

CT Abdomen Routine

GE- 6001

Maximum CTDI 25

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

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
Place marker if indication is “palpable mass”

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I400

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

Technique: **Delay: 70 seconds**

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 50%
Noise Level	18.23	14.64	11.60	11.60
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm
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

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Approved by: Dr. Reh fuss, MCR

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