

CT Chest- Pulmonary Nodule
Maximum CTDI 25

GE- 5002

Indication: Pulmonary Nodule evaluation- no history of cancer

Note: If no baseline CT Chest done give IV contrast per Radiologist.
 Follow MCR IV contrast dosing guidelines

PT Prep: No oral 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:

	750 HD 128 CT2	Optima 660 (32) OVIC	Optima 660 CT1	VCT 64 CT3
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	1.375:1	1.375:1
Speed mm/rotation	55	55	55	55
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 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7

Networking/ PACs: Send scouts
 Send series 2 Lung algorithm 2.5mm /1.25mm
 Recon and send axial images in Soft Tissue algorithm 5mm
 Recon and send axial images in Bone algorithm 5mm
 Recon and send MPR images and thin 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, 07/27/21, 1/30/24

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