$\qquad$
Indication: Known Hypovascular (lung, gastric, colon, rectal, ovary, lymphoma, breast, prostate) malignancy or suspected malignancy, pain, fever, weight loss.

PT Prep: Oral contrast - Yes unless otherwise stated in order
ED physician may request no oral contrast
IV contrast - Yes (follow MCR IV contrast dosing guidelines)
Series 1: $\quad$ Scouts AP \& LAT - Supine "O" at Sternal Notch S20 to I650
Series 2: $\quad$ Scan from lung apices to L2 and dome of diaphragm to iliac crest, if pelvis is ordered scan to bottom of lesser trochanters
Inject IV contrast per MCR contrast dosing guidelines @ 3cc/sec.
Technique: Delay: 70 second delay

|  | $\begin{gathered} \text { 750 HD (128) } \\ \text { SNGH CT2 } \end{gathered}$ | Optima 660 (32) <br> SNGH VIC | Optima 660 SNGH CT1 | VCT 64 SNGH CT3 |
| :---: | :---: | :---: | :---: | :---: |
| Noise Level | 16.10 | 14.00 | 14.00 | 14.00 |
| Interval | 5 mm | 5 mm | 5 mm | 5 mm |
| Axial/Helical Thickness | 5 mm | 5 mm | 5 mm | 5 mm |
| Pitch | 0.984:1 | 0.984:1 | 0.984:1 | 0.984:1 |
| Speed mm/rotation | 39.37 | 39.37 | 39.37 | 39.37 |
| Detector Rows |  |  |  |  |
| Detector Configuration |  |  |  |  |
| Beam Collimation | 40 mm | 40 mm | 40 mm | 40 mm |
| 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 0.8 sec | Helical Full 0.8 sec | Helical Full 0.8 sec |

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm 5mm
Recon and send axial lung images in Lung Algorithm 2.5 mm
Recon and send axial lung MIPS
Recon and send axial images in Bone Algorithm
Recon and send MPR images in Standard Algorithm separately for chest, and A/P

Original Date: 4-8-04
Approved by: Dr. Songmen, MCR $\qquad$
Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/2015, 2/27/18, 07/27/21, 1/30/24

