

(To be filled by the candidate)

Booklet S. No. \_\_\_\_\_

Roll No. (In figures) \_\_\_\_\_

Roll No. (In words) \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Center of Examination : \_\_\_\_\_

**Total No. of Questions : 50**

**Paper Code-2623**

**Name of Examination- Senior Resident/Specialist Tutor Entrance 2026  
Specialty-Nuclear Medicine**

**Time Allowed : 90 Minutes**

**Maximum Marks : 200**

**IMPORTANT NOTE:**

- (i) OMR Answer Sheet will be supplied by the Examination Centre Superintendent for answering the questions.
- (ii) Use **Blue/Black Ink/ Ball Pen only**, to darken the appropriate circle in the OMR Answer Sheet.
- (iii) Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened circle might be rejected by the Optical Scanner.
- (iv) Darkening of more than one circle shall be rejected by the scanner. **Over-writing, cutting, erasing or use of White Fluid is not allowed.**
- (v) Before dealing with the question paper, fill-up the required information with Blue/Black Ball Pen correctly both in the Question Booklet and in the OMR Answer Sheet.
- (vi) Do not fold the OMR Answer Sheet nor put any mark here and there to avoid rejection by the Optical Scanner.
- (vii) Write Roll. No. carefully on the OMR Answer Sheet and darken the appropriate circle properly.
- (viii) **Each question carries Four Marks while 1 mark shall be deducted for each incorrect response.**
- (ix) **Use of Calculator is not allowed.**
- (x) **No over-writing, cutting, erasing or use of white fluid is allowed.**
- (xi) Rough work be done on the sheet(s) at the end.
- (xii) **MOBILE TELEPHONES (EVEN ON SWITCH-OFF MODE) AND SUCH OTHER ELECTRONIC DEVICES ARE NOT ALLOWED INSIDE THE EXAMINATION HALL.**
- (xiii) The question paper-booklet will be retained by the candidate after the entrance test is over.



- Q1. What is Auger Electron?
- a) Electron ejected from an atomic orbit because of internal conversion phenomenon
  - b) Electron ejected from an atomic orbit by energy released during an electron transition
  - c) Electron ejected from an atomic orbit as a consequence of an interaction with a photon
  - d) Electron ejected from orbit after absorbing a portion of a photon's energy during scatter

Answer: B

- Q2. Which of the following wavelength could belong to a gamma ray?
- a) 0.001nm
  - b) 0.1nm
  - c) 1nm
  - d) 10nm

Answer: A

- Q3. Metastable state happens if daughter nucleus remains in excited state for:
- a) >1 microsecond.
  - b) >1 nano second.
  - c) >1 femto seconds.
  - d) 10 nanoseconds.

Answer: A

- Q4. Which is the right conversion?
- a)  $1\text{Bq} = 27\text{pCi}$

- b)  $1\text{ rad} = 10\text{ erg/gm}$
- c)  $1\text{ Gy} = 1000\text{ rad}$
- d)  $1\text{ mSv} = 10\text{ mR}$

Answer: A

- Q5. Which is the correct statement?
- a) Photo-electric effect is seen in low Z materials.
  - b) Compton scatter is more prominent in tissues with high water content.
  - c) In Rayleigh scattering, photons can cause electron emission.
  - d) Pair production is common in clinical imaging.

Answer: B

- Q6. Quality control in well-counter consists of all except:
- a) Chi-square test.
  - b) Energy calibration.
  - c) t-test.
  - d) Energy resolution.

Answer: C

- Q7. Select the correct statement:
- a) PET systems do not require collimation.
  - b) Timing acceptance window for PET imaging is ~20ns
  - c) RAMP filter attenuates high frequency noise.

d) Filtered back projection is better at addressing noise than iterative reconstruction.

Answer: A

Q8. All are reactor produced except:

- a)  $^{131}\text{I}$
- b)  $^{133}\text{Xe}$
- c)  $^{99}\text{Mo}$
- d)  $^{82}\text{Rb}$

Answer: D

Q9. Maximum  $^{99\text{m}}\text{Tc}$  activity can be eluted after how many hours of last elution:

- a) 6 hours
- b) 23 hours
- c) 36 hours
- d) 12 hours

Answer: B

Q10. All are the emissions of the  $^{201}\text{Tl}$  except

- a) 175 keV gamma
- b) 135 keV gamma
- c) 69-83 keV x-rays
- d) 167 keV gamma

Answer: A

Q11.  $^{18}\text{F}$ -Fluciclovine is

- a) Amino-acid analogue.

- b) Sympathomimetic.
- c) Labelled antibiotic.
- d) DAT imaging agent.

