WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Oman OMSB

Diagnostic Radiology Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 693 questions · 3 papers

693	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Diagnostic Radiology Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

693	3	14	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 170 easier, 353 standard and 170 harder questions, marked on each one.

Neuroradiology 74 · Gastrointestinal and hepatobiliary imaging 70 · Chest imaging 65 · Musculoskeletal imaging 65 · Physics and radiation safety 60 · Genitourinary, gynaecological and obstetric imaging 55 · Paediatric imaging 45 · Ethics, research and diagnostic accuracy 45 · Contrast media and patient safety 40 · Cardiovascular imaging 40 · Head and neck imaging 35 · Breast imaging 35 · Interventional radiology 34 · Nuclear medicine 30

The exam you are sitting

DHA: DHA Specialist Diagnostic Radiology exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Diagnostic Radiology exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Diagnostic Radiology	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Diagnostic Radiology (OEDR)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist radiology exams differ in length and scoring: the DHA Specialist Diagnostic Radiology exam (SDR6042) has 150 multiple choice questions in 3 hours with a 65% pass score, the Qatar DHP qualifying exam has 150 questions with a 65% pass score, and the Oman OEDR has 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. Every finding is described in words as a report would describe it; the bank has no images. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Neuroradiology	**74**	11%
Gastrointestinal and hepatobiliary imaging	**70**	10%

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Topic	Questions in this pack	Share
Chest imaging	**65**	9%
Musculoskeletal imaging	**65**	9%
Physics and radiation safety	**60**	9%
Genitourinary, gynaecological and obstetric imaging	**55**	8%
Paediatric imaging	**45**	6%
Ethics, research and diagnostic accuracy	**45**	6%
Contrast media and patient safety	**40**	6%
Cardiovascular imaging	**40**	6%
Head and neck imaging	**35**	5%
Breast imaging	**35**	5%
Interventional radiology	**34**	5%
Nuclear medicine	**30**	4%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   513 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Diagnostic Radiology Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	513 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D) 2 (A) (B) (C) (D) 3 (A) (B) (C) (D) 4 (A) (B) (C) (D) 5 (A) (B) (C) (D)

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DIAGNOSTIC RADIOLOGY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Neuroradiology HARD

A 70-year-old has sudden severe back pain and flaccid paraparesis after aortic surgery. MRI shows paired pencil-like T2 hyperintensities in the anterior grey matter horns of the thoracic cord with diffusion restriction. What is the diagnosis?

A. Spinal dural arteriovenous fistula (Foix-Alajouanine)
B. Anterior spinal artery cord infarction
C. Subacute combined degeneration
D. Transverse myelitis

Q2 Neuroradiology STANDARD

A 30-year-old woman has occipital headaches on coughing and a cervical syrinx. Sagittal MRI shows peg-like cerebellar tonsils extending well below the foramen magnum with crowding at the craniocervical junction. Which technique best assesses whether CSF flow is obstructed across the foramen magnum?

A. Contrast-enhanced T1-weighted imaging of the posterior fossa
B. Cine phase-contrast MRI of CSF flow
C. Susceptibility-weighted imaging of the tonsils
D. Bone-algorithm CT of the skull base

Q3 Neuroradiology HARD

A 58-year-old has MRI 10 days after a middle cerebral artery infarct. The lesion is still bright on diffusion-weighted imaging, but its apparent diffusion coefficient is similar to normal brain. What best explains this?

A. ADC pseudonormalisation, with the DWI signal persisting from T2 shine-through
B. An eddy-current artefact that needs repeating with a higher b value to show the true restriction
C. Early reperfusion has reversed the injury, so the lesion no longer represents infarcted tissue
D. Haemorrhagic transformation has produced susceptibility artefact that corrupts the ADC calculation

Q4 Neuroradiology EASY

A newborn has a lumbar myelomeningocele. MRI of the brain shows a small posterior fossa with a beaked tectum, a low-lying torcula and tonsils and vermis descending through the foramen magnum, plus hydrocephalus. What is the diagnosis?

A. Chiari II malformation
B. Chiari I malformation
C. Dandy-Walker malformation
D. Joubert syndrome

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Q5 Neuroradiology HARD

A 35-year-old from an endemic area has insidious back pain and kyphosis. MRI shows a thoracic spondylitis with vertebral collapse, relative preservation of the discs, a large paraspinal abscess with calcification and subligamentous spread over several levels. What is the most likely cause?

(A) Brucellar spondylitis
(B) Metastatic carcinoma
(C) Pyogenic spondylodiscitis
(D) Tuberculous spondylitis

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**B**	2	**B**	3	**A**	4	**A**	5	**D**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B Anterior spinal artery cord infarction**

Anterior spinal artery infarction produces an abrupt onset of weakness and loss of pain and temperature sensation, with a T2 hyperintensity in the anterior horns giving the owl's eyes pattern and restricted diffusion. Aortic surgery and hypotension are risk factors. Transverse myelitis evolves over days and enhances, subacute combined degeneration affects the dorsal columns, and dural arteriovenous fistula gives venous congestion with flow voids and a longer, slower course.

Source: Dahnert's Radiology Review Manual

Q2 Answer: **B Cine phase-contrast MRI of CSF flow**

Cine phase-contrast MRI measures the velocity and timing of CSF pulsation across the foramen magnum and shows whether tonsillar crowding blocks flow, which helps in the assessment of symptomatic Chiari I malformation with a syrinx. Contrast-enhanced T1 imaging looks for enhancing lesions, not flow, and susceptibility-weighted imaging detects blood products or calcium. Bone CT shows associated craniovertebral anomalies such as basilar invagination but cannot measure CSF dynamics. Conventional sagittal T2 imaging shows the anatomy and the syrinx only.

Source: Brant and Helms, Fundamentals of Diagnostic Radiology

Q3 Answer: **A ADC pseudonormalisation, with the DWI signal persisting from T2 shine-through**

In infarction, ADC falls in the first hours, reaches its nadir in a few days, then returns to normal around the end of the first to second week as cytotoxic oedema gives way to cell lysis and vasogenic oedema. DWI remains bright because the T2 component still contributes. This is a normal evolution and not reperfusion of viable tissue, haemorrhage or technical failure, so the lesion is a subacute infarct.

Source: Osborn's Brain: Imaging, Pathology, and Anatomy

Q4 Answer: **A Chiari II malformation**

Chiari II malformation is a complex hindbrain anomaly associated with myelomeningocele, with a small posterior fossa, beaked tectum, tonsillar and vermian herniation, a low torcula and hydrocephalus. Chiari I is isolated tonsillar descent usually presenting in adolescents and adults, and Dandy-Walker has an enlarged posterior fossa with a hypoplastic vermis. Joubert syndrome shows the molar tooth sign with a deep interpeduncular fossa.

Source: Osborn's Brain: Imaging, Pathology, and Anatomy

Q5 Answer: **D Tuberculous spondylitis**

Tuberculous spondylitis tends to preserve the disc until late because the organism lacks proteolytic enzymes, spreads beneath the anterior longitudinal ligament, forms a large paraspinal abscess that may calcify, and causes vertebral collapse with a gibbus deformity. Pyogenic infection destroys the disc and endplates early. Metastases spare the disc but have no abscess, and brucellar spondylitis is typically lumbar with anterior vertebral corner erosions and small abscesses.

Source: Dahnert's Radiology Review Manual

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	513 more questions by topic with the answer under each, and the night-before list
Total	693 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/diagnostic-radiology-practice**

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