

BREAST ULTRASOUND PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Why is a post-biopsy clip placed in the breast?**
 - A. To treat the lesion with radiation
 - B. To mark the biopsy site for future localization on imaging
 - C. To provide immediate pain relief
 - D. To increase biopsy yield
- 2. What is the most common location of a papilloma?**
 - A. Peri-areolar area
 - B. Retroareolar area
 - C. Upper outer quadrant
 - D. Inframammary fold
- 3. Lactiferous ducts are typically found within which tissue on imaging?**
 - A. Breast tissue on US & mammogram
 - B. Fatty replaced tissue
 - C. Dense tissue
 - D. Lymph nodes
- 4. Which term describes rupture with silicone leaking into surrounding tissue outside the capsule?**
 - A. Intra-capsular implant rupture
 - B. Extra-capsular implant rupture
 - C. Linguini sign - MRI
 - D. Intracapsular implant rupture
- 5. Which statement correctly differentiates multifocal and multicentric breast cancer?**
 - A. Multifocal is cancer in different quadrants; multicentric is in the same quadrant
 - B. Multifocal is a single tumor with satellite lesions; multicentric is multiple tumors within same duct
 - C. Multifocal is cancer in more than one site within the same quadrant or ductal system; multicentric is cancer in different quadrants at least 5 cm apart
 - D. Multifocal is cancer in one breast; multicentric is cancer in both breasts

- 6. What does MULD stand for in lesion localization?**
- A. Medial Up, Lateral Down
 - B. Medial Down, Lateral Up
 - C. Midline Up, Later Down
 - D. Medial Up, Lateral Across
- 7. What are the preferred scan planes for breast imaging?**
- A. Radial and anti-radial planes
 - B. Sagittal and Transverse planes
 - C. Coronal and Axial planes
 - D. Longitudinal and cross-sectional planes
- 8. Which tissue type is firm with no compressibility?**
- A. Neoplastic tissue
 - B. Normal glandular tissue
 - C. Fat
 - D. Cystic lesion
- 9. For a palpable breast mass in a woman under 30 years old, what is the initial imaging modality?**
- A. Mammography
 - B. CT scan
 - C. Ultrasound
 - D. MRI
- 10. For phyllodes tumor excision, what is recommended?**
- A. Simple lumpectomy
 - B. Wide excision
 - C. Routine biopsy only
 - D. Radiation therapy first

Answers

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

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Explanations

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1. Why is a post-biopsy clip placed in the breast?

- A. To treat the lesion with radiation
- B. To mark the biopsy site for future localization on imaging**
- C. To provide immediate pain relief
- D. To increase biopsy yield

The main idea is to have a reliable way to locate the exact spot that was biopsied in future imaging or surgery. A post-biopsy clip is a small radiopaque marker placed at the biopsy target so that, after the procedure, radiologists and surgeons can see exactly where the tissue was sampled. This is especially important when the lesion is nonpalpable or may change over time, because the marker lets imaging, treatment planning, and any needed re-excisions pinpoint the original site. The clip is visible on mammography, ultrasound, and MRI, helping guide future localization for surgery or radiotherapy. It isn't there to treat the lesion with radiation, provide immediate pain relief, or increase the biopsy yield. Its sole role is to mark the location for accurate future localization.

2. What is the most common location of a papilloma?

- A. Peri-areolar area
- B. Retroareolar area**
- C. Upper outer quadrant
- D. Inframammary fold

A papilloma refers to a benign growth arising from a duct, and these intraductal lesions most commonly form in the major ducts right beneath the nipple, the retroareolar region. This area contains a high density of ducts that drain toward the nipple, making it the usual site for papillomas to develop. Clinically, this location also explains why papillomas often present with nipple discharge, sometimes blood-tinged, from the ductal orifice. Other sites are less characteristic for papillomas because they are not the typical ductal ducts-rich zones where these lesions arise. The upper outer quadrant is a common site for breast cancers in general, not specifically papillomas; the inframammary fold is just a lower breast border location, and the peri-areolar area is around the nipple but not as specifically associated with the subareolar ducts as the retroareolar region. So, the retroareolar area behind the nipple is the best-known location for an intraductal papilloma.

3. Lactiferous ducts are typically found within which tissue on imaging?

- A. Breast tissue on US & mammogram**
- B. Fatty replaced tissue
- C. Dense tissue
- D. Lymph nodes

Lactiferous ducts are part of the breast's ductal system and run through the breast's glandular (fibroglandular) tissue toward the nipple. On imaging, this breast tissue—seen on ultrasound and mammography as the fibroglandular or dense/parenchymal component—provides the environment where the ducts are located and visualized. Fatty replacement tissue, while it may surround the ducts, is less informative for ductal anatomy and can make ducts harder to see, so the ducts are typically identified within the breast tissue itself rather than in fat or other structures like lymph nodes.

4. Which term describes rupture with silicone leaking into surrounding tissue outside the capsule?

- A. Intra-capsular implant rupture
- B. Extra-capsular implant rupture**
- C. Linguini sign - MRI
- D. Intracapsular implant rupture

Rupture with silicone leaking into surrounding tissue outside the capsule is called extra-capsular (extracapsular) rupture. The implant is surrounded by a fibrous capsule; when the shell tears and the silicone escapes beyond that capsule, it disperses into the adjacent breast tissue or beyond. This is different from ruptures that stay contained within the capsule, which are described as intracapsular or intra-capsular ruptures. A sign you might see for a rupture contained within the capsule on MRI is the linguine sign, where folded silicone strands appear inside a ruptured shell but the outer capsule remains intact. That's why linguine sign points to intracapsular rupture rather than extracapsular leakage.

