CT Enterography Maximum CTDI 100

Indication: