

INTERVENTIONAL RADIOLOGY REGISTRY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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. Which type of balloon expands as pressure increases?**
 - A. Compliant balloon
 - B. Non-compliant balloon
 - C. Standard balloon
 - D. Hybrid balloon
- 2. According to facility protocol, what should be done after achieving hemostasis at the access site?**
 - A. Provide immediate discharge instructions
 - B. Dress the access site
 - C. Administer a follow-up medication
 - D. Monitor for signs of infection
- 3. What is the significance of the Circle of Willis?**
 - A. It distributes blood to the internal ear
 - B. It serves as a major site of blood supply to the brain
 - C. It connects the vertebral arteries
 - D. It is primarily responsible for facial circulation
- 4. What material is commonly used for the phosphor layer in modern image intensifiers?**
 - A. Calcium Tungstate
 - B. Cesium Iodide
 - C. Sodium Iodide
 - D. Zinc Sulfide
- 5. How are coils introduced into an aneurysm during a coiling procedure?**
 - A. Manually by the physician
 - B. Until the mass of coils is stable
 - C. One coil at a time
 - D. Using a robotic system

- 6. Which of the following is NOT considered a sedation medication?**
- A. Midazolam
 - B. Nitrous oxide
 - C. Propofol
 - D. Benedryl
- 7. What is the expected range for injection timing for small vessels?**
- A. 20 - 30 seconds
 - B. 6 - 10 milliliters
 - C. 10 - 15 seconds
 - D. 1 - 3 seconds
- 8. What can a painless disc be considered during a discography?**
- A. Positive result
 - B. Negative control
 - C. Invalid result
 - D. Sign of erosion
- 9. Which of the following is an indication for GU Non-vascular procedures?**
- A. Urinary incontinence
 - B. Temporary urinary diversions from obstruction
 - C. Kidney transplantation
 - D. Routine cystoscopy
- 10. What is a crucial step taken during neuro angiography to prevent complications?**
- A. Administering a heparin bolus
 - B. Performing a physical examination
 - C. Informed consent
 - D. Taking a detailed patient history

Answers

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

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Explanations

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1. Which type of balloon expands as pressure increases?

- A. Compliant balloon**
- B. Non-compliant balloon
- C. Standard balloon
- D. Hybrid balloon

A compliant balloon expands as pressure increases due to its ability to stretch more easily under increasing internal pressure. This characteristic allows compliant balloons to adapt to various lumen diameters and apply a consistent radial force, making them particularly useful in procedures such as angioplasty. As pressure continues to rise within the balloon, it gently inflates, accommodating changes without a significant increase in pressure, which helps to avoid trauma to the surrounding vessel walls. In contrast, non-compliant balloons maintain a fixed volume and shape as pressure increases, leading to a rapid rise in internal pressure without significant expansion. This behavior is beneficial in applications where precise vessel diameter is crucial because it ensures that the balloon does not excessively inflate beyond its intended size. Standard balloons often refer to those that have predictable and consistent compliance characteristics, but they may not distinguish clearly between compliant and non-compliant properties. Hybrid balloons combine features of both compliant and non-compliant balloons but do not fit into the definitions of either category distinctly. They may be advantageous in specific scenarios, but their behavior varies depending on design and intended use. Overall, the compliant balloon's unique property of expanding with pressure makes it essential for effective interventions in vascular procedures, providing a reliable and flexible solution for treatment.

2. According to facility protocol, what should be done after achieving hemostasis at the access site?

- A. Provide immediate discharge instructions
- B. Dress the access site**
- C. Administer a follow-up medication
- D. Monitor for signs of infection

After achieving hemostasis at the access site, it is essential to dress the access site. Proper dressing is crucial because it serves multiple functions: it protects the site from contamination and infection, provides a barrier to further bleeding, and helps maintain a stable environment as the tissue heals. In addition, dressing the site can minimize discomfort for the patient and prevent movement that could dislodge any clotted material, ensuring that hemostasis is maintained. Providing immediate discharge instructions may occur later but is not the immediate priority after achieving hemostasis. Similarly, administering follow-up medication might be necessary depending on the procedure but does not address the immediate care of the access site post-procedure. Monitoring for signs of infection is also important, but it typically occurs after the site has been dressed. Hence, the appropriate action immediately following hemostasis is to apply a dressing to ensure the site remains secure and protected.

