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PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

POC2

UTD POC2

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) POC2 , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, POC2
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

During a FAST (Focused Assessment with Sonography for Trauma) examination in a hemodynamically unstable trauma patient, which anatomical view is evaluated first to assess for free intraperitoneal fluid?

- ☒ **A** Right upper quadrant (Morison's pouch) view
- ☐ **B** Left upper quadrant (splenorenal) view
- ☐ **C** Pelvic (suprapubic) view
- ☐ **D** Subxiphoid (pericardial) view

ANSWER A

WHY The right upper quadrant view (Morison's pouch) is typically obtained first during a FAST exam because the hepatorenal recess is the most dependent portion of the supine peritoneal cavity and is therefore the most common location for free fluid to accumulate first. The order of views varies slightly by protocol, but RUQ-first is the standard teaching approach.

QUESTION 2

SINGLE CHOICE

Which two-dimensional echocardiographic finding is most characteristic of cardiac tamponade physiology?

- ☐ **A** Systolic anterior motion (SAM) of the mitral valve
- ☒ **B** Diastolic collapse of the right atrial wall
- ☐ **C** Apical ballooning with preserved basal function
- ☐ **D** D-shaped left ventricle on parasternal short-axis view

ANSWER B

WHY Diastolic collapse of the right atrial wall (and right ventricular wall during diastole) is a classic 2D echocardiographic sign of cardiac tamponade, reflecting elevated intrapericardial pressure exceeding chamber pressure. SAM is associated with hypertrophic cardiomyopathy, apical ballooning with Takotsubo cardiomyopathy, and a D-shaped LV is seen with right ventricular pressure overload (e.g., pulmonary embolism).

QUESTION 3

SINGLE CHOICE

When using ultrasound guidance to obtain central venous access via the internal jugular vein, what is the recommended sonographic criterion for confirming that the target vessel is the vein rather than the artery?

- ☐ A The vessel is located superficial to the artery
- ☒ B The vessel is collapsible with gentle probe pressure and shows respiratory phasicity on Doppler
- ☐ C The vessel has a thicker, more echogenic wall than the artery
- ☐ D The vessel diameter is greater than 1.5 cm

ANSWER B

WHY The internal jugular vein is distinguished from the adjacent carotid artery primarily by its compressibility with light probe pressure and its respiratory phasicity on Doppler interrogation. Both vessels may be superficial or deep depending on patient anatomy, and vessel wall thickness is not a reliable discriminator in adults.

QUESTION 4

SINGLE CHOICE

In a supine patient with blunt chest trauma, which lung ultrasound finding most reliably excludes a pneumothorax at the area being scanned?

- ☐ A Absence of lung sliding with a visible A-line at the anterior chest
- ☐ B Presence of a single B-line at the anterior chest in the second intercostal space
- ☒ C Presence of lung sliding with a visible B-line or comet-tail artifact arising from the pleural line
- ☐ D Identification of a lung point

ANSWER C

WHY The visualization of lung sliding (or any dynamic pleural finding such as B-lines/comet-tail artifacts arising from the visceral pleura) rules out pneumothorax at the scanned location with very high sensitivity. Absence of sliding with A-lines is suggestive but not diagnostic, and a lung point is the most specific sign of pneumothorax but does not exclude it.

QUESTION 5 SINGLE CHOICE

In the RUSH exam for a hypotensive patient, the 'pump' component of the 'HI-MAP' mnemonic primarily evaluates which structure?

- ☐ A Inferior vena cava for volume status
- ☐ B Lung sliding and B-lines for thoracic pathology
- ☒ C Heart for contractility, pericardial effusion, and chamber size
- ☐ D Aorta for aneurysm or dissection

ANSWER C

WHY In the RUSH protocol's 'HI-MAP' framework, the 'P' stands for 'pump,' which is evaluated by performing a focused cardiac ultrasound to assess pericardial effusion, left ventricular contractility, and relative chamber sizes. IVC assessment corresponds to the 'I' (IVC), lung evaluation to the 'L' under tanks, and aorta to the 'A' under pipes.

QUESTION 6 SINGLE CHOICE

A 60-year-old patient presents with acute-onset dyspnea and hypotension. POCUS shows a dilated right ventricle with apical sparing of the left ventricle (the 'D-sign') on parasternal short-axis view. Which diagnosis is most likely?

- ☐ A Acute anterior ST-elevation myocardial infarction
- ☒ B Massive pulmonary embolism
- ☐ C Tension pneumothorax
- ☐ D Aortic dissection with pericardial tamponade

ANSWER B

WHY An acute dilated, underfilled right ventricle with a hyperdynamic, underfilled left ventricle producing a D-shaped LV on short-axis view is the classic echocardiographic pattern of acute massive pulmonary embolism. Apical sparing is not specific; the key finding is RV dilation with septal flattening (D-sign), indicating pressure overload of the right ventricle.

QUESTION 7

SINGLE CHOICE

Which of the following IVC ultrasound findings best correlates with a high right atrial pressure (>15 mmHg)?

- ☐ A IVC diameter less than 1 cm with >50% collapse on inspiration
- ☒ B IVC diameter greater than 2.1 cm with less than 50% collapse on inspiration
- ☐ C IVC diameter of 1.8 cm with 60% inspiratory collapse
- ☐ D IVC not visualized on subcostal view

ANSWER B

WHY Per ASE guidelines, an IVC diameter greater than 2.1 cm that collapses less than 50% with inspiration (or sniffing) corresponds to elevated right atrial pressure (RAP >15 mmHg, or a 'high' CVP of 15 mmHg). A small IVC (<1 cm) with >50% collapse suggests RAP of 3 mmHg; an intermediate IVC (1–2.1 cm) with variable collapse corresponds to an intermediate range of 8 mmHg.

QUESTION 8

SINGLE CHOICE

During an extended FAST (e-FAST) examination, in addition to the standard FAST windows, which thoracic view is added to evaluate for thoracic pathology in trauma?

- ☐ A Apical four-chamber view
- ☐ B Suprapubic transverse view
- ☒ C Bilateral anterior thoracic views with M-mode to assess lung sliding
- ☐ D Right parasternal long-axis view

ANSWER C

WHY The extended FAST (e-FAST) examination expands the standard abdominal FAST by adding bilateral anterior thoracic ultrasound to evaluate for pneumothorax (loss of lung sliding, lung point, absence of B-lines) and hemothorax (visualization of pleural fluid). The apical four-chamber and parasternal views are cardiac windows, not part of e-FAST thoracic evaluation.

QUESTION 9

MULTIPLE CHOICE

During a RUSH exam for a patient in undifferentiated shock, which of the following are part of the standard 'HI-MAP' components to be evaluated? (Choose two.)

- ☒ **A** Heart (contractility and pericardium)
- ☐ **B** Intracranial vessels (transcranial Doppler)
- ☒ **C** IVC (size and collapsibility)
- ☐ **D** Inguinal lymph nodes
- ☐ **E** Aorta (aneurysm and dissection)

ANSWER A • C

WHY The 'HI-MAP' mnemonic stands for Heart (cardiac activity, contractility, pericardial effusion), IVC (volume status/collapsibility), Morison's/abdomen (free fluid), Aorta (AAA/dissection), and Pneumothorax (lung sliding). Intracranial vessels via transcranial Doppler are not part of RUSH, and inguinal lymph nodes are not evaluated.