

CT Chest-PE (Pulmonary Embolus)
Maximum CTDI 50

GE- 5004

Indication: suspected Pulmonary Embolus

PT Prep: No oral contrast
 IV contrast – Yes (follow IV contrast administration guidelines)
 20g to 18 g peripheral IV in AC needed for contrast administration

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

Series 2: Helical scan from lung apices to L2.
 Inject 80cc of IV contrast @ 3.5-4cc/sec. May use a bolus saline flush.
 (Contrast dose may be adjusted based on CrCl)
Smart Prep on Main Pulmonary Artery. Helical scan superior to inferior, apex of lungs to L2.
Use timing bolus/automatic trigger to 200HU in main Pulmonary Artery.

Technique:

	32 slice w/50% ASIR	64 slice w/50% ASIR	64 slice	128 slice w/50% ASIR
Noise Level	15.86	15.00	15.00	15.00
Interval	1.25mm	1.25mm	1.25mm	1.25mm
Axial/Helical Thickness	1.25mm	1.25mm	1.25mm	1.25mm
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	32	64	64	64
Detector Configuration				
Beam Collimation	40 mm	40mm	40mm	40mm
Kv/mA	120KV/440mA	120KV/440mA	120KV/440mA	120KV/650mA
Scan Type	Helical Full 0.5 sec	Helical Full 0.7sec	Helical Full 0.7 sec	Helical Full 0.5sec

Original Date: 4-8-04

Approved by: Dr. Rehfuss , MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10, 11/14/12 6/30/15 12/15/2015 2/28/18

Networking/ PACs: Send scouts
 Send series 2 Standard Soft Tissue Algorithm 2.5mm/1.25mm
 Recon and send axial lung images in Lung algorithm 1.25mm
 Recon and send axial images in Bone algorithm 1.25mm
 Recon and send MPR images in Soft Tissue MIP and Lung algorithm
 Record DLP in PACS comments

How to acquire an MPR:

MPR: In Images Works, highlight images to be reformatted and select **Reformat Standard**
 Place cursor in upper right hand quadrant over slice thickness, change to **14**
 Move cursor to the right, right click and change rendering Mode to **MIP**
 Move cursor down to Window Width, change to **600** and Window Level to **200**
 Select **Batch Mode and the Oblique**.
 In the Oblique mode change the number of images to 39.
 Type in the same number for slice thickness that appears in above image.
 Changing the slice thickness will activate the **Rendering Mode**, change to **MIP**
 Perform coronal and sagittal reformations to include entire chest, save and send to PACS
 Reformat in **Lung Window**. Do coronal and sagittal reformats as with a regular Chest CT.