

ARRT Mammography Boards Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is an overgrowth of cells lining the ducts called?**
 - A. Hyperplasia**
 - B. Metaplasia**
 - C. Carcinoma**
 - D. Adenoma**

- 2. A single binary digit of data, represented as either "0" or "1", is known as what?**
 - A. Byte**
 - B. Bit**
 - C. Pixel**
 - D. Data Point**

- 3. Which part of the breast has the most mobile margins?**
 - A. Medial aspect**
 - B. Superior aspect**
 - C. Inferior and lateral aspects**
 - D. Central portion**

- 4. What component of breast imaging is critical for reducing the number of lymph nodes subjected to removal?**
 - A. Sentinel node mapping**
 - B. Contrast-enhanced imaging**
 - C. Mammography positioning**
 - D. Follow-up scans**

- 5. What type of therapy is described as adjuvant in breast cancer treatment?**
 - A. Radiation therapy**
 - B. Targeted therapy**
 - C. Chemotherapy**
 - D. Surgical intervention**

6. What is a hamartoma?

- A. A malignant tumor of the breast**
- B. A benign tumor of the breast**
- C. A type of cyst**
- D. A form of breast tissue fibrosis**

7. What is a significant disadvantage of performing magnification in mammography?

- A. Reduced viewing time**
- B. Increased patient dose**
- C. Decreased image quality**
- D. Limited image size**

8. The removal of one to three axillary nodes for testing is known as what type of procedure?

- A. Axillary dissection**
- B. Sentinel node biopsy**
- C. Lymphadenectomy**
- D. Fine needle aspiration**

9. Which condition is known for having a central solid mass?

- A. Fat necrosis**
- B. Hamartoma**
- C. Malignant stellate tumor**
- D. Star-shaped cyst**

10. During a mammogram, how is the comfort of the patient prioritized regarding compression?

- A. By applying maximum pressure**
- B. By ignoring patient feedback**
- C. By considering pain tolerance and offering explanations**
- D. By minimizing communication**

Answers

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1. A
2. B
3. C
4. A
5. C
6. B
7. B
8. B
9. C
10. C

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Explanations

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1. What is an overgrowth of cells lining the ducts called?

- A. Hyperplasia**
- B. Metaplasia**
- C. Carcinoma**
- D. Adenoma**

The term used to describe an overgrowth of cells lining the ducts is known as hyperplasia. This condition refers to an increase in the number of cells in a tissue or organ, which can lead to an enlargement of the affected area. In the context of mammography and breast tissue, hyperplasia often pertains to the proliferation of epithelial cells within the ducts of the breast. It is important to note that while hyperplasia can be benign, it can also be associated with an increased risk of developing breast cancer if certain characteristics are present. In contrast, metaplasia refers to the reversible transformation of one differentiated cell type to another, often due to chronic irritation or inflammation, rather than an increase in cell number. Carcinoma indicates a malignant tumor originating from epithelial cells and signifies a diagnosed cancer, while adenoma refers specifically to a benign tumor derived from glandular tissue. Understanding these distinctions is crucial in the medical field, particularly in the interpretation of breast imaging and pathology.

2. A single binary digit of data, represented as either "0" or "1", is known as what?

- A. Byte**
- B. Bit**
- C. Pixel**
- D. Data Point**

A single binary digit of data is known as a bit. The term "bit" is derived from "binary digit," which refers to the two possible values that a bit can hold: 0 or 1. This fundamental unit of data is the building block for all types of digital information. In computing and digital communications, bits are used to represent everything from simple data to complex information by combining multiple bits. For example, a byte is made up of 8 bits and can represent a wide range of values, while pixels are composed of bits that determine the color and intensity in digital imaging. Understanding the concept of a bit is essential, as it is the fundamental unit that underpins the binary system used in computer science and digital electronics.

3. Which part of the breast has the most mobile margins?

- A. Medial aspect
- B. Superior aspect
- C. Inferior and lateral aspects**
- D. Central portion

The inferior and lateral aspects of the breast are known to have the most mobile margins due to their anatomical structure and position. These areas are less tethered compared to other segments of the breast, allowing for greater movement during physical examination or imaging procedures. The tissue density and the anatomical features in this region contribute to this mobility. In contrast, the medial aspect tends to be more stable because it is closer to the thoracic wall and may be anchored by surrounding structures. Similarly, the superior aspect is less mobile compared to the inferior and lateral areas due to the presence of connective tissue and ligaments that provide support. The central portion of the breast, which typically contains more glandular tissue, also has less mobility than the inferior and lateral aspects because of its connection to other breast structures. Understanding the anatomy and mobility of different breast segments is crucial in mammography and clinical examinations, as it influences the approach to imaging and the interpretation of results.

