Check if the statement is correct:

1. ( ) Tc 99m DTPA renal studies with lasix can reliably exclude obstruction in a dehydrated patient.
2. ( ) An extravasated injection of Tc-99m DTPA can give a false positive result for obstruction.
3. ( ) Visualization of a ureter of a renogram study is abnormal.
4. ( ) Even if a kidney contributes <10% to the total GFR, its function will usually improve if the obstruction is relieved.
5. ( ) On a Tc-99m DTPA study in pre-renal failure, there is impaired renal blood flow, poor uptake, delayed intrarenal transit and little or no excretion.
6. ( ) In patients with renal failure, renal studies are best performed with Tc-99m MAG3.
7. ( ) On a Tc-99m DTPA study, rejection of a renal transplant can be distinguished from cyclosporine toxicity.
8. ( ) Concerning imaging with Tc-99m MAG3, liver and biliary activity can be seen.
9. ( ) The radiation dose from Tc-99m MAG3 study is less than for a Tc-99m DTPA study.
10. ( ) The peak blood flow to a normal kidney occurs 10 seconds after the aorta.
11. ( ) Infants in whom a hydronephrosis has been detected antenatally should have a Tc-99m DTPA scan as soon as is practical after birth.
12. ( ) Patients who are to undergo a captopril renal scan should be kept NPO from midnight the night before the test.
13. ( ) ACE inhibitors act upon the efferent glomerular arteriole.
14. ( ) Concerning ACE inhibition renography: In a Tc-99m MAG-3 study, a continually rising curve suggests hemodynamically significant renal artery stenosis.
15. ( ) Tc-99m DMSA binds to the proximal convoluted tubules in the cortex.
16. ( ) The flow phase (radionuclide angiogram) cannot be performed using the tracer I-131 iodihippurate.
17. ( ) Captopril blocks the conversion of angiotensin I to angiotensin II in the lungs.
18. ( ) The usual captopril dose is 10-20 mg PO.
19. ( ) Tc-99m DMSA is the most sensitive nuclear medicine technique for diagnosing scarring secondary to reflux.
20. ( ) A congenital abnormality which is usually unilateral (bell-clapper testis) is the most common predisposing factor to testicular torsion.
Answer key

1. F
2. T
3. F
4. F
5. F
6. T
7. F
8. T
9. F
10. F
11. F
12. F
13. T
14. T
15. T*
16. T*
17. T*
18. F*
19. T*
20. F*

Questions 1-14 are from MCQs in Clinical Nuclear Medicine
Questions 15-20 are from Nuclear Medicine, the Requisites