

DPU

Dr. D.Y. PATIL VIDYAPEETH, PUNE (Deemed to be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade) (An ISO 9001 : 2015 Certified University)

Dr. A. N. Suryakar Registrar

Ref. No. : DPU/875-vii/20)9 Date : 11/09/2019

NOTIFICATION

Whereas in pursuance of the following decisions taken by the Board of Management, it is hereby notified to all concerned that the "Syllabus for PG Medical and Surgical Specialties – 2014-15" is revised upto July 2019 and hereby published.

- Changes in syllabus for UG and PG in General Medicine, Pulmonary Medicine and General Surgery vide Resolution No. BM-07-(iii)-4 dated 28th January, 2014.
- Updation in UG and PG syllabus of General Medicine, Obstetrics & Gynecology, Orthopedics, Anaesthesiology, ENT and Ophthalmology vide Resolution No. BM-04(i)-15, dated 31st March, 2015.
- Modifications in pattern of PG practical examinations for MD (General Medicine), MD (Pediatrics), MS (General Surgery), and MS (OBGY) vide Resolution No. BM-26(iv)-15, dated 29th December, 2015.
- > Updation in PG syllabus in Radio-Diagnosis subject vide Resolution No. BM-26(vii)-15, dated 29th December, 2015.
- Introduction of Bioethical aspects in various chapters of all subjects vide Resolution No. BM-26(xi)-15, dated 29th December, 2015
- Partial Modifications in Pattern of PG Practical Examinations for MD (General Medicine) and MS (General Surgery) vide Resolution No. BM-17(vii)-16, dated 22nd September, 2016.
- Modifications in the syllabus of MD (Emergency Medicine) vide Resolution No. BM-35(iv)-18, dated 12th October, 2018.
- Changes in teaching and assessment of MS (Ophthalmology), vide Resolution No. BM-35(v)-18, dated 12th October, 2018.
- Changes in the practical examination pattern of M.S. (Orthopedics) vide Resolution No. BM-35(vi)-18, dated 12th October, 2018.
- Change in practical examination pattern of MD (Dermatology) vide Resolution No.BM-35(vii)-18, dated 12th October, 2018.
- Graduate Attributes, Programme Outcomes (POs), Course Outcomes (Cos) and gap analysis for all courses of UG and PG Programmes for Para-Clinical and Surgical Subjects vide Resolution No. BM-10(vii)-19 dated, 12th April, 2019.
- Interdisciplinary subjects (for Surgical Subjects) of M.B.B.S, M.D./M.S. and Super-specialty (D.M./M.Ch.) Programs under the Faculty of Medicine vide Resolution No. BM-10(viii) dated 12th April, 2019.
- Changes in syllabus of MD (General Medicine) and MD (Psychiatry) vide Resolution No. BM-27(iv)-19 dated 30th July, 2019.
- Modifications in MD (Respiratory Medicine) Practical examination pattern vide Resolution No. BM-27(vii)-19 dated 30 July 2019.



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MAPPING OF PROGRAMME OUTCOMES [POs] AND COURSE OUTCOMES [COs] OF PG PROGRAMMES

	MS ((SURGERY) PROGRAMME	OUTCOMES
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MS (SURGERY) PROGRAMME OUTCOMES			
Sr.	By the end of the programme, the Medical Postgraduate Will		
No	have		
PO 1	Knowledge and Skills		
PO 2	Planning and problem solving abilities		
PO 3	Communication		
PO 4	Research Aptitude		
PO 5	Professionalism and Ethics		
PO 6	Leadership		
PO 7	Societal Responsibilities		
PO 8	Environment and Sustainability		
PO 9	Lifelong Learner		

SURGERY COURSE OUTCOME – PG SUBJECT CODE –PGS01

Sr.No	By the end the Course, the student will be able to
1	Recognize the importance to the concerned surgery in the context
	of the health needs of the community and the national priorities in
	the health section.
2	Practice the surgery concerned ethically and in step with the
	principles of primary health care.
3	Demonstrate sufficient understanding of the basic sciences
	relevant to the surgery specialty.
4	Identify social, economic, environmental, biological and
	emotional determinants of health in a given case, and take them
	into account while planning therapeutic, rehabilitative, preventive
	and primitive measure/strategies.
5	Diagnose and manage majority of the conditions in the surgery
	concerned on the basis of clinical assessment, and appropriately
	selected and conducted investigations.
6	Plan and advise measures for the prevention and rehabilitation of
	patients suffering from disease and disability related to the
	surgery specialty.
7	Demonstrate skills in documentation of individual case details as
	well as morbidity and mortality rate relevant to the assigned
	situation.
8	Demonstrate empathy and humane approach towards patients and
	their families and exhibit interpersonal behavior in accordance
	with the societal norms and expectations.
9	Play the assigned role in the implementation of national health
	programme, effectively and responsibly.
10	Organize and supervise the chosen/assigned health care services
	demonstrating adequate managerial skills in the clinic/hospital or
	the field situation
11	Develop skills as a self-directed learner, recognize continuing
	education needs; select and use appropriate learning resources
12	Demonstrate competence in basic concepts of research
	methodology and epidemiology and be able to critically analyze
	relevant published research literature.
13	Develop skills in using educational methods and techniques as
	applicable to the teaching of medical/nursing students, general
	physicians and paramedical health workers.
14	Function as an effective leader of a health team engaged in health
	care, research or training.

MD RADIODIAGNOSIS PROGRAMME

Course Code	Course Title
PGS07	MD Radiodiagnosis

Course 1 (Subject Code)

CO No.	At the end of the course, the	Mapped Programme
DCC07 1	learner should be able to:	Dutcomes
PG507.1	Be a Chinician, who understands	P01,P02,P03,
	and provides preventive,	P04,P05,P07,P08,
	promotive, curative, palliative and	
DOGOZA	holistic care with compassion	DO1 DO2 DO4 DO5
PGS07.2	Analyse and interpret hospital	PO1,PO2,PO4,PO5,
	based investigation data	P08,P09
PGS07.3	Use the art of communication with	PO1,PO2,PO3,PO5,
	patients families, colleagues and	PO6,PO7,PO8,PO9
	community including history	
	taking and patients	
PGS07.4	Analyse, interpret and Diagnose	PO2,PO5, PO6,PO9
	common health problems and	
	emergencies at the individual,	
	family keeping in mind the	
	existing health care resources in	
	the context of the prevailing socio-	
	culture beliefs	
PGS07.5	Be a Professional who is	PO1,PO2,PO3,PO5,
	committed to excellence, is ethical,	PO7,PO8,
	responsive and accountable to	
	patients, community and the	
	profession	
PGS07.6	Plan, implement and evaluate a	PO1,PO2,PO3,PO5,
	health education programme with	PO6,PO7,PO8, PO9
	skill to use simple audio-visual	
	aids	
PGS07.7	Interact with other members of the	PO1,PO2,PO3,PO4,PO5,
	health care team and participate in	PO6,PO7,PO8,PO9
	the organization of health care	
	services and implementation of	
	national health programmes	
PGS07.8	Identify the environmental and	PO1,PO2,PO3,PO4,PO5,
	occupational hazards and their	PO6,PO7,PO8,PO9
	control	

CO No.	At the end of the course, the	Mapped Programme	
	learner should be able to:	Outcomes	
PGS07.9	Be a Lifelong learner committed to	PO1,PO2,PO3,PO4,PO5,	
	continuous improvement of skills	PO6, PO7, PO8, PO9	
	and knowledge		



SYLLABUS FOR RADIO-DIAGNOSIS

GOAL:

The broad goal of the teaching & training of Post-graduate students in Radiodiagnosis is to make them understand & implement the knowledge regarding the role of various imaging modalities, helpful in the management of different clinical condition. At the end of his/her training, he/she should be capable to take up career in teaching institution or in diagnostic center or in research.

OBJECTIVE:

a) Knowledge:

At the end of the course the student shall be able to :

- 1. Explain the interaction of the X-ray with mater to produce an image.
- 2. Familiarize with the principles of various imaging modalities (e.g. USG/CT/MRI) & their application in medicine.
- 3. Explain the biological hazards of ionizing radiation and protective measures.
- 4. Explain the normal Anatomy, Physiology of various organs and their deviation from normal & its consequence.
- 5. Summarize the fundamental aspects of embryology & alteration in development with reference to congenital anomalies.
- 6. Select appropriate imaging modality for study of specific condition.
- 7. Explain the role of imaging, pre-operative, intra-operative & post-operative condition.
- 8. Evaluate role of imaging modalities in various therapeutic applications (Interventional Radiology)
- 9. Update information about recent advances in imaging sciences.
- 10. Effectively conduct organize and supervise the diagnostic procedures to ensure quality control/assurance.

b) Skills :

At the end of the course the student shall be able to:

- 1. Make use of conventional and other imaging sciences to achieve definitive diagnosis.
- 2. Analyze and interpret imaging data
- 3. Demonstrate the skills of solving scientific and clinical problems and decision making.
- 4. Develop skills as self-directed learner, recognize continuing educational needs, select & use appropriate learning resources.
- 5. Demonstrate competence in basic concepts of research methodology and be able to critically analyze relevant literature.

c) Integration :

Knowledge acquired in Radiodiagnosis shall help the student to integrate imaging techniques with structure and function of the human body in health and disease.

RULES AND REGULATIONS FOR THE PG DEGREE AND DIPLOMA COURSES IN RADIODIAGNOSIS & IMAGING

1. GENERAL :

These rules and regulation as per the directives of Medical Council of India and Dr. D. Y. Patil medical college, and Research Centre Hospital, Pimpri, Pune.

2. FACULTY:

This course shall be under medical faculty

3. NOMENCLATURE OF DEGREE:

Subject	Degree	Diploma	
Radiodiagnosis	M.D.	D.M.R.D.(Diploma in Medical	
	(Doctor of Medicine)	Radiological Diagnosis)	

ELIGIBILITY REQUIREMENT FOR PG DEGREE & DIPLOMA IN RADIODIAGNOSIS :

The candidate must possess recognized degree of M.B.B.S. (or its equipment recognized degree) for MD & DMRD courses.

(1) ELIGIBILITY FOR REGISTRATION :

Every candidate for registration for Post-Graduate Medical Courses in any of the branches must have completed with the conditions laid here under:

- A) For MD (Radiodignosis) & DMRD (Diploma in Medical Radiological Dignosis): The candidate should have passed examination for M.B.B.S. of this University or any other University or any other equivalent examination recognized by MCI.
- B) Completed such period of post-examination pre-degree compulsory housemanship or internship or rotating internship which entitled him to the award of the degree of Bachelor of Medicine and Bachelor of Surgery required by and to the satisfaction of this University where applicable.
- C) Acquired registration as Medical Practitioner according to the rule in force under the Maharashtra State Medical Council rules prior to registration with this University for the post-graduate degree/diploma courses in case of medical graduates.
- D) The post-graduate students in Faculty of Medicine will not be permitted to register their names simultaneously for Diploma and Degree course of this University or any other University or any other College, e.g. CPS Bombay. He/She may, however, take up examination of National Academy of Medical Sciences, New Delhi.

2) PERIOD OF TRAINING :

- A) The period of training for MD (Radiodiagnosis) shall be three years viz.6 academic terms after registration as a post-graduate student.
- B) The period of training for DMRD two years viz.4 academic terms after registration as a post-graduate student.

3) NUMBER OF REGISTRATION :

 The ratio of recognized postgraduate teacher to number of student to be admitted for the degree and diploma courses shall be 1:1 each for degree and diploma courses, in each unit per year, to the extent that in no circumstances more than two students for degree and one for diploma shall be registered in a unit in one academic year. 2. The exceptional cases, in a unit with 1 Post-graduate teacher and another teacher with Postgraduate qualification a maximum of 2 students can be admitted per year with the prior permission of the University.

4) TRAINING PROGRAMME :

- The training given with due care to the postgraduate students in the recognized institutions for the award of various postgraduate medical degree/diplomas shall determine the expertise of the specialists and/or medical teachers produced as a result of the educational programme during the period of stay in the institution.
- 2. All candidates joining the postgraduate training programme shall work as full time Residents during the period of training; attending not less than 80% (Eighty Percent) of the training during each calendar year; and will be given full time responsibility, assignments and participation in all facts of the educational process.
- 3. The postgraduate students of the institution which are located in various States/Union Territories shall be paid remuneration at per with remuneration being paid to the postgraduate students of State Government Medical institutions/Central Government. Medical Institutions in the State/Union. Territory in which the institution is located. Similar procedure shall be followed in the matter of grant of leave to postgraduate students.
- 4. a) Every institution undertaking postgraduate training programme shall set up an Academic Cell or a Curriculum Committee, under the Chairmanship of a Senior faculty member, which shall work out the details of the training programme in each specialty in consultation with other department faculty staff and also co-ordinate and monitor the implementation of theses training programme.
 - b) The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed to enable the examiners to determine the training undergone by the candidates and the Medical Council of India Inspectors to asses the same at the time of inspection.

- c) Postgraduate students shall maintain a record (log) book of the work carried out by them and the training programme undergoneduring the period of training including details of surgical operations assisted or done independently by MS/M.ch candidates.
- d) During the training for Degree/Diploma to be awarded in clinical disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned; during the training for the degrees to be awarded in basic medical sciences, there shall be training in applied aspects of the subject and there shall be training in allied subjects related to the disciplines concerned in all postgraduate training programmes, both clinical and basic medical sciences, emphasis is to be laid on Preventive and Social aspects and emergency care. Facilities of autopsies, biopsies, cytopsies, endoscopic and imaging etc. also be made available for training purposes.

5) METHOD OF TRAINING :

a) The training of postgraduate for Degree/Diploma should be half the Residency Pattern with patient care. Both the in service candidates and the stipenderies should be given similar clinical responsibility. The participation of the students in all facts of the educational process should be insisted upon and training in basic medical sciences and laboratory and experimental work emphasised. In basic Sciences adequate number of training posts of Demonstrator, Tutor etc., should be provided for.

b) **DIPLOMAS**:

In service training with students being given graded clinical responsibility; Lectures. Seminars, Journal Club, Group discussion and participation in Clinical and Clinico-pathological conferences; practical training to manage independently common problems in the specialty; and training in the Basic Medical Sciences.

6) COURSE CONTENT:

A) BASIC RADIOLOGY :

I. IMAGING TECHNIQUES AND MODALITIES :

- 1.1 Conventional radiological techniques and special radiological procedures.
- 1.2 Intravascular contrast media
- 1.3 Whole body Computed Tomography : Recent advances
- 1.4 Magnetic Resonance Imaging & applications
- 1.5 Ultrasound : General principles & applications
- 1.6 Medicolegal issues in Diagnostic Radiology
- 1.7 Radiation protection and patient does in diagnostic radiology.

II. RESPIRATORY SYSTEM :

2.1 TECHNIQUES OF INVESTIGATIONS :

Standard conventional radiological techniques and various imaging modalities like ultrasound, Computed Tomography, Magnetic Resonance Imaging, Angiography, Digital Radiography and Interventional Procedures.

2.2 NORMAL CHEST :

Radiological anatomy and CT terminology of lungs, central airways hila, mediastinum, diaphragm.

