Maximum CTDI 30

Indication: Known or suspected malignancy, chest pain, mass, Empyema, trauma, abnormal chest x-ray

PT Prep: No oral contrast
IV contrast – Yes (follow IV contrast administration guidelines)
22g to 18 g peripheral IV needed for contrast administration

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

Series 2: Scan from lung apices to L2.
Inject 80cc of IV contrast @ 3cc/sec. (Contrast dose may be adjusted based on CrCl)
Helical scan superior to inferior, apex of lungs to L2.

Technique:

	128 slice	**32 slice w/ASIR**	**64 slice**	**64 slice w/ASIR 50%**
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	55.00	55	55	55
Detector Rows	64	32	64	64
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 Standard Soft Tissue Algorithm 5mm
Recon and send axial lung images in Lung algorithm 5mm/2.5 mm
Recon and send axial images in Bone algorithm 5mm

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 12/15/2015 02/22/18 Page 1 of 2

Recon and send MPR images in Lung algorithm
<mark>Recon and send axial MIPS</mark>
Record DLP in PACS comments