

ARRT VASCULAR INTERVENTIONAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://arrtvascularinterventional.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. In what percentage of individuals is conventional celiac artery anatomy present?**
 - A. 65%
 - B. 70%
 - C. 80%
 - D. 95%
- 2. What does hypoxia refer to in patients with arterial obstruction?**
 - A. Lack of oxygen in the tissues
 - B. Excessive carbon dioxide
 - C. Increased blood flow
 - D. Collapse of lung tissue
- 3. Which of the following is not a reason that a celiac arteriogram is used?**
 - A. Cirrhosis
 - B. Arterial blockages
 - C. Broken hip bone
 - D. Aneurysms
- 4. In terms of catheter drainage and collections from the liver, which of the following statements is least accurate?**
 - A. Transgression of large vessels, dilated bile ducts, and the gallbladder should be avoided.
 - B. Bilomas, particularly if superinfected, are not amenable to percutaneous drainage.
 - C. Pyogenic abscesses are the most common hepatic collections amenable to percutaneous drainage.
 - D. Transgression of the pleura should be avoided, although this is not always possible.
- 5. Which condition can manifest as multiple abdominal aortic aneurysms?**
 - A. Takayasu arteritis
 - B. Radiation vasculitis
 - C. Relapsing polychondritis
 - D. Behçet disease

- 6. There has been an explosion in the number of prostate biopsies performed as a result of which of the following?**
- A. Increased life expectancy in males
 - B. Cutting edge detection techniques
 - C. Introduction of PSA test
 - D. Environmental consequences
- 7. What do the axillary arteries become in the upper arm?**
- A. Bronchial arteries
 - B. Deep femoral arteries
 - C. Brachial arteries
 - D. Subclavian arteries
- 8. A pulmonary angiogram is also commonly referred to as what?**
- A. Pulmonary blood angiogram
 - B. Pulmonary artery angiogram
 - C. Pulmonary respiratory angiogram
 - D. Pulmonary vein angiogram
- 9. The indications for penile angiography include the evaluation of impotence and trauma. The least common cause is which of the following?**
- A. Neurologic
 - B. Vasculogenic
 - C. Endocrine
 - D. Pharmacologic
- 10. The average patency rate for metallic stents in the biliary tree is approximately how long?**
- A. 2 months
 - B. 6 months
 - C. 9 months
 - D. 2 years

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In what percentage of individuals is conventional celiac artery anatomy present?

- A. 65%
- B. 70%**
- C. 80%
- D. 95%

The classic or conventional anatomy of the celiac artery is recognized in approximately 70% of individuals. In this standard configuration, the celiac artery arises from the aorta and typically bifurcates into three main branches: the left gastric artery, the common hepatic artery, and the splenic artery. Understanding this prevalent anatomical configuration is crucial in vascular interventional practices, as it guides clinicians in procedures involving the abdominal viscera and aids in the interpretation of imaging studies. Other variations of celiac artery anatomy do exist, but conventional anatomy is the most common. Recognizing the prevalence of this standard anatomy allows for better pre-procedural planning and can impact the management of diseases related to the abdominal vasculature.

2. What does hypoxia refer to in patients with arterial obstruction?

- A. Lack of oxygen in the tissues**
- B. Excessive carbon dioxide
- C. Increased blood flow
- D. Collapse of lung tissue

Hypoxia in patients with arterial obstruction specifically refers to a lack of oxygen in the tissues. When arteries are obstructed, the flow of oxygenated blood to specific areas of the body is restricted. As a result, those tissues do not receive adequate oxygen, which is essential for cellular metabolism and overall function. This deficiency can lead to a range of complications, including tissue damage, pain, and organ dysfunction. Understanding hypoxia is crucial in fields such as vascular interventional practices because it guides medical professionals in diagnosing and treating conditions related to reduced blood flow, ensuring that interventions aim to restore adequate perfusion and tissue oxygenation.

3. Which of the following is not a reason that a celiac arteriogram is used?

- A. Cirrhosis
- B. Arterial blockages
- C. Broken hip bone**
- D. Aneurysms

A celiac arteriogram is a diagnostic imaging technique used to visualize the celiac artery and its branches, primarily to assess conditions affecting the upper abdominal organs. The primary indications for performing a celiac arteriogram include evaluating arterial blockages, diagnosing an aneurysm, and assessing vascular complications related to liver diseases, such as cirrhosis, where altered blood flow or collateral circulation may occur. In this context, the use of a celiac arteriogram is not justified for evaluating a broken hip bone. A broken hip is an orthopedic issue and typically involves imaging techniques such as X-rays or MRI, which are more suitable for assessing bone integrity and alignment rather than vascular structures. Thus, a celiac arteriogram would not be utilized for this purpose, making it the correct answer as the option not relevant to the usual indications for this procedure.

