

EXAMINATION: HEPATOBILIARY SCINTIGRAPHY

Name _____

Date _____

1. Concerning Tc-99m IDA radiopharmaceuticals, which of the following statement is true?
 - a. The target organ (i.e. organ with the highest radiation dose) is the gallbladder
 - b. The target organ is the large bowel
 - c. The Tc-99m IDA complex is formed by the addition of Tc99m pertechnetate to the IDA-containing vial, followed by heating in a waterbath of 95-100°F for 5 minutes
 - d. The Tc-99m IDA complex is stable for 30 min after reconstitution
 - e. Both b and c are true

2. Which of the following statements is true?
 - a. The mechanism of uptake of Tc99m IDA is by Kupffer cell extraction
 - b. Tc99m mebrofenin has better hepatic extraction than Tc99m DISIDA
 - c. The chemical structure of IDA radiopharmaceuticals is similar to the diphosphonates.
 - d. With hepatic insufficiency, the alternate route for IDA radiopharmaceuticals is via the bowel
 - e. All statements (a, b, c, d) are true

3. Concerning patient preparation for hepatobiliary studies, which of the following statements is true?
 - a. The patient should fast for at least 4 hours, but not longer than 24 hours
 - b. A history of possible drug ingestion, e.g. opiates, should be obtained
 - c. If sincalide is administered it should be injected i-v as a rapid bolus
 - d. Both a and b are true
 - e. All statements (a, b, c) are true

4. Concerning the normal image interpretation after Tc-99m HIDA administration, which of the following statements is true?
 - a. Blood pool activity in the heart is normally seen during the first 15 minutes post-injection
 - b. Delayed (>60min) biliary-to-bowel transit is seen in 1-2% of normal subjects
 - c. On a blood flow study, liver activity is seen 6-8 seconds before the spleen
 - d. All statements (a, b, c) are true
 - e. All statements (a, b, c) are false

5. Which of the following are causes of false positive cholescintigraphy for acute cholecystitis?
- Intercurrent severe illness
 - Severe hepatic insufficiency
 - Hyperalimentation
 - All (a, b, c) may be associated with false positive cholescintigraphy for acute cholecystitis
 - Neither a, b or c is associated with false positive cholescintigraphy for acute cholecystitis
6. The “rim sign”
- Is described as a specific sign of acute cholecystitis
 - Is probably due to delayed tracer clearance in the liver adjacent to the gallbladder fossa
 - Has been described in gangrene of the gallbladder
 - All statements (a, b, c) are true
 - All statements (a, b, c) are false
7. The most common cholescintigraphic pattern in chronic cholecystitis is (pick one)
- Normal cholescintigraphy
 - Delayed gallbladder filling (>60min)
 - Delayed biliary to bowel transit time (>60min)
 - Non-visualization of the gallbladder at 4 hours
 - Gallbladder filling defects due to stones
8. Concerning morphine sulfate augmentation of cholescintigraphy, which statement is true?
- Morphine decreases intraluminal pressure at the Sphincter of Oddi
 - Morphine administration is contraindicated if the serum amylase is elevated
 - Morphine should optimally be given before the tracer is visualized in the bowel
 - All statements (a, b, c) are true
 - All statements (a, b, c) are false
9. In complete common bile duct obstruction, the classic scintigraphic finding is (pick one)
- Normal cholescintigraphy
 - Gallbladder visualizes but no tracer transit into the bowel
 - No gallbladder, biliary tree or bowel visualization

- d. Segmental narrowing of the common bile duct
- e. Intraluminal filling defect of the common bile duct

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10. Regarding acute acalculous cholecystitis which statement is true?
- a. The sensitivity of detection with cholescintigraphy is about 90%
 - b. If the gallbladder has filled and CCK is given, the EF will almost always be greater than 35%
 - c. A radiolabeled wbc study may be helpful in confirming the diagnosis
 - d. Statements a and c are true
 - e. All statements (a, b, c) are true

ANSWER KEY (don't distribute)

1 B

2 B

3 D

4 E

5 D

6 D

7 A

8 B

9 C

10 D