

CT Dedicated Renal Protocol with Pelvis

GE- 6011

Maximum CTDI 75

Indication: Renal masses, nephrectomy follow-up

PT Prep: 1,000 ml of water **30 minutes** prior to getting on the table
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 Xiphoid Process S20 to I550

Series 2: Unenhanced – Scan from Top of Kidneys to Iliac Crest

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	16.40	12.00	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
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	40 mm	40 mm	40 mm	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

Series 3: Corticomedullary Phase: 100 cc of IV contrast @ 3cc/sec Contrast dose may be adjusted for CrCl).
Delay: 30 seconds – Scan from top of kidneys through iliac crest

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.00	12.00	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	40 mm

Original Date: 4-8-04

Approved by: Dr. Rehfuss, MCR _____

Revised Date: 11-9-04, 1-11-10 12/8/10 04/17/13 12/15/2015 2/28/18 Page 1 of 3

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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

Series 4: Nephrographic Phase:

Delay: 80 seconds – Scan from top of kidneys through symphysis pubis

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.00	12.00	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	40 mm
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

Series 5: Excretory Phase

Delay: 240 seconds – Scan from top of kidney through iliac crest

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.00	12.00	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	27.50	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	40 mm
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 0.8sec	Helical Full 0.8 sec	Helical Full 0.8 sec

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Networking/ PACs: Send scouts
Send series 2,3,4,5 Standard Soft Tissue Algorithm
Recon and send Venous series only in Bone Algorithm
Recon and send series 3 in Lung Algorithm
Send MPR's all series
Record DLP in PACS comments

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