

**CT Chest- Dry**  
**Maximum CTDI 25**

**GE- 5000**

Indication: Pleural Effusion, Transplant, Pneumothorax (PTX), Allergy to Iodine

PT Prep: No oral contrast  
 No IV contrast

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S20 to I350

Series 2: Scan from lung apices to L2.  
 Helical scan superior to inferior, apex of lungs to L2 in a **Lung** algorithm

Technique:

	<b>750 HD (128) CT2</b>	<b>Optima 660 OVIC</b>	<b>Optima 660 CT1</b>	<b>VCT CT3</b>
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	1.375:1	1.375:1	0.984:1	0.938:1
Speed mm/rotation	55.00	55.00	39.37	18.75
Detector Rows	64	32	64	64
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kvp/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 0.7	Helical Full 1.0	Helical Full 1.0	Helical Full 1.0

Networking/ PACs: Send scouts  
 Send series 2 Lung algorithm 5mm/2.5 mm  
 Recon and send axial images in Soft Tissue algorithm 5mm

Recon and send axial images in Bone algorithm 5mm  
Recon and send MPR images in this axial images in Lung algorithm  
Recon and send axial MIPs  
Record DLP in PACS comments

Original Date: 4-8-04

Approved by: Dr. Songmen , MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 04/17/13 12/15/2015 02/22/18, 1/30/24 Page 1 of 1

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