POST TEST (CIRCLE CORRECT ANSWER)

Breast Ultrasound Anatomy – Basis for Understanding Breast Pathology
Faculty: A. Thomas Stavros, MD

1. Which of the following statements is true?
   A. AAB’s have a better prognosis than do DAB’s
   B. DAB’s have a better prognosis than do AAB’s
   C. Mesenchymal to epithelial transformed malignant masses have a better prognosis than do AAB’s
   D. DAB’s have a better prognosis than mesenchymal to epithelial transformed malignant masses
   E. Whether a malignant mass is an AAB or DAB does not have any prognostic significance

2. Cooper’s ligaments:
   A. Attach superficially to the skin of the breast
   B. Attach superficially to other Cooper’s ligaments
   C. Attach superficially to the anterior mammary fascia
   D. Attach superficially to the superficial fascia
   E. Attach deeply to the retromammary fascia

3. What disease entities arise from the mammary ducts
   A. DCIS
   B. Large duct papillomas
   C. Duct ectasia
   D. Radial scars
   E. All of the above

Sonographic Assessment of Solid Breast Masses – Biopsy or Not?
Faculty: A. Thomas Stavros, MD

1. Non-mass ultrasound findings include:
   A. Taller than wide orientation
   B. Acoustic shadowing
   C. Thick hyperechoic halo
   D. Irregular angular margins
   E. Enlarged ducts outside a mass (duct extension, branch pattern)

2. Which statement about hyperechoic halo is true?
   A. The thick hyperechoic halo is soft on elastography
   B. The thick hyperechoic halo is not palpable by surgeons or pathologists
   C. The thick hyperechoic halo is a manifestation of grade 3 invasive malignant masses
   D. The thick hyperechoic halo represents unresolved hyperechoic spicules in most cases
   E. The thick echogenic halo does not enhance on MRI

3. Which features correlate with BI-RADS 3 risks of malignancy?
   A. Round shape
   B. Taller than wide orientation
   C. Elliptical shape with parallel orientation
   D. Weak or partial acoustic shadowing
   E. Hyperechoic tissue with isoechoic areas larger than normal TDLU’s or ducts

Breast Cysts That Are Not Simple – When Should I Worry?
Faculty: A. Thomas Stavros, MD

1. Which is a characteristic of a complex mixed cystic and solid mass?
   A. Fat-fluid level
   B. Fluid-debris level
   C. Milk of calcium
   D. Foam/gel cyst
   E. Mural nodule

2. Which is a feature usually associated with at least a BI-RADS 4a classification?
   A. Proteinaceous debris
   B. Fat globules
C. Septation
D. Cholesterol crystals
E. Scintillating echoes

3. Which feature is usually associated with at least a BI-RADS 4a classification?
   A. Internal blood flow
   B. Dependent debris levels
   C. Fat-fluid levels
   D. Calcium oxalate crystals
   E. Simple clustered microcysts

US-Guided Interventional Procedures – Different Strokes for Different Folks
Faculty: A. Thomas Stavros, MD

1. For which type of lesion is there no advantage to DVAB over core biopsy?
   A. >1.5cm solid mass that is BI-RADS 4c or 5
   B. <1.0cm solid mass
   C. Intraductal papillary lesion
   D. Complex cysts
   E. >1.5cm solid mass that is BI-RADS 3

2. What is the best way to deal with discordancy when DVAB biopsy (visual evidence of lesion removal) of a papillary lesion leads to a non-specific diagnosis of FCC?
   A. Surgical excision of the mass
   B. Re-biopsy of the mass with core biopsy
   C. Contrast enhanced breast MRI
   D. Ask the pathologist to section the rest of the specimen
   E. Molecular breast imaging

3. For which type of mass is there no reason to try to remove most or all of lesion when performing US-Guided DVAB?
   A. BI-RADS 4c or 5 masses >1.5cm in maximum diam.
   B. Intraductal papillary masses
   C. Intracystic masses
   D. Clustered microcalcifications visible on ultrasound
   E. BI-RADS 4c or 5 masses <1.0cm in diameter

Ultrasound of DCIS
Faculty: A. Thomas Stavros, MD

1. Which sonographic findings correlate most closely with DCIS?
   A. A mass with angular margins
   B. Acoustic shadowing
   C. Thick halo or spiculations
   D. Enlarged ducts and/or lobules

2. Most carcinoma in situ:
   A. Arises from ducts
   B. Arises from acini within TDLUs
   C. Is truly DCIS
   D. Is nuclear grade 3

3. Carcinoma in situ of the breast that arise in ducts, true DCIS, is:
   A. Usually nuclear grade 3
   B. Calcifies early
   C. Generally limited in extent
   D. Can only spread through the existing ductal system

Submit your posttest:
https://www.worldclasscme.com/breastultrasound/certification