

# BREAST SCREENING & DIAGNOSTIC PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE  
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE**

<https://breastscreeningdiagnostic.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 .....            | 15 |

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. How does radiation dose differ between 2D mammography and tomosynthesis?**
  - A. Tomosynthesis adds exposure for the 3D data set, increasing dose relative to 2D alone; modern protocols strive to minimize dose while preserving diagnostic performance, and cumulative dose remains within guidelines.
  - B. Tomosynthesis reduces dose compared with 2D.
  - C. There is no dose difference.
  - D. 2D mammography yields no dose.
- 2. A palpable mass described as having multiple lobes would be classified as which shape?**
  - A. Round
  - B. Oval
  - C. Lobulated
  - D. Irregular
- 3. What are the typical steps from an abnormal screening result to definitive diagnosis?**
  - A. Reassurance and recall for diagnostic imaging; targeted ultrasound or MRI; biopsy if indicated; obtain pathology; radiologic-pathologic correlation; multidisciplinary discussion and treatment planning if cancer is confirmed.
  - B. Immediate surgical excision without imaging or pathology.
  - C. Only imaging with MRI, without biopsy or pathology.
  - D. Observation with periodic screening every 12 months.
- 4. Breast ultrasound is considered?**
  - A. Technologist Dependent
  - B. Machine Dependent
  - C. Radiologist Dependent
  - D. Patient Dependent
- 5. Which imaging modality is commonly used to assess implant integrity when evaluating breast implants?**
  - A. Mammography.
  - B. Ultrasound.
  - C. MRI.
  - D. CT.

- 6. Which term denotes the Lower Inner Quadrant?**
- A. LOQ
  - B. UIQ
  - C. LIQ
  - D. UOQ
- 7. Which set of attributes should be documented for any palpable area?**
- A. Location, size, shape, consistency, mobility, and distance from the nipple
  - B. Color and temperature only
  - C. Patient preference and history only
  - D. Only size and location
- 8. Which imaging modality is particularly useful for problem-solving in known disease or implant patients to assess extent and implants?**
- A. Mammography only
  - B. MRI
  - C. Ultrasound only
  - D. MRI for problem-solving in known disease or implant patients to assess extent and implants
- 9. Which set of statements correctly describes the responsiveness of lesions to compression?**
- A. Cysts may change shape; Soft benign lesions may change shape; Hard malignant lesions may not change shape; All of the above
  - B. Cysts may change shape; Soft benign lesions may change shape; Hard malignant lesions may change shape
  - C. Cysts do not change shape; Soft benign lesions may change shape; Hard malignant lesions do not change shape
  - D. All lesions change shape under compression
- 10. An echo palpation guarantees ?**
- A. Visualization of correct structure.
  - B. Identification of malignant features.
  - C. Elimination of all artifacts.
  - D. Reduction of lesion size.

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. How does radiation dose differ between 2D mammography and tomosynthesis?**

- A. Tomosynthesis adds exposure for the 3D data set, increasing dose relative to 2D alone; modern protocols strive to minimize dose while preserving diagnostic performance, and cumulative dose remains within guidelines.**
- B. Tomosynthesis reduces dose compared with 2D.
- C. There is no dose difference.
- D. 2D mammography yields no dose.

*Tomosynthesis increases radiation dose because it builds a 3D view by taking multiple low-dose x-ray projections across the breast. Each projection adds to the patient's total exposure, so the overall dose for a tomosynthesis exam is higher than a single 2D mammogram. However, modern protocols optimize this added exposure by reducing per-view dose, using fewer projections when possible, and often relying on synthetic 2D images derived from the tomosynthesis data to minimize the need for an extra 2D exposure. Even with these optimizations, the cumulative dose stays within established safety guidelines. This is why the correct choice reflects that tomosynthesis adds exposure for the 3D data set, increasing dose relative to 2D alone, with ongoing dose minimization and guideline-based limits.*

