
27.	On sonography the kidneys with acute p A. Normal C. Altered echotexture	byelonephritis may appear B. Enlarged D. All of the above
28.	Which artefact is used to diagnose Gall A. Mirror artefact C. Acoustic enhancement artefact	stones  B. Acoustic shadowing artefact  D. Side lobe artefact
29.	e FAST scan can determine A. Blood in the peritoneal cavity C. Both of the above	B. Blood in the pleural cavity D. None of the above
30.	In an abdominal sonography, we adv	
	<ul><li>A. To increase the water content of the</li><li>B. To have good acoustic window</li><li>C. To increase the impedance</li><li>D. To give comfort to the patient</li></ul>	body
31.	In abdominal scanning, a high frequence	cy probe will be best suited to visualize
	the A. Anterior abdominal wall C. Aorta	B. Liver D. Adrenals
32.	Trilaminar appearance of the endometri A. Menstrual phase C. Secretory phase	al complex is seen in  B. Proliferative phase  D. Post-menopausal

		The state of the s
33.	Small quantity of fluid in the Pouch o A. Menstruation C. Mid-cycle	f Douglas is normally seen during B. Proliferative phase D. Secretory phase
34.	AFI is measured in A. 3 Quadrants C. 6 Quadrants	B. 4 Quadrants D. 8 Quadrants
35.	For accurate measurement of the BF include the following structures A. Thalami and Cerebellum B. Cerebral and cerebellar hemisphe C. Cavum Septum Pellucidum and C D. Cavum Septum Pellucidum and T	erebellum
36.	In the normal kidneys  A. The cortex and medulla are iso-ed  B. The cortex and medulla are hypere  C. The cortex is hypoechoic compare  D. The cortex is hyperechoic compare	echoic compared to the renal sinus ed to the medulla
37.	The normal pancreas shows  A. Homogeneously echogenic parend B. Homogeneously hypoechoic paren C. Mottled parenchyma D. Reticular pattern of parenchyma	
38.	Which is not echogenic while doing u A. Blood C. Bone	ltrasonography? B. Gas D. Gall stones
39.	Heterotopic pregnancy is a condition A. Intrauterine pregnancy coexist with B. Twin ectopic pregnancy C. Two intrauterine gestational sacs D. None of the above	
40.	In blighted ovum: A. Gestational sac and embryo are be B. Gestational sac is formed but emb C. Gestational sac, yolk sac and emb D. None of the above	ryo does not form
41.	In an antenatal USG, triple bubble sig A. Duodenal atresia C. Esophageal atresia	gn is seen in : B. Pyloric Stenosis D. Jejunal Atresia
42.	The placenta is considered too thick of A. 4 mm	when it measures: B. 3.5 mm

43.	Which of the following structures out of A. Yolk Sac C. Placenta	the following is seen earliest on USG: B. Fetal Heart D. Embryo
44.	Optimal time of assessment of nuchal t A. 6-12 weeks C. 14-16 weeks	ranslucency is : B. 4- 5 weeks D. 11-14 weeks
45.	Which mode should be used in USG fo A. A- mode C. M-mode	r fetal heart rate measurement? B. B- mode D. C- mode
46.	All are the signs of follicular rupture on A. Sudden regression in size of follicle. B. Fluid in Pouch of Douglas C. Irregular margins of follicle D. Increase in number of follicles	
47.	Which of the following is NOT a compo A. Fetal breathing movements C. Fetal tone	nent of biophysical profile B. Fetal movements D. Placental maturity
48.	Sonographic diagnosis of fetal demise in embryo A. More than 4 mm C. More than 6 mm	is made when cardiac activity not seen  B. More than 5 mm  D. More than 7 mm
49.	The form which is mandatory to be fi pregnant women? A. A form C. F form	lled by the USG clinic before USG in  B. B form D. D form
50.	When the inferior placental edge ultrasonography, it is termed A. Placenta previa C. Low lying placenta	is within 2 cm of internal Os on  B. Anterior placenta  D. Marginal placenta previa

#### SECTION-B

#### **Short Questions**

Q. 1. What are soft markers of aneuploidy?

Q. 2. PCPNDT Act Full form, year of implementation and what are procedures covered?

Q. 3 How would you diagnose early fetal demise?

Q. 4 Describe the sonographic findings of acute and chronic cholecystitis?

Q. 5 Write briefly on ultrasound features of acute appendicitis?

Q. 6. Write a short note on Ultrasound findings in Liver Abscess.

Q. 7. What are the sonographic features of PCOD?

Q. 8. Sonographic features of PID.

Q. 9. Sonographic features of suspected ectopic gestation.

Q. 10. Enumerate different types of Ultrasound Transducers and their specific use.

#### **ROUGH WORK**

# ANSWER KEY OF COMPETENCY BASED ASSESSMENT TEST (SIX MONTHS ULTRASOUND TRAINING RULES AS PER PC-PNDT ACT, 2014 EXAM HELD ON 28.12.2023

	49-		SE	Т-В			
1	А	14	В	27	D	40	В
2	В	15	Α	28	В	41	D
3	Α	16	В	29	С	42	С
4	A	17	Α	30	В	43	А
5	Α	18	Α	31	А	44	D
6	D	19	С	32	В	45	С
7	Α	20	D	33	С	46	D
8	D	21	Α	34	В	47	D
9	В	22	Α	35	D	48	D
10	D	23	С	36	D	49	С
11	В	24	А	37	Α	50	С
12	С	25	С	38	Α		
13	С	26	С	39	А		