

Interventional Radiology Registry Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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

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

- 1. What is considered a severe level of hypertension that may warrant renal artery angiography?**
 - A. 160 systolic or 100 diastolic**
 - B. 140 systolic or 90 diastolic**
 - C. 180 systolic or 110 diastolic**
 - D. 150 systolic or 95 diastolic**
- 2. At what size is an abdominal aortic aneurysm considered aneurysmal?**
 - A. 1.5 times normal size**
 - B. Greater than 3.0 cm**
 - C. 1.2 times normal size**
 - D. 5.0 cm**
- 3. What type of medication is primarily used to prevent platelet aggregation?**
 - A. Diuretics**
 - B. Anti-platelets**
 - C. Calcium Channel Blockers**
 - D. Anticoagulants**
- 4. What is the primary reason for monitoring the R-R interval?**
 - A. To ensure the presence of P-waves**
 - B. To measure atrial contractility**
 - C. To evaluate ventricular response time**
 - D. To track heart rhythm stability**
- 5. What is one of the primary causes of thrombi in mesenteric ischemia?**
 - A. Acute myocardial infarction**
 - B. Chronic kidney disease**
 - C. Congestive heart failure**
 - D. Liver cirrhosis**

- 6. What does treatment for hemorrhagic stroke commonly include?**
- A. Thrombolytic therapy**
 - B. Coils for embolism**
 - C. Anticoagulants**
 - D. Physical rehabilitation**
- 7. When opening a commercial pack, it is best to open to the _____; then open each _____.**
- A. Sides; end**
 - B. Top; side**
 - C. End; side**
 - D. Middle; corners**
- 8. What are the two main categories of strokes?**
- A. Hemorrhagic and Ischemic**
 - B. Acute and Chronic**
 - C. Transient and Permanent**
 - D. Minor and Major**
- 9. Which of the following medications is classified as a calcium channel blocker?**
- A. Labetalol**
 - B. Amlodipine**
 - C. Gabapentin**
 - D. Spironolactone**
- 10. What is injected during an IVC Gram to measure the IVC?**
- A. 20-30 ml of air**
 - B. 15-20 ml of contrast material**
 - C. 30-40 ml of saline**
 - D. 15-20 ml of blood**

Answers

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

SAMPLE

Explanations

SAMPLE

1. What is considered a severe level of hypertension that may warrant renal artery angiography?

- A. 160 systolic or 100 diastolic**
- B. 140 systolic or 90 diastolic**
- C. 180 systolic or 110 diastolic**
- D. 150 systolic or 95 diastolic**

The severe level of hypertension that may warrant renal artery angiography is characterized by significantly elevated blood pressure readings, particularly those indicative of end-organ damage or complicating factors in hypertension management. A systolic blood pressure of 180 mmHg or a diastolic pressure of 110 mmHg is generally classified as severe hypertension, and is associated with a higher risk for complications, necessitating further evaluation of potential underlying causes, such as renal artery stenosis. In this context, renal artery angiography becomes a useful diagnostic tool. It allows for visualization of the renal arteries to assess for narrowing or blockage, which can contribute to the high blood pressure. Patients exhibiting a systolic pressure of 180 mmHg or a diastolic pressure of 110 mmHg are at risk of cardiovascular events and may require this advanced imaging to guide treatment decisions. Therefore, the correct answer reflecting the severe level of hypertension that could justify renal artery angiography aligns with the threshold of either 180 systolic or 110 diastolic. This is a critical understanding in interventional radiology as it influences management strategies in patients with difficult-to-control hypertension.

2. At what size is an abdominal aortic aneurysm considered aneurysmal?

- A. 1.5 times normal size**
- B. Greater than 3.0 cm**
- C. 1.2 times normal size**
- D. 5.0 cm**

An abdominal aortic aneurysm (AAA) is generally defined based on its size relative to the normal diameter of the aorta. A normal abdominal aorta typically measures about 2 cm in diameter. An aneurysm is considered to occur when the diameter of the aorta increases significantly, specifically by being 1.5 times the normal size. When an abdominal aorta exceeds this 1.5 times threshold, it indicates a pathological enlargement, which has implications for management and potential intervention. Medical guidelines classify an AAA as significant when the aorta measures over 3.0 cm, but the more precise classification of "aneurysmal" hinges on the 1.5 times normal size criterion. Understanding the size classification is critical for determining when surgical intervention may be necessary, as larger aneurysms carry a higher risk of rupture. Thus, the classification based on being 1.5 times the normal diameter is a fundamental aspect of monitoring and treating abdominal aortic aneurysms.