**2. A palpable mass described as having multiple lobes would be classified as which shape?**

- A. Round
- B. Oval
- C. Lobulated**
- D. Irregular

*When describing a palpable breast mass, its outline is labeled by shape. A mass with multiple rounded projections along its border is described as lobulated. The term lobulated comes from the idea of several lobes, so the contour looks like multiple rounded bumps rather than a single smooth edge. In contrast, a round mass has a single circular contour, an oval mass is elongated but smooth with one continuous border, and an irregular mass has an uneven, nonuniform outline that lacks distinct lobes. So the presence of multiple lobes specifically points to a lobulated shape.*

### 3. What are the typical steps from an abnormal screening result to definitive diagnosis?

A. Reassurance and recall for diagnostic imaging; targeted ultrasound or MRI; biopsy if indicated; obtain pathology; radiologic-pathologic correlation; multidisciplinary discussion and treatment planning if cancer is confirmed.

B. Immediate surgical excision without imaging or pathology.

C. Only imaging with MRI, without biopsy or pathology.

D. Observation with periodic screening every 12 months.

*When an abnormal screening result occurs, the aim is to move from the suspicious finding to a definite diagnosis through tissue confirmation and coordinated assessment. This starts with diagnostic imaging to better characterize the abnormality and guide the next steps, typically using targeted ultrasound and, if needed, MRI. If imaging confirms a lesion that could be malignant, a biopsy is performed to obtain tissue for pathology, which provides the definitive diagnosis (benign versus malignant) and details that influence management. Radiologic-pathologic correlation then ensures that the imaging appearance and the biopsy findings are concordant, reducing the chance of discordant results. If cancer is confirmed, a multidisciplinary team discusses and plans appropriate treatment. Skipping imaging and biopsy, or relying on observation alone, does not yield a definitive diagnosis.*

### 4. Breast ultrasound is considered?

A. Technologist Dependent

B. Machine Dependent

C. Radiologist Dependent

D. Patient Dependent

*Breast ultrasound performance hinges on who is scanning. The most influential factor is the technologist because image quality and the thoroughness of the exam depend on the operator's technique—how the transducer is placed, the amount of compression applied, the frequency and depth settings, gain, and the systematic way the breast is examined from all angles. These choices affect lesion visibility, margins, and the ability to obtain reproducible images for comparison over time. While the machine and the radiologist's interpretation matter, the acquisition variability and overall quality of the ultrasound study are driven mainly by the technologist's skill. Patient factors can influence the exam, but they don't define the modality's dependence as strongly as the operator's technique.*

### 5. Which imaging modality is commonly used to assess implant integrity when evaluating breast implants?

A. Mammography.

B. Ultrasound.

C. MRI.

D. CT.

*MRI is the imaging modality used to assess implant integrity because it provides superior soft-tissue contrast and can specifically visualize silicone gel with silicone suppressing sequences. This combination lets radiologists reliably detect ruptures, distinguish intracapsular from extracapsular rupture, and identify subtle leaks that other modalities may miss. A classic MRI sign of intracapsular rupture is the linguine sign, where the collapsed implant shell appears as wavy lines within the silicone. Mammography can be limited by artifact from the implant and isn't ideal for confirming rupture. Ultrasound can help evaluate the implant surface and surrounding fluid but is operator dependent and less sensitive for rupture detection. CT involves radiation and offers less detail about silicone leakage, making it less suitable for assessing implant integrity.*

## 6. Which term denotes the Lower Inner Quadrant?

- A. LOQ
- B. UIQ
- C. LIQ**
- D. UOQ

*In breast quadrant terminology, the breast is divided by two perpendicular lines into four regions: upper inner, upper outer, lower inner, and lower outer. The terms inner versus outer describe position toward the midline of the body (inner) or toward the outer chest (outer), while upper versus lower describe position above or below the inframammary fold. The quadrant that is toward the midline and in the lower part of the breast is the Lower Inner Quadrant, abbreviated LIQ. The other possibilities correspond to the other regions: Lower Outer Quadrant (LOQ), Upper Inner Quadrant (UIQ), and Upper Outer Quadrant (UOQ). So the correct term for the lower inner quadrant is LIQ.*