4. In terms of catheter drainage and collections from the liver, which of the following statements is least accurate?

- A. Transgression of large vessels, dilated bile ducts, and the gallbladder should be avoided.
- B. Bilomas, particularly if superinfected, are not amenable to percutaneous drainage.**
- C. Pyogenic abscesses are the most common hepatic collections amenable to percutaneous drainage.
- D. Transgression of the pleura should be avoided, although this is not always possible.

Focusing on the statement regarding bilomas, particularly if superinfected, not being amenable to percutaneous drainage provides insight into why this is considered the least accurate. Bilomas, which are collections of bile that may occur after procedures involving the liver, can often be drained percutaneously. While superinfection can complicate the clinical scenario, it does not categorically prohibit drainage. In fact, percutaneous drainage techniques can still be employed in many instances of biloma, even when there are complications present, under appropriate clinical considerations. In contrast, the other statements align more closely with established practices and considerations in interventional radiology and hepatology. Avoiding transgression of large vessels, dilated bile ducts, and the gallbladder is critical since these structures are not only essential for function but also risk significant complications if inadvertently injured. Moreover, pyogenic abscesses being the most common hepatic collections amenable to drainage reflects a consensus in medical literature, as they are generally managed with percutaneous techniques effectively. Lastly, acknowledging the challenges related to transgressing the pleura underlines the anatomical considerations that interventionalists must navigate, even though it is not always feasible to avoid this structure. Thus, highlighting aspects of drainage capability, especially regarding

5. Which condition can manifest as multiple abdominal aortic aneurysms?

- A. Takayasu arteritis
- B. Radiation vasculitis
- C. Relapsing polychondritis
- D. Behçet disease**

Behçet disease is an inflammatory condition that can lead to various vascular complications, including the formation of multiple abdominal aortic aneurysms. This condition is characterized by recurrent oral and genital ulcers and ocular involvement, but it also has systemic effects that can impact blood vessels. The inflammation associated with Behçet disease affects the vascular walls, making them more susceptible to aneurysms. The pathophysiology behind the aneurysms in Behçet disease involves a vasculitis component, where inflammation can weaken the arterial wall over time, leading to aneurysm formation in large vessels like the abdominal aorta. This is evidenced by clinical findings that show a correlation between Behçet disease and a heightened risk of aneurysms. Takayasu arteritis primarily affects large elastic arteries and is less commonly associated with multiple abdominal aortic aneurysms, as it tends to cause stenosis rather than aneurysm formation. Radiation vasculitis typically arises as a response to past radiation therapy and can cause vascular injury but is not well-known for causing multiple aneurysms. Relapsing polychondritis has a different pathophysiology and is not primarily associated with vascular complications leading to multiple aneurysms either. Thus, Behçet disease

6. There has been an explosion in the number of prostate biopsies performed as a result of which of the following?

- A. Increased life expectancy in males
- B. Cutting edge detection techniques
- C. Introduction of PSA test**
- D. Environmental consequences

The introduction of the PSA test has significantly transformed the approach to prostate cancer screening and detection. The prostate-specific antigen (PSA) test is a blood test measuring the level of PSA, a protein produced by the prostate gland. Elevated levels of PSA can indicate the presence of prostate cancer, among other conditions. As awareness of prostate cancer and the availability of the PSA test has increased, more men have undergone screening. This proactive approach allows for early detection, which is crucial as early-stage prostate cancer is often asymptomatic. The result is an uptick in the number of prostate biopsies performed, as men with elevated PSA levels are typically referred for biopsy to determine the presence of cancer. In contrast, while increased life expectancy and cutting-edge detection techniques may contribute to the general landscape of cancer diagnosis and treatment, they do not directly account for the specific rise in biopsies associated with prostate cancer. Environmental consequences also do not specifically relate to the increase in the number of biopsies performed for prostate cancer detection. The PSA test's role is central to the observed increase in biopsies, making it the most fitting choice in this context.