3. What type of medication is primarily used to prevent platelet aggregation?

- A. Diuretics**
- B. Anti-platelets**
- C. Calcium Channel Blockers**
- D. Anticoagulants**

The primary purpose of anti-platelet medications is to prevent platelet aggregation, which is a crucial process in the formation of blood clots. These medications work by inhibiting the activation of platelets and their ability to stick together. This action helps reduce the risk of thrombotic events, such as heart attacks and strokes, especially in patients with underlying cardiovascular conditions. Common examples of anti-platelet agents include aspirin and clopidogrel. Diuretics are primarily used to remove excess fluid from the body and manage conditions such as hypertension and edema, but they do not influence platelet function. Calcium channel blockers are mainly prescribed for hypertension and certain types of arrhythmias, affecting vascular smooth muscle and cardiac muscle rather than directly altering platelet activity. Anticoagulants, while also used to prevent clot formation, work by inhibiting various factors in the coagulation cascade rather than directly preventing platelet aggregation. Thus, anti-platelet medications are specifically designed for that role, making them the correct choice.

4. What is the primary reason for monitoring the R-R interval?

- A. To ensure the presence of P-waves**
- B. To measure atrial contractility**
- C. To evaluate ventricular response time**
- D. To track heart rhythm stability**

Monitoring the R-R interval is primarily aimed at tracking heart rhythm stability. The R-R interval is measured from one R-wave to the next on an electrocardiogram (ECG). This interval reflects the time between successive ventricular depolarizations, providing critical information about the regularity and stability of the heart's rhythm. By observing the R-R interval, healthcare providers can identify any arrhythmias or irregularities in heart rhythm, such as atrial fibrillation or other forms of palpitations. Variability in the R-R interval might indicate underlying cardiac issues or changes in the autonomic nervous system's influence on the heart. Maintaining consistent intervals is essential for ensuring effective cardiac function and adequacy of blood flow throughout the body. While the presence of P-waves, atrial contractility, and ventricular response time are important aspects of cardiac monitoring, they are not the primary focus when it comes to R-R interval assessment. The primary goal is to observe the stability of the heart rhythm, which plays a key role in diagnosing and managing various cardiac conditions.

5. What is one of the primary causes of thrombi in mesenteric ischemia?

A. Acute myocardial infarction

B. Chronic kidney disease

C. Congestive heart failure

D. Liver cirrhosis

Thrombi in mesenteric ischemia typically form when there is a reduction in blood flow to the intestines, often due to vascular occlusion. Acute myocardial infarction is a significant contributor to mesenteric ischemia because it can lead to the formation of thrombi in the heart. When a heart attack occurs, the heart muscle may become ischemic, causing damaged myocardial tissue to develop thrombi. These thrombi can then dislodge and travel through the bloodstream, potentially lodging in mesenteric arteries and causing acute mesenteric ischemia. The other conditions listed, while they can contribute to vascular disease, do not typically cause thrombi directly related to mesenteric ischemia in the same way acute myocardial infarction does. They may impact overall cardiovascular health or exacerbate existing conditions, but they are not primary causes of thromboembolic events specifically leading to mesenteric ischemia. Hence, acute myocardial infarction stands out as the primary cause in this context.

6. What does treatment for hemorrhagic stroke commonly include?

A. Thrombolytic therapy

B. Coils for embolism

C. Anticoagulants

D. Physical rehabilitation

In the case of a hemorrhagic stroke, the primary concern is managing the bleeding in the brain. Treatment often involves addressing the source of the hemorrhage, and one effective approach is the use of coils for embolization. This minimally invasive procedure involves guiding catheters into the blood vessels in the brain through which coils can be deployed to occlude the blood vessels that are causing the bleeding. This technique is particularly useful for treating conditions like aneurysms or vascular malformations that can lead to hemorrhagic strokes. The targeted action of embolization provides a direct method to stop the bleeding by closing off the abnormal vessel, thereby reducing the risk of further hemorrhage. The use of coils is also advantageous because it can be performed via endovascular techniques that minimize the need for open surgery, which can carry additional risks and require longer recovery times. Understanding this context is critical, as it highlights the focus of treatment strategies for hemorrhagic strokes, distinguishing them from other types of strokes, such as ischemic strokes, where thrombolytic therapy is more applicable.