3. What is the significance of the Circle of Willis?

- A. It distributes blood to the internal ear
- B. It serves as a major site of blood supply to the brain**
- C. It connects the vertebral arteries
- D. It is primarily responsible for facial circulation

The Circle of Willis is a crucial anatomical structure that plays a significant role in ensuring a stable and consistent blood supply to the brain. Located at the base of the brain, it acts as a key vascular junction formed by the internal carotid arteries and the basilar artery, which provides collateral circulation to the cerebral hemispheres and the brainstem. The importance of the Circle of Willis lies in its ability to maintain blood flow to the brain even if one of the main arteries supplying it becomes narrowed or blocked, which could otherwise lead to ischemia or stroke. This redundancy in blood supply helps protect the brain from potential vascular accidents, enhancing overall cerebral perfusion. Other options reflect functions not primarily associated with the Circle of Willis. For instance, while it connects major arteries in the brain, it is not primarily dedicated to blood supply for ear structures or facial circulation. Moreover, it does not connect the vertebral arteries directly; instead, it acts more as a distribution point for blood supplied to the brain. Understanding the significance of the Circle of Willis highlights its protective role in cerebral vascular health.

4. What material is commonly used for the phosphor layer in modern image intensifiers?

- A. Calcium Tungstate
- B. Cesium Iodide**
- C. Sodium Iodide
- D. Zinc Sulfide

In modern image intensifiers, Cesium Iodide is the material predominantly used for the phosphor layer due to its highly efficient conversion of X-ray photons into visible light. This efficiency is crucial for enhancing image quality as it allows for improved contrast and resolution. Cesium Iodide has a high atomic number, which increases the likelihood of interaction with incoming X-rays, thereby producing more light for equivalent X-ray exposure compared to older materials. Additionally, the crystal structure of Cesium Iodide provides a columnar form that helps to minimize light scatter, further enhancing image clarity. This characteristic makes it particularly suitable for applications requiring high-resolution images, such as in fluoroscopy and digital radiography. On the other hand, while Calcium Tungstate, Sodium Iodide, and Zinc Sulfide were historically used in older image intensifiers, they do not provide the same level of performance as Cesium Iodide in terms of light output efficiency and clarity in imaging. Thus, the preference for Cesium Iodide reflects advancements in technology focused on achieving better diagnostic imaging results in interventional radiology.

5. How are coils introduced into an aneurysm during a coiling procedure?

- A. Manually by the physician
- B. Until the mass of coils is stable**
- C. One coil at a time
- D. Using a robotic system

In a coiling procedure, coils, also known as endovascular coils or embolization coils, are introduced into an aneurysm to promote clot formation and reduce blood flow within the aneurysm, ultimately preventing rupture. The correct answer reflects the approach of ensuring the stability of the mass of coils within the aneurysm. During the procedure, multiple coils are deployed into the aneurysm until a secure and stable configuration is achieved. This stability is critical because it determines the effectiveness of the treatment in occluding the aneurysm and preventing further blood flow. The goal is to create a dense and well-organized mass of coils that fosters thrombus formation, sealing the aneurysm off from the rest of the vascular system. Coils are not introduced one at a time without consideration of the overall mass, which would be less effective. Instead, the physician monitors the accumulation of coils and assesses the stability of the configuration as coils are added. This method ensures that the treatment is comprehensive and that the coils work synergistically to occlude the aneurysm effectively. Hence, introducing coils until a stable mass is formed aligns with best practices in endovascular treatment of aneurysms.

6. Which of the following is NOT considered a sedation medication?

- A. Midazolam
- B. Nitrous oxide**
- C. Propofol
- D. Benedryl

In the context of sedation medications, the correct answer is that nitrous oxide is not generally categorized as a sedation medication in the same way as the others listed. Nitrous oxide, commonly known as "laughing gas," is primarily an anesthetic agent that provides analgesia and mild sedation, but it does not provide deep sedation or the same level of sedation that medications like midazolam or propofol do. Midazolam is a benzodiazepine that effectively induces sedation and anxiolysis, making it a popular choice in procedures requiring sedation. Propofol is another powerful sedative agent known for its rapid onset and short duration of action, often used for general anesthesia or sedation in various medical and surgical procedures. Diphenhydramine, while primarily an antihistamine, can have sedative effects and is sometimes used off-label for its sedative properties. However, it is not typically the first choice in a sedation regimen for procedures compared to the other medications mentioned. Thus, nitrous oxide's primary role as an anesthetic rather than a traditional sedative solidifies its distinction from the other listed options.