7. What do the axillary arteries become in the upper arm?

- A. Bronchial arteries
- B. Deep femoral arteries
- C. Brachial arteries**
- D. Subclavian arteries

The axillary arteries transition into the brachial arteries as they move into the upper arm. This anatomical change signifies a key point in the vascular system, as the brachial arteries are the primary blood supply to the arm and forearm. After transitioning from the axillary region, the brachial artery continues down the arm and eventually bifurcates into the radial and ulnar arteries near the elbow, facilitating blood flow to the forearm and hand. The axillary artery is responsible for supplying blood to upper limb structures, including the shoulder and upper chest areas. Once it passes the teres major muscle, it becomes the brachial artery, indicating its role in delivering oxygenated blood further along the arm. Understanding this transition is essential for professionals in vascular and interventional radiology, as it pertains to procedures and treatments involving arm circulation.

8. A pulmonary angiogram is also commonly referred to as what?

- A. Pulmonary blood angiogram
- B. Pulmonary artery angiogram**
- C. Pulmonary respiratory angiogram
- D. Pulmonary vein angiogram

A pulmonary angiogram, which is a specific type of imaging study used to visualize the blood vessels in the lungs, is commonly referred to as a pulmonary artery angiogram. This procedure primarily focuses on the pulmonary arteries, which transport deoxygenated blood from the heart to the lungs for oxygenation. The use of the term "pulmonary artery" accurately describes the structure being examined, as the examination specifically looks for conditions such as pulmonary embolism or other vascular abnormalities within the arteries of the lungs. The terminology is well established in the medical field, allowing for clear communication among healthcare professionals regarding the procedure and its purpose. In contrast, other terms related to the options presented can lead to misunderstandings or inaccuracies about the vascular structures involved. While other options mention various combinations of pulmonary, respiratory, and vein aspects, they do not specifically denote the focus on pulmonary arteries, which is the hallmark of a pulmonary angiogram. Understanding this specificity is vital for accurate diagnosis and treatment planning in vascular interventional practices.

9. The indications for penile angiography include the evaluation of impotence and trauma. The least common cause is which of the following?

- A. Neurologic
- B. Vasculogenic**
- C. Endocrine
- D. Pharmacologic

The least common cause of impotence that would be evaluated through penile angiography is vasculogenic. While vasculogenic causes, such as arterial insufficiency due to vascular disease, are certainly significant and often discussed, they are more prevalent compared to neurologic, endocrine, or pharmacologic factors. Neurologic factors refer to conditions affecting the nervous system that can lead to impotence, such as spinal cord injuries or neuropathies. These are recognized as a common cause because the nervous system plays a crucial role in sexual arousal and achieving an erection. Endocrine causes are linked to hormonal imbalances, such as low testosterone levels or other hormonal disorders, which can significantly impact sexual function and thus are also relatively common in the context of impotence. Pharmacologic factors pertain to medications that may lead to erectile dysfunction as a side effect, a scenario that is widely acknowledged due to the extensive list of drugs that can affect sexual function, with many individuals experiencing this as a common issue. In contrast, vasculogenic impotence, while important and often treated through angiography, tends to be less frequent when considering all these potential causes. Hence, vasculogenic factors may not represent the most common referral indication for this imaging study, making it the least common

10. The average patency rate for metallic stents in the biliary tree is approximately how long?

- A. 2 months
- B. 6 months**
- C. 9 months
- D. 2 years

The average patency rate for metallic stents in the biliary tree being approximately 6 months reflects the clinical observations and studies related to the longevity of these stents in maintaining bile duct patency. Metallic stents are commonly used due to their strength and ability to resist collapse, which is particularly important in the biliary system that can be obstructed by tumors, strictures, or stones. Over time, however, these stents can become occluded due to factors such as tumor overgrowth, biofilm formation, or the buildup of debris. Research has shown that while some patients may experience longer periods of patency, the typical expectation is around 6 months for metallic stents before interventions may be necessary. This timeframe is significant for clinical decision-making when planning subsequent treatments or monitoring patient progress. In comparison, a 2-month patency is generally too short and does not reflect the typical performance observed in practice. While some stents may show slightly longer patency rates of 9 months or even 2 years in certain cases, these durations tend to be less common and may rely on individual patient factors, specific stent designs, and the underlying conditions being treated. Thus, 6 months stands out as a reliable average figure in the context

SAMPLE

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://arrtvascularinterventional.examzify.com>

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

SAMPLE