Answer: A

Q12. Which is incorrect:

- a) Generator elute should have  $<0.15$  microCi of  $^{99}\text{Mo}$  per mCi of  $^{99\text{m}}\text{Tc}$ .
- b) Limulus amebocyte lysate clot test is used to test for sterility.
- c)  $<10$ ppm Aluminium ions in elute is safe.
- d)  $>95\%$  activity in elute should be inform of  $^{99\text{m}}\text{Tc}$ -pertechnetate.

Answer: B

Q13. Which is incorrect regarding AERB dose limits:

- a)  $<20$ mSV/yr (average over 5 years) for occupational exposure.
- b)  $<30$  mSV in any given year for occupational exposure.
- c)  $<1$ mSV/yr for public exposure.
- d)  $<100$ mSv/year to the eye lens for occupational exposure.

Answer: D

Q14. Bone scan is not recommended for staging in which risk category of Prostate cancer?

- a) High risk disease.
- b) Intermediate risk disease.
- c) Low risk disease.

d) It is recommended in all risk categories.

Answer: C

Q15. MDP has which bond?

- a) P-O-P
- b) P-C-P
- c) P-P
- d) P-C-O-P

Answer: B

Q16. Which staging system is used for osteonecrosis/AVN of the femoral head?

- a) Garden classification.
- b) Gardner classification.
- c) Ficat and Arlet classification.
- d) Delbet Classification.

Answer: C

Q17. Which femoral neck fracture type has highest risk for developing AVN?

- a) Subcapital.
- b) Transphyseal.
- c) Transcervical.
- d) Inter-trochanteric.

Answer: B

Q18. Reduced renal uptake may be seen in bone scan in all except:

- a) Metastatic superscan.
- b) Metabolic bone disease.
- c) Delay in imaging.
- d) Acute Tubular Necrosis.

Answer: D

Q19. All features may be seen in Osteoid Osteoma except:

- a) Nidus.
- b) Sclerosis.
- c) Increased uptake in the nidus with increased but lower uptake in surrounding.
- d) Reduced uptake in the nidus with increased uptake in the surrounding.

Answer: D

Q20. Which targeted therapy has been shown to improve overall survival in Prostate cancer patients?

- a)  $^{177}\text{Lu}$ -PSMA.
- b)  $^{153}\text{Sm}$ -EDTMP.
- c)  $^{223}\text{Ra}$
- d)  $^{89}\text{Sr}$

Answer: C

Q21. Which tracer would you use for radio-synovectomy in the small joints of the hand?

- a)  $^{186}\text{Re}$ .
- b)  $^{169}\text{Er}$ .
- c)  $^{90}\text{Y}$
- d)  $^{198}\text{Au}$

Answer: B

Q22. Which scoring system is used to assess pre-test probability of Pulmonary embolism?

- a) Wells score.
- b) PIOPED score.
- c) Roger score.
- d) Anderson Score.

Answer: A

Q23. Number of injected particles in <sup>99m</sup>Tc-MAA scan should be reduced in all conditions except:

- a) Children.
- b) Pregnancy.
- c) Left to right cardiac shunts.
- d) Pulmonary hypertension.

Answer: C

Q24. Which of the following criterion do not require acquisition of ventilation study?

- a) PIOPED I
- b) PIOPED II
- c) Modified PIOPED II
- d) PISAPED

Answer: D

Q25. Increased RAIU may be seen in all except:

- a) Hashitoxicosis.
- b) Graves' disease.
- c) Struma Ovarii.
- d) Toxic goiter.

Answer: C

Q26. How much radio-iodine activity should be delivered to achieve hypothyroid state in Graves' disease?

- a) 10-50 microCi/gm
- b) 50-200 microCi/gm
- c) 200-500 microCi/gm
- d) >500 microCi/gm

Answer: B

Q27. Re-treatment with radio-iodine may be considered after how many months of first radio-iodine therapy in Graves disease?

- a) 3 months
- b) 6 months
- c) 9 months
- d) 12 months

Answer: B

Q28. Which thyroid cancer variants are associated with favorable outcomes?

- a) Hobnail variant PTC
- b) Tall cell variant PTC
- c) Follicular variant PTC
- d) Columnar cell variant

Answer: C

Q29. Radioactive iodine therapy has been proven to improve disease free survival in which ATA risk categories?

- a) High risk only.
- b) Intermediate and high risk.
- c) Intermediate risk only.

d) All risk categories.

Answer: A

Q30. What should be the initial TSH goal in high-risk thyroid cancer patients post total thyroidectomy and radioiodine ablation?