## 7. Which set of attributes should be documented for any palpable area?

- A. Location, size, shape, consistency, mobility, and distance from the nipple**
- B. Color and temperature only
- C. Patient preference and history only
- D. Only size and location

*The main idea is that a palpable area should be described with a complete set of physical characteristics so clinicians can compare it over time and correlate with imaging. Location provides a precise position within the breast, often given as a clock-face spot or a distance from the nipple. Size gives a measurable dimension to track changes. Shape helps categorize the lesion as round, oval, or irregular, which aids in differential assessment. Consistency describes how the area feels—soft, firm, or hard—and informs the likelihood of benign versus suspicious features. Mobility reveals whether the area moves with the surrounding tissue or is fixed, which can distinguish benign from more concerning lesions. Distance from the nipple ties the finding to imaging landmarks and helps with accurate localization. Together, these attributes create a clear, objective snapshot of the palpable area. Other options miss important details—color and temperature alone don't capture structural characteristics, and relying only on patient preference/history or on size and location alone leaves out essential descriptors needed for proper assessment and monitoring.*

## 8. Which imaging modality is particularly useful for problem-solving in known disease or implant patients to assess extent and implants?

- A. Mammography only
- B. MRI
- C. Ultrasound only
- D. MRI for problem-solving in known disease or implant patients to assess extent and implants**

*When there is known disease or breast implants, you need an imaging method that can map the full extent of the abnormality and reliably assess the implants themselves. MRI provides excellent soft tissue contrast and full breast coverage with dynamic contrast enhancement, making it highly sensitive for revealing the true extent of disease, including multifocal or multicentric lesions and any contralateral involvement that might be missed on other modalities. It also has dedicated protocols to evaluate implant integrity and surrounding tissues, which is crucial when implants obscure findings on mammography or ultrasound. For problem-solving in these scenarios, MRI offers the most comprehensive view of both disease extent and implant status, which is why it is the best choice.*

9. Which set of statements correctly describes the responsiveness of lesions to compression?

- A. Cysts may change shape; Soft benign lesions may change shape; Hard malignant lesions may not change shape; All of the above
- B. Cysts may change shape; Soft benign lesions may change shape; Hard malignant lesions may change shape
- C. Cysts do not change shape; Soft benign lesions may change shape; Hard malignant lesions do not change shape
- D. All lesions change shape under compression

*Under compression, how a lesion deforms tells you about its tissue characteristics. Fluid-filled cysts are easily compressed, so they often change shape as the fluid shifts and the wall deforms. Soft benign masses, such as certain fibroadenomas or other gentle, pliable lesions, are also compressible and can alter their contour under pressure. Malignant lesions, on the other hand, are typically firmer due to dense fibrous tissue and tumor invasion, so they tend to resist deformation and maintain a relatively constant shape when compressed. Because each of these observations can occur—cysts changing shape, soft benign lesions changing shape, and hard malignant lesions not changing shape—the statement that combines all of them reflects the real patterns seen with compression.*

10. An echo palpation guarantees ?

- A. Visualization of correct structure.
- B. Identification of malignant features.
- C. Elimination of all artifacts.
- D. Reduction of lesion size.

*Echo palpation hinges on confirming what you are seeing in real time by correlating tactile feedback with the ultrasound image. By gently applying pressure with the probe and watching how tissues respond, you can verify that you are visualizing the correct structure in the breast. This immediate cross-check ensures accurate localization of the target anatomy before any intervention or assessment, which is why it guarantees visualization of the right structure. It doesn't guarantee that a lesion is malignant—ultrasound features can suggest risk but cannot prove cancer without histology. Artifacts can still appear despite careful palpation, so artifacts aren't eliminated. And palpation cannot change the size of a lesion.*

## 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](mailto:hello@examzify.com).

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

<https://breastscreeningdiagnostic.examzify.com>

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

SAMPLE