2.3 INTERPRETATION OF CHEST RADIO GRAPH:

Identification of radiographs (various views), detection and description of abnormalities such as pulmonary infections, airway obstruction, collapse, consolidation, pulmonary neoplasms, diffuse pulmonary disease, mediastinal masses, chest trauma, pulmonary thromboembolism, post-operative and critically ill patients, congenital pulmonary abnormalities, infant and pediatrics chest lesions.

III. THE HEART AND GREAT VESSELS:

- 3.1 Basic radiographic, CT, MRI imaging anatomy, interpretation and various terminologies.
- 3.2 Identification and interpretation of abnormal condition like congenital heart diseses, acquired heart diseases, cardiomyopathy, pericardial lesions, pathology of pulmonary circulations, and thoracic aorta.

IV. THE GASTROINTENSTINAL TRACT:

- 4.1 Normal radiographic and imaging findings of oesphagus, stomach, duodenum, small bowel and large bowel.
- 4.2 Identification and detection of various pathologies of oesphagus, stomach, duodenum, small bowel and large bowel.
- 4.3 Gastrointestinal, angiography, interventional radiology in gastrointestinal tract, pediatrics gastrointestinal radiology and there application in evaluation of gastrointestinal pathologies.

V. HEPATOBILIRY SYSTEM, PANCREAS, RETICULOENDOTHELIAL AND ENDOCRINE SYSTEM

- 5.1 Normal radiological and imaging anatomy of liver pancreas etc.
- 5.2 Radiological imaging and interventional radiological applications in evaluation of pathological condition related to hepatobiliary system, pancreas, reticuloendothelial and endocrine system including pediatric hepatobiliary, endocrine lesions.

VI. GENTO URENARY TRACT:

- 6.1 Radiological and imaging methods of investigations including conventional and various imaging methods.
- 6.2 Identification and interpretation of the Gentio urinary tract lesion like renal diseases, and urothelial lesions, urinary obstructions and abnormalities of urinary bladder, prostrate, urethra, injury to Gentio urinary tract, renal failure and transplantation.
- 6.3 Imaging in Gentio urinary tract in pediatrics

VII. SKELETAL SYSTEM :

7.1 Conventional radiological and imaging methods in evaluation of skeleton, trauma, bone tumors, myeloproliferative disorders, metabolic and endocrine diseases, skeletal dysplasias and joint disease.

VIII. THE REPRODUCTIVE SYSTEM :

8.1 Ultrasound in obstetrics and gynecology, imaging in gynecology, hysterosalpingography, breast and its imaging and male reproductive system.

IX. CENTRAL NERVOUS SYSTEM :

- 9.1 Skull and brain radiological and imaging methods of examination and normal anatomy.
- 9.2 Radiological and Imaging of cranial, intracranial pathologies like tumors, cerebro-vascular diseases, head trauma, infections, AIDS, demyelinating and metabolic diseases, epilepsy, spinal lesions, congenital lesions.

X. THE ORBIT, ENT, FACE, TEETH :

10. Methods of examination in evaluation of pathologies of orbit, ear, nose, throat, para nasal sinues, face, teeth, trauma, paediatrics eye and orbit and dental radiology.

B) RADIOLOGICAL PHYSICS AND X-RAY TECHNOLOGY:

- 1. Atomic structure, Radioactive Isotopes and Gamma Camera.
- 2. Radiation, Radiation hazards and protection.
- 3. Production of X-rays.
- 4. X-ray generators.
- 5. Properties of X-rays.
- 6. Fluroscopic imaging and image intensifier.
- 7. X-ray films
- 8. Radiographic image and geometry of radiographic image.
- 9. Computed tomography.
- 10. Ultrasound
- 11. Digital Radiography

- 12. Magnetic Resonance Imaging.
- 13. Cine Angiography
- 14. Digital Subtraction angiography
- 15. Radiation hazards and proyection
- 16. Pictorial archiving and communicating system (PACS)
- 17. DICOM
- 18. Darkroom techniques, layout of the darkroom, dark room processing, automatic film processor.
- 19. Intensifying screens, cassettes, grids, cones and collimators.
- 20. X-ray films, film artefacts, image details (Contrast, density)
- 21. PETCT-Positron Emission Tomography CT
- 22. SPECT-Single Protron Emission Computed Tomography
- 23. Teleradiology

