

CT Abdomen/Pelvis Routine

Maximum CTDI 35

GE- 6001-1

Indication: Pancreatitis, Mets, Non Hyper Vascular Tumor (lung, gastric, colon, rectal, ovary, breast, prostate, unknown), General Pain, Fever of unknown origin (FUO), Palpable mass, weight loss, abscess, Trauma, Diverticulitis, Lymphoma, Pelvic Pain, Appendicitis, any history of Cancer

Note: Appendicitis and Diverticulitis ALWAYS include the Pelvis – if not included in order contact ordering MD to obtain order for pelvis.

PT Prep: Oral contrast – Yes (EXCEPT for Pancreatitis give 750cc water)
ED physician may request no oral contrast
 IV contrast – Yes (follow IV contrast administration guidelines)
 22g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I500

Series 2: Scan from above diaphragm to bottom of symphysis pubis.
 Inject 100cc of IV contrast @ 2-3cc/sec. (Contrast dose may be adjusted based on CrCl)

Technique: **Delay: 70 seconds**

	32 slice w/ASIR	64 slice w/ASIR	64 slice	128 slice w/ASIR
Noise Level	13.31	14.64	11.60	18.23
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	1.375:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	55	39.37	39.37	39.37
Detector Rows	32	64	64	64
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	120KV/440mA	120KV/440mA	120KV/440mA	120KV/650mA
Scan Type	Helical Full 0.7 sec	Helical Full 0.8 sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
 Send series 2 Standard Soft Tissue Algorithm 5mm/2.5mm
 Recon and send Lung images in Lung Algorithm 2.5mm
 Recon and send Bone images with Bone Algorithm
 Recon and send MPR images in Standard Algorithm
 Record DLP in PACS comments

Original Date: 4-8-04

Approved by: Dr. Reh fuss , MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10, 11-14-12 6/30/15 12/15/2015 2/27/18
 of 2