7. What is the expected range for injection timing for small vessels?

- A. 20 - 30 seconds**
- B. 6 - 10 milliliters
- C. 10 - 15 seconds
- D. 1 - 3 seconds

The expected range for injection timing for small vessels is 20 - 30 seconds because this duration allows for a controlled and adequate flow of contrast material through the narrow lumen of small blood vessels. Injecting contrast too quickly can lead to turbulence and inadequate visualization, as the contrast may not properly opacify the vessel or may result in artifacts on imaging. The 20 - 30 seconds range permits the contrast agent to travel smoothly and provides sufficient time for it to fill the vessel before imaging is performed, ensuring optimal visualization and diagnosis. Timing injections is critical in interventional radiology, especially for small vessels where proper contrast enhancement is necessary to distinguish between structures and achieve diagnostic accuracy. It also considers the physiological response of vessels to flow rates, emphasizing the need for careful monitoring and adjustment during procedures involving small vascular targets.

8. What can a painless disc be considered during a discography?

- A. Positive result
- B. Negative control**
- C. Invalid result
- D. Sign of erosion

During a discography, a painless disc is considered a negative control. In this context, a negative control is a disc that, when injected with contrast material, does not produce any pain, indicating that the disc is likely not the source of the patient's symptoms. This is critical in the assessment of spinal disorders, as it helps to distinguish between symptomatic and asymptomatic discs. In a typical discography, discs that elicit pain upon injection would be indicative of potential pathology, such as a herniated disc or degenerative changes. Conversely, if the disc does not cause any pain, it suggests that it may not contribute to the patient's current condition. The role of a negative control is to provide a baseline or reference point, ensuring that the assessment of the symptomatic discs is accurate in interpreting pain responses. Other options represent different outcomes or interpretations that do not align with the role of a painless disc in this diagnostic procedure. Therefore, considering a painless disc as a negative control enhances the reliability of discography results and aids in effective clinical decision-making regarding treatment strategies.

9. Which of the following is an indication for GU Non-vascular procedures?

- A. Urinary incontinence
- B. Temporary urinary diversions from obstruction**
- C. Kidney transplantation
- D. Routine cystoscopy

Temporary urinary diversions from obstruction is an indication for GU (genitourinary) Non-vascular procedures due to its role in managing urinary tract complications. When there are obstructions in the urinary tract, creating a temporary diversion is essential for alleviating any resultant symptoms and preventing further complications such as hydronephrosis or urinary retention. This helps maintain kidney function and keeps the urinary system functioning properly until a more permanent solution can be established. In the context of interventional radiology, non-vascular procedures would include techniques like placing nephrostomy tubes or other forms of diversion that divert urine away from an obstructed path. This highlights the importance of addressing immediate functional issues in the urinary system using minimally invasive approaches. The other options, while relevant to GU health, do not align specifically with the purpose of non-vascular procedures in a procedural context. Urinary incontinence often requires different interventions or surgical techniques rather than direct urinary diversion. Kidney transplantation is a surgical procedure typically not categorized as a non-vascular procedure but rather as a complex surgical intervention requiring vascular and non-vascular considerations. Routine cystoscopy, while a minimally invasive procedure, is usually performed for diagnostic purposes and does not constitute a non-vascular intervention related to obstruction.

10. What is a crucial step taken during neuro angiography to prevent complications?

- A. Administering a heparin bolus
- B. Performing a physical examination
- C. Informed consent**
- D. Taking a detailed patient history

Informed consent is an essential step in neuro angiography and any medical procedure involving potential risks. Obtaining informed consent ensures that the patient is fully aware of the procedure being performed, the associated risks and benefits, and any alternatives available. This process not only respects the patient's autonomy but also fosters trust and communication between the healthcare provider and the patient. Having a clear understanding of the procedure can help the patient prepare mentally and emotionally, and allows for any questions or concerns to be addressed beforehand. This proactive approach can reduce anxiety, facilitate better cooperation during the procedure, and ultimately contribute to a smoother process, minimizing the likelihood of complications that may arise from misunderstandings or lack of patient engagement. While administering a heparin bolus, performing a physical examination, and taking a detailed patient history are all important steps in the overall management and planning of neuro angiography, they are not as foundational in terms of patient preparation and risk mitigation as informed consent. Each of these steps has a role in ensuring safety and efficacy, but informed consent is fundamentally about ensuring that the patient is informed and willingly participates in their own care.

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:

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

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