7) EXAMINATION :

A) THESIS/DISSERTATION (FOR MD)

- 1. Should be submitted to University 8 months before the date of written, oral, clinical, practical examination. Approval of thesis is a precondition for permission to appear in the rest of examination.
- 2. Thesis : Every candidate shall carry out work on an assigned research project under the guidance of a Recognized Postgraduate Teacher, the result of which shall be written up and submitted in the from of Thesis.

Work of writing the Thesis is a aimed at contributing to the development of a spirit of inquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical sciences and the manner of identifying and consulting available literature.

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for theory and clinical and on the acceptance of the thesis by two examiners, the candidate shall appear for the final examination.

- 3. In the thesis the candidate will not disclose his identity or identity of the guide or institution in any way.
- 4. If a student has submitted his examination form as also his thesis previously, he will be permitted to take the examination with a period of 4 years any time in future provided the thesis has been accepted. The term satisfactory kept by him are valid in future, only for a period of 4 years subsequence to submission of his thesis after which he will have to undergo Post-graduate training again for 4 terms to be eligible for appearing for the theory clinical and practical examination.

5. THEORY EXAMINATIONS :

1) There shall be four theory papers at MD examinations, of 100 marks each.

PAPER – I	100 Marks
PAPER – II	100 Marks
PAPER – III	100 Marks
PAPER – IV	100 Marks
Each paper of 100 marks	s consist of -
Three long answer quest	ions carrying 20 marks each
Question – I	20 marks
Question – II	20 marks

Question – III 20 marks Question – IV Consist of 4 short answer question of 10 marks each 40 marks

100 marks

PAPER – I

TOPICS TO BE COVERED :

Radiation Physics, Protective measures and Physics involving imaging techniques and related basic sciences eg. Anatomy, Physiology and Pathology

TOPICS:

- 1. Radiation and production of X-rays.
- 2. X-ray Generators
- 3. Basic interaction between X-ray and matter
- 4. Attenuation
- 5. Filters and grids
- 6. Luminescent screen
- 7. Physical and Pathologic characteristics of X-ray film and film processing.
- 8. Fluroscopic imaging vewing and recording
- 9. Radiographic image and its geometry
- 10. Body section radiography
- 11. Stereoscopy
- 12. Xerox radiography
- 13. Computed Tomography
- 14. Ultrasound
- 15. Radiation's hazards and protection
- 16. Digital radiography
- 17. Magnetic Resonance image (MRI)
- 18. Wet processing of films Chemistry of developer, fixer etc
- 19. Dry processing chemistry of films and its processing
- 22. Teleradiology s
- 23. PACS
- 24. PETCT
- 25. SPECT

PAPER --II

TOPICS TO BE COVERED:

Radiological Imaging in congenital & Systemic disease – I

- Respiratory system: Congenital anomalies, Pediatrics chest, Chest wall, pleura, diaphragm, Mediastinum, Pulmonary infection, Airways obstruction, pulmonary neoplasm's, diffuse pulmonary disease.
- 2) Cardio vascular system: Congenital heart Disease, left to right shunts, Cyanotic heart disease, Pulmonary circulation, cardiomyopathy, cardiac tumors, Pericardium, thoracic aorta.
- 3) Gastro-Intestinal Tract: Esophagus, Stomach, Duodenum, Small intestine, Large Bowel, Mesentry and omentum, Pediatric abdomen.
- 4) Hepatobiliary : Liver, Biliary tract, Pancreas.

