

CT Chest/Abdomen/Pelvis Routine

GE- 6015

Maximum CTDI___60___

Indication: Known Non Hypervascular (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 IV contrast administration guidelines)
20g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S20 to I650

Series 2: Scan from lung apices to L2 and dome of diaphragm to iliac crest, if pelvis is ordered scan to bottom of lesser trochanters
Inject 100cc of IV contrast @ 3cc/sec. (Contrast dose may be adjusted based on CrCl)

Technique: **Delay: 70 second delay**

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	16.10	14.00	14.00	14.00
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
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	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 0.8 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 axial lung images in Lung Algorithm 2.5mm
Recon and send axial lung MIPS
Recon and send axial images in 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 12/8/10 04/17/13 12/15/2015 2/27/18