4. What component of breast imaging is critical for reducing the number of lymph nodes subjected to removal?

- A. Sentinel node mapping**
- B. Contrast-enhanced imaging
- C. Mammography positioning
- D. Follow-up scans

Sentinel node mapping is a crucial component in breast imaging, particularly in the evaluation and treatment of breast cancer. This procedure involves identifying the sentinel lymph node, which is the first lymph node to which cancer is likely to spread from the primary tumor. By mapping and assessing this specific node, healthcare providers can determine whether cancer has spread while minimizing the need for extensive lymph node removal, such as axillary lymphadenectomy. Removing fewer lymph nodes is beneficial as it reduces the risk of complications, including lymphedema, which can occur when lymph nodes are removed. Sentinel node mapping allows for a more targeted approach to treatment, providing valuable information regarding the staging of cancer while preserving surrounding healthy tissues and functions. This accuracy helps to optimize patient outcomes through tailored therapies and improved surgical options. While other options such as contrast-enhanced imaging, mammography positioning, and follow-up scans play valuable roles in breast cancer detection and treatment, they do not directly influence the number of lymph nodes that are subject to surgical removal in the way sentinel node mapping does.

5. What type of therapy is described as adjuvant in breast cancer treatment?

- A. Radiation therapy**
- B. Targeted therapy**
- C. Chemotherapy**
- D. Surgical intervention**

Adjuvant therapy refers to additional treatment given after the primary treatment to enhance its effectiveness and reduce the risk of cancer recurrence. In the context of breast cancer, adjuvant chemotherapy is a common approach. It is administered after surgical intervention (typically lumpectomy or mastectomy) to target any remaining cancer cells that may not have been removed during the surgery. The goal of adjuvant chemotherapy is to decrease the chance of the cancer returning by targeting rapidly dividing cells, which is a characteristic of cancer. This type of intervention is particularly important in cases where there is a risk of metastasis or if the cancer has characteristics suggesting a higher chance of recurrence. While radiation therapy, targeted therapy, and surgical interventions can also play vital roles in breast cancer treatment, they serve different purposes. Radiation is often used post-surgery to destroy any residual cancer cells in the breast area, targeted therapy aims at specific molecular targets related to cancer growth, and surgical intervention is the primary method to physically remove the tumor. Therefore, in the context of adjuvant therapy specifically designed to minimize recurrence after the main treatment, chemotherapy is the most fitting choice.

6. What is a hamartoma?

- A. A malignant tumor of the breast**
- B. A benign tumor of the breast**
- C. A type of cyst**
- D. A form of breast tissue fibrosis**

A hamartoma is classified as a benign tumor of the breast. This type of tumor is characterized by an abnormal mixture of tissue elements that are normally found in the breast, such as glandular tissue, stroma, and fat. Hamartomas are typically well-circumscribed and can feel like a mass or lump, but they are not cancerous and do not have the potential to metastasize like malignant tumors. In contrast, malignant tumors are cancerous and involve uncontrolled cell growth that can spread to other parts of the body. Cysts are fluid-filled sacs that can occur in the breast but do not have the same structure or characteristics as a hamartoma. Breast tissue fibrosis refers to the thickening and scarring of breast tissue, which is also distinct from the well-defined nature of a hamartoma. Understanding these characteristics helps in differentiating between various breast conditions and ensures appropriate management and further evaluation where necessary.

7. What is a significant disadvantage of performing magnification in mammography?

- A. Reduced viewing time**
- B. Increased patient dose**
- C. Decreased image quality**
- D. Limited image size**

Performing magnification in mammography indeed has the significant disadvantage of increased patient dose. When magnification techniques are used, the x-ray beam is focused on a smaller area of tissue to enhance detail and resolution. However, this often requires a higher radiation dose to achieve the necessary image quality. The small area being examined absorbs more radiation, which can lead to a higher exposure compared to standard imaging techniques where larger areas are imaged with lower doses. It is essential for health professionals to balance the need for high-quality diagnostic images with the principle of keeping radiation exposure as low as reasonably achievable (ALARA). In clinical practice, while increased image detail is critical for detecting abnormalities, the risk posed by elevated radiation doses is a key consideration. This highlights the importance of dose management strategies in mammography, particularly when using magnification techniques. Keeping track of patient history and closely monitoring cumulative exposures can help mitigate risks associated with increased radiation doses.