PAPER- III

TOPICS TO BE COVERED:

Radiological Imaging in congenital & systemic disease - II

- a) Skeletal system: Skeletal trauma, benign lesions, malignant lesions, Myelo proliferative and similar disorders, joint disease, bone and joint infection, radiology of soft tissues, musculoskeletal system in children.
- b) Genito-Urinary system: Renal parenchymal diseases, Renal masses, calculus disease and urinary obstruction, Urinary bladder and prostate, Reno-vascular disorders, injuries, Renal failure, and transplantation, pediatric Uro-radiology, Imaging in Obstetrics and gynecology, imaging of breast.
- c) CNS: Skull, Intra-cranial tumors, Intra-cranial infections, Cerebrovascular disease, cranial and intracrianl malformation, trauma, CSF disturbances, Degenerative disease and intracrianl malformation, trauma, Degenerative diseases of spine, infection of spine, spinal trauma.

PAPER - IV

TOPICS TO BE COVERED :

Miscellaneous, Radiological procedures, Interventional Radiology, Recent advances and newer techniques –

- Orbit, ENT, Dental, Reticulo-endothelial system, Oncology, HIV infections and AIDS
- Arteriography, venography etc.
- 2) There shall be three theory papers at DMRD examinations, of 100 marks each -

PAPER – I	100 Marks
PAPER – II	100 Marks
PAPER – III	100 Marks
Each paper of 100 m	arks consist of

Three long answer questions carrying 20 marks each -

Question - I	20 marks
Question – II	20 marks
Question-III	20 marks
Question-IV	consist of 4 short answer questions of 10 marks each
	40 marks

Total 100 marks

PAPER – I

TOPICS TO BE COVERED :

Radiation Physics, Protective measures and Physics involving imaging techniques same as MD.

PAPER – II

Topics to be covered :

Radiological imaging in congenital and systemic disease (Respiratory System Cardio Vascular system, Gastro-intestial tract, Skeletal system, Gentio Urinary system).

PAPER – III

Topics to be covered :

Hepatobiliary system, CNS, Miscellaneous, Radiological procedures and Interventional procedures and Interventional Radiology.

6. PRACTICAL :

A) M	ID RADIODIAGNOSIS:			
Dı	uration for Degree examination as	per uni	versity norms	
	Topics		Marks	
1)	Worked up cases		100	
	a) One Long Case		100	
	b) I wo Short cases (Sueach)		100	
2)	Radiogrphs/imaging			
	Modalities reading session			
	a) SPOTS of Radiography/Imag	ıng	40	
	h) Film moding appoint		40	
-	b) Film reading session		120	
3)	Table Viva & Insturments		40	
		Total	400	
D	MRD		·····	
	bration for Degree examination as j	per um	versity norms	
1)	Worked Un Cases			
1)	a) One Long Case		70	
	b) Two Short Cases		70	
2)	Radigrphs / Imaging			
,	Modalities Reading Session			
	a) Spots of Radiograph/Imagin	ng		
	Modalities (20 Spots)		40	
	b) Film Reading Session		70	
3)	Table Viva & Insturments		50	
		Total	300	
D	MRD			
11	Day duration for diploma -			
1)	Topics Worked Up Cases		-	
	a) One Long Case		70	
	b) Two Short Cases (35 each)		/0	
2)	Radiograhs / Iamging			
	Modalities Reading Session			
	a) Spots of Radiographs/Imagin Modulities (20 Spots)	ng	40	
	h) Film Reading Session		40 70	
2)	Table Vive & Instruments		50	
3)			<u>30</u>	
	1 otal		300	

List of Books Reference Books For Radiodiagnosis (Md-Dmrd)

BOOKS RECOMMENDED :