7. When opening a commercial pack, it is best to open to the _____; then open each _____.

- A. Sides; end**
- B. Top; side**
- C. End; side**
- D. Middle; corners**

Opening a commercial pack correctly is crucial in maintaining sterility and ensuring efficient use of the materials inside. The optimal practice is to first open to the sides of the pack and then proceed to open each end. This method allows for the safe removal of items without compromising sterility. By starting with the sides, the package can unfold in a way that minimizes the risk of touching or contaminating the sterile contents, effectively creating a barrier with the packaging itself. Once the sides are opened, addressing each end allows for careful extraction of the items, ensuring that the sterile environment remains intact until the last moment when the items are accessed. The other approaches mentioned in the options do not follow the same level of meticulousness and could lead to inadvertent exposure to contaminants or compromise the sterile condition of the supplies. Thus, opening to the sides first is the preferred method in clinical practice.

8. What are the two main categories of strokes?

- A. Hemorrhagic and Ischemic**
- B. Acute and Chronic**
- C. Transient and Permanent**
- D. Minor and Major**

The two main categories of strokes are hemorrhagic and ischemic, which is why this choice is correct. Hemorrhagic strokes occur when a blood vessel in the brain bursts, leading to bleeding that compresses surrounding brain tissue, causing damage. This type typically arises from conditions such as hypertension or aneurysms. On the other hand, ischemic strokes are caused by a blockage in a blood vessel, which prevents blood flow to the brain and leads to tissue damage from lack of oxygen. These blockages can result from atherosclerosis or embolisms. The other options do not accurately categorize strokes in a medical context. Acute and chronic refer to the duration and onset of medical conditions, rather than specific types of strokes. Transient and permanent might describe the duration of the effects of a stroke but do not classify the nature of the stroke itself, while minor and major could refer to the severity of the stroke but not its biologically distinct categories. Understanding these distinctions is crucial for diagnosis, treatment, and developing preventive strategies in the context of strokes.

9. Which of the following medications is classified as a calcium channel blocker?

- A. Labetalol
- B. Amlodipine**
- C. Gabapentin
- D. Spironolactone

Amlodipine is classified as a calcium channel blocker, which is a type of medication that inhibits the influx of calcium ions into cardiac and vascular smooth muscle cells. This action leads to several cardiovascular effects, including the relaxation of vascular smooth muscle, resulting in vasodilation. As a consequence, it effectively lowers blood pressure, reduces cardiac workload, and is commonly prescribed for conditions such as hypertension and certain types of angina. The classification of amlodipine is important in the context of understanding the mechanism of action of different medications used in cardiovascular disease management. Calcium channel blockers like amlodipine are distinct from other classes of medications, such as beta blockers, anticonvulsants, or diuretics, which serve different purposes and have different mechanisms of action. Understanding these differences helps in the appropriate selection and management of therapeutic strategies in various clinical settings.

10. What is injected during an IVC Gram to measure the IVC?

- A. 20-30 ml of air
- B. 15-20 ml of contrast material**
- C. 30-40 ml of saline
- D. 15-20 ml of blood

During an IVC Gram, a specific amount of contrast material, typically around 15-20 ml, is injected into the inferior vena cava (IVC) to visualize its anatomy and assess any potential pathologies. The use of contrast allows for enhanced imaging during fluoroscopy or computed tomography, providing clear delineation of the IVC, including any anomalies, thrombosis, or occlusions. Contrast agents are radiopaque substances that improve the visibility of internal structures against surrounding tissues, facilitating accurate diagnosis. In this procedure, the contrast material outlines the vessel and can highlight any abnormalities, thereby supporting the interventional radiologist in making informed clinical decisions. Injecting air or saline would not provide the necessary imaging contrast as effectively as a radiopaque material, and using blood is not a standard practice for this type of examination. Thus, the practice of utilizing contrast material for an IVC Gram aligns well with the standard protocols in interventional radiology, making it the correct answer in this scenario.

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://intervradiologyregistry.examzify.com>

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