- a) <0.1 mU/L
- b) 0.1-0.5 mU/L
- c) 0.5-2 mU/L
- d) 10 mU/L

Answer: A

Q31. All can be considered as radioiodine refractory differentiated thyroid cancers except:

- a) Disease never concentrated radio-active iodine.
- b) Radio-active iodine was concentrated in some lesions but not in others.
- c) Metastatic disease progresses despite significant concentration of radio-active iodine.
- d) All are correct.

Answer: D

Q32. All can be used for imaging parathyroid adenomas except:

- a) <sup>99m</sup>Tc-Sestamibi
- b) <sup>18</sup>F-FDG
- c) <sup>11</sup>C-Methionine
- d) <sup>18</sup>F-Fluorocholine.

Answer: B

Q33. All these interventions can be clubbed with hepato-biliary scintigraphy, except:

- a) Morphine sulfate.
- b) Sinclaid infusion.
- c) Fatty meal.
- d) All of the above.

Answer: D

Q34. Which is the correct statement:

- a) SIR-spheres are made up of glass.
- b) Thera-spheres are made up of resin.
- c) In cases with >10% pulmonary shunting, <sup>90</sup>Y-theraspheres should not be used.
- d) There is no impact of shunting on the injected dose of SIR-Spheres.

Answer: C

Q35. Radionuclide GI bleeding studies can detect bleeding rates of:

- a) <0.1mL/min
- b) 1mL/min
- c) 10mL/min
- d) 100mL/min

Answer: A

Q36. For a diagnosis of active bleeding in labelled RBC scintigraphy, all are true except:

- a) Appearance of a new site of activity.
- b) It increases with time.
- c) It moves with time.
- d) Movement of activity is not an essential feature.

Answer: D

Q37. The use of diuretic renography should be preferable delayed till

- a) After 4 weeks of age.
- b) After 8 weeks of age.
- c) After 12 weeks of age.
- d) After 24 weeks of age.

Answer: A

Q38. In captopril renography, the type of curve seen:

- a) Depends on the radiotracer used.
- b) Does not depend on the radiotracer.
- c) Both are true
- d) None is true.

Answer: A

Q39. In a three-year-old child presenting with first episode of UTI and normal ultrasound findings:

- a) DMSA scan should be obtained.
- b) DMSA scan is not needed.

c) DMSA is only needed if MCU reveals any abnormality.

d) Should be followed up with ultrasound imaging only.

Answer: A

Q40. Which tracer can be used in imaging of Cardiac sarcoidosis?

- a)  $^{18}\text{F}$ -FDG.
- b)  $^{68}\text{Ga}$ -DOTANOC.
- c)  $^{82}\text{Rb}$
- d) All of the above.

Answer: D

Q41.  $^{18}\text{F}$ -FDG imaging should be used in

- a) Native valve endocarditis.
- b) Prosthetic Valve infections.
- c) It is equally efficacious in both.
- d) High myocardial  $^{18}\text{F}$ -FDG uptake means it should not be used for valve related infections.

Answer: B

Q42.  $^{68}\text{Ga}$ -Pentixafor binds to:

- a) CXCR5
- b) CXCR4
- c) CCL5
- d) CC5

Answer: B

Q43. If 18F-FDG activity within the target lesion was mildly higher than liver, what will be the Deauville Score?

- a) II
- b) III
- c) IV
- d) V

Answer: C

Q44. Which tracer can be used to image Glomus Jugulare?

- a) 18F-FDG.
- b) 68Ga-PSMA.
- c) 68Ga-DOTANOC.
- d) 11C-HED

Answer: C

Q45. Which radiotracer PET/CT would you prefer in a patient with NET and KI-67 of 30%?

- a) 18F-FDG
- b) 18F-FDOPA
- c) 68Ga-DOTATATE
- d) 68Ga-DOTANOC

Answer: A

Q46. In a patient receiving 177Lu-DOTATATE therapy, how do you achieve reno-protection?

- a) Giving patient alkalizers.
- b) Using positively charged amino-acids.
- c) Using IV saline infusion with Furosemide.
- d) All of the above.

Answer: B

Q47. Which among the following are serum markers for MTC?

- a) Calcitonin.
- b) CEA.
- c) Both.
- d) None.

Answer: C

Q48. DAT scan is used to visualize:

- a) Pre-synaptic pathology.
- b) Post-synaptic pathology.
- c) Both.
- d) None.

Answer: A

Q49. Degeneration in IPD progresses in:

- a) Cranio-caudal direction.
- b) Caudo-cranial direction.
- c) Uniformly.
- d) All are correct.

Answer: B

Q50. In myocardial perfusion imaging, Breast attenuation is seen in which region:

- a) Anterior
- b) Lateral
- c) Septal
- d) Inferior

Answer: A

## **Rough Page**

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