5. Which statement correctly differentiates multifocal and multicentric breast cancer?

- A. Multifocal is cancer in different quadrants; multicentric is in the same quadrant
- B. Multifocal is a single tumor with satellite lesions; multicentric is multiple tumors within same duct
- C. Multifocal is cancer in more than one site within the same quadrant or ductal system; multicentric is cancer in different quadrants at least 5 cm apart**
- D. Multifocal is cancer in one breast; multicentric is cancer in both breasts

The key idea is how multiple cancer foci are distributed inside the same breast. If there are several tumor foci within the same quadrant or within the same ductal system, that's multifocal disease. If the tumors are in different quadrants and are separated by a substantial distance (commonly defined as at least 5 cm), that's multicentric disease. This distinction matters for planning surgery and treatment. The statement you're choosing says multifocal disease means multiple tumors within the same quadrant or ductal system, while multicentric disease means tumors in different quadrants at least 5 cm apart. That captures the standard distinction used in practice: same-area foci versus widely separated foci in the same breast. Other options mix up the location concepts or introduce bilateral disease, which isn't how multifocal vs multicentric are defined. For example, having tumors in different breasts would be bilateral cancer, not a differentiation of multifocal versus multicentric within one breast.

6. What does MULD stand for in lesion localization?

- A. Medial Up, Lateral Down**
- B. Medial Down, Lateral Up
- C. Midline Up, Later Down
- D. Medial Up, Lateral Across

In lesion localization for breast procedures, a simple orientation mnemonic helps translate imaging findings to the operating room. MULD stands for Medial Up, Lateral Down. This means that on the localization marker or image, the medial side of the breast is in the upper position and the lateral side is in the lower position. Knowing this directs the surgeon on where to excise the lesion along the medial-lateral axis, aiding accurate removal while preserving cosmetic results. The other directional pairs would place the sides in the opposite relationship, which would mislead the surgical plan under the standard labeling.

7. What are the preferred scan planes for breast imaging?

- A. Radial and anti-radial planes
- B. Sagittal and Transverse planes
- C. Coronal and Axial planes
- D. Longitudinal and cross-sectional planes

Breast ultrasound is most informative when you image along the breast's ductal layout, which radiates from the nipple. Scanning in radial planes centers on the nipple and sweeps around it, so a lesion can be described in relation to the nipple and the surrounding ducts, giving a consistent map of its location. The anti-radial plane, perpendicular to the radial sweep, provides a complementary cross section that helps evaluate depth, margins, and internal features from another angle. Using these two planes together lets you document and compare the lesion's position and extent around the nipple with clear orientation. Other planes don't align with the natural ductal anatomy as well, making orientation and localization less intuitive.

8. Which tissue type is firm with no compressibility?

- A. Neoplastic tissue
- B. Normal glandular tissue
- C. Fat
- D. Cystic lesion

Tissue stiffness and compressibility are key clues in differentiating breast lesions on ultrasound. A lesion described as firm with no compressibility signals a very stiff mass, which is characteristic of neoplastic tissue. Malignant and many benign neoplasms tend to have increased cellularity and fibrous stroma that resist deformation, so they feel solid and unyielding when the transducer applies pressure. Fat, on the other hand, is soft and easily compressible, so it does not feel non compressible. Cystic lesions are fluid-filled and typically compressible as well, often showing posterior acoustic features related to fluid content. Normal glandular tissue can be denser than fat, but it does not usually present as completely non compressible. So the description of a firm, non compressible tissue aligns best with neoplastic tissue, which is why that option fits.

9. For a palpable breast mass in a woman under 30 years old, what is the initial imaging modality?

- A. Mammography
- B. CT scan
- C. Ultrasound
- D. MRI

In young women, breast tissue is typically dense, which makes mammography less reliable as a first test. Ultrasound is the best initial imaging because it accurately distinguishes cystic from solid masses in dense tissue, is radiation-free, widely available, and can be done quickly. It also allows real-time assessment and can guide needle biopsies if needed. If the ultrasound shows a simple cyst, it may just be observed or aspirated. If the lesion is solid or complex, further evaluation with biopsy is considered. CT isn't used for breast imaging due to poor soft-tissue detail and radiation, and MRI, while very sensitive, is not used first-line because it's more costly and typically reserved for problem-solving in specific scenarios.

10. For phyllodes tumor excision, what is recommended?

- A. Simple lumpectomy
- B. Wide excision**
- C. Routine biopsy only
- D. Radiation therapy first

When removing a phyllodes tumor, the goal is to achieve negative surgical margins because these tumors can extend microscopically beyond what is seen as a lump. A simple lumpectomy that removes only the mass often leaves behind tumor cells at the edges, leading to a higher chance of local recurrence. Therefore the recommended approach is wide local excision, taking a rim of normal tissue around the tumor to ensure clear margins (often around 1 cm, though exact width may depend on the case). Routine biopsy alone would not remove the tumor, and radiation therapy is not used as the initial treatment; it may be considered afterward in certain malignant or high-risk situations, but not as the primary management.

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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://breastultrasound.examzify.com>

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

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