Sr.	Author	Title	Edition	Publisher
No.			& year	
1	David Sutton	Text book of	7 th Edition	Churchill
		Radiology and	(International	Livingsotne
		Medical Imaging	students ed.)	
2	Grainer &	A Textbook of	4 th Ed. 2001	Churchill
	Allison's	Medical Imaging		Livingsotne
3	Davidson	Davidson's	3 rd ed. A & B	Saunders
		Radiology the	1999	
		kidney and		
		genitourinary		
		tract		
4	Carol M.	Diagnostic	2^{nd} Ed.	Mosby Inc.
	Rumack,	Ultrasound		
	Stephanle R			
	Wilson, William			
	charboneau			
5	Stark, David,	Magnetic	3 rd Ed. 1999	Mosby
	William Bradely	Resonance Image	a.1 = 1	
6	Joseph L. Lee	Computed body	3^{rd} Ed.	Lippincott,
	Stuart Sagel et	Tomography		William &
		with MRI		Wilkns
	XX7'1 X 6 A	correlation		T • • •
/	Wilson MA,	Textbook of		Lippincott,
	Philadelphia	Nuclear		William &
0	Manilana Ciana al	Medicine De districe De la		W1IKNS
8	Marilyn, Stergel	Paediatrics Body		Lippincott,
		CI		William &
0	Chamay	Eccentical Division		W IIKIIS Malhaumaa
9	Diaglaugall Smith	Essential Physics		Melbourne
	Diackweit Silliui	101 Radiographers		
10	KC Clark	Positioning in		CBS
10		radiography		Publisher
11	Grrenfield	Radiology of		Lippincott
11	Lippioncot	Rone disease by		company
	Lippioneor	Greenfield		Philaselphia
12	Meschan	Analysis of	<u> </u>	WB
14	1105011all	Roentgen signs		Saunders
12	Meschan	Analysis of Roentgen signs		WB Saunders

Sr.	Author	Title	Edition	Publisher
No.			& year	
		by Meschan		Co.
13	Christensen	Basic of		
	Curry	Radiophysics		
14	Benjamin Felson	Chest		WB Saunder
		Roentgenology		Co.
15	Fraser Pare's	Diagnosis of		WB Saunder
		Disease of chest		Co.
16	Frenny and	Margulis and		Mosby
	Stevenson	Buirhenne's		
		Alimentary tract		
		Radiology		
17	David Cosgrove	Abdominal and		Churchill
		General		Livingstone
		Ultrasound		
18	Callen	Ultrasonography		WB
		in obstetric and		Saunders
		Gynecolgy		
19	Richard C	Abdominal		Wilevissa
	Semelka Wiey	pelvic MRI by		publisher
		ichard C		
		Smeelka		
20	Peterson	Head and Neck		Mosby
		Imaging		
21	Caffey	Caffey's		Mosby
		pediatric		
		diagnostics		
		imaging		
22	MA Brann	Interventional		Churchill
		Radiology		Livingstone
		Procedure M		
		annual l		
23	William W	Neuroimaging by		WB
	Orrison	William W		Saunders
		Orrison		
24	Ann Osborn's	Anne Osborn's		
		Neuroradiology		
25	Gilda Gardenosa	Breast Imaging		Lioppincott
				William and
				wilksons
26	Scott W Atlas	MR Imaging of		Lioppincott

Sr.	Author	Title	Edition	Publisher
No.			& year	
		Brain and Spine		William and
		_		wilksons
27	Marnix	Musculoskeletal		
		ultrasound by		
		Marnix		
28	Plamar	Manual of		
		Diagnostic		
		-		
29	Ensenberg	An atlas of signs		
	_	in Radiology		
30	Zwiebel	Clinical		
		application of		
		Doppler		
		Ultrasound		
31	Dunnick's	Dunnick's		William and
		textbook of		Wikinson
		uroradiology		
32	Kirik	Kirik's practical		Lippincott
		pediatric imaging		William and
				Wikisons

List of Journals For Radiodiagnosis (Md/Dmrd)

- 1. Indian Journal of Radiology and Imaging
- 2. British Journal of Radiology
- 3. American Journal of Roentgenology
- 4. Radiologic Clinics of North America
- 5. Seminars in ultrasound, CT, MRI
- 6. Journal of clinic ultrasound
- 7. Clinical Radiology