8. The removal of one to three axillary nodes for testing is known as what type of procedure?

- A. Axillary dissection**
- B. Sentinel node biopsy**
- C. Lymphadenectomy**
- D. Fine needle aspiration**

The procedure referred to is a sentinel node biopsy, which specifically involves the removal of one to three axillary lymph nodes for testing. This technique is used primarily in the context of breast cancer surgery to check for the presence of cancer cells in the sentinel nodes, which are the first few lymph nodes that drain lymphatic fluid from the area around a tumor. Identifying whether cancer has spread to these nodes helps determine the extent of the disease and informs further treatment strategies. In sentinel node biopsy, the selected nodes are often identified using a tracer dye or radioactive substance to ensure accuracy in locating the sentinel nodes. By limiting the number of nodes removed, this approach aims to reduce the risk of complications and post-operative side effects compared to more extensive surgeries. Other options, while similar in context, refer to different procedures. Axillary dissection involves the removal of a larger number of lymph nodes, typically more than three, to examine for cancer spread. Lymphadenectomy also refers to the removal of lymph nodes but does not specify the number, generally implying a more extensive procedure. Fine needle aspiration is a minimally invasive procedure used to obtain tissue or fluid samples from specific areas but does not involve the surgical removal of axillary nodes for comprehensive analysis. Understanding these distinctions is essential

9. Which condition is known for having a central solid mass?

- A. Fat necrosis
- B. Hamartoma
- C. Malignant stellate tumor**
- D. Star-shaped cyst

The condition characterized by a central solid mass is the malignant stellate tumor. This type of tumor typically presents with irregular margins and a central solid component, which is commonly noted in imaging studies. The stellate appearance arises from the tumor's infiltrative growth pattern, with extensions radiating from the central mass, resembling a star. In the context of breast imaging and pathology, recognizing the specific characteristics of malignant masses is crucial for accurate diagnosis and treatment planning. The presence of a central solid mass in a malignant stellate tumor often indicates advanced disease and the potential for metastasis. In contrast, conditions such as fat necrosis or hamartoma may exhibit different imaging features. Fat necrosis often appears as a lumpy or irregular mass but is not characterized solely by a central solid structure, as fat necrosis may contain varying types of tissue densities that can complicate its imaging appearance. A hamartoma, on the other hand, typically demonstrates a combination of fat and glandular tissue, presenting as a well-circumscribed mass rather than a central solid form. Lastly, a star-shaped cyst would not be recognized for having a solid central mass but rather would be characterized by fluid content, which differentiates it from the malignant stellate tumor. Understanding

10. During a mammogram, how is the comfort of the patient prioritized regarding compression?

- A. By applying maximum pressure
- B. By ignoring patient feedback
- C. By considering pain tolerance and offering explanations**
- D. By minimizing communication

Prioritizing the comfort of the patient during a mammogram involves a careful balance between the necessary procedural requirements and the patient's individual experience of discomfort. Considering pain tolerance and offering explanations is an essential aspect of this process. Proper compression is critical for obtaining high-quality images during a mammogram, as it helps to delineate the breast tissue and minimize motion. However, it's also important to recognize that each patient may have different levels of pain tolerance and anxiety associated with compression. By engaging with the patient and providing clear explanations about what to expect during the compression process, the technologist can help to alleviate anxiety and enhance the patient's experience. This proactive communication allows the patient to voice any discomfort they may be experiencing, and it enables the technician to make necessary adjustments to the compression pressure while still aiming for optimal imaging results. This approach fosters a collaborative environment, where the patient's comfort is acknowledged and prioritized, making the process more tolerable for them while still adhering to the goals of mammography. Thus, considering pain tolerance and offering explanations reinforces the importance of patient-centered care in the imaging setting.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://arrrtmammographyboards.examzify.com>

We wish you the very best on your exam journey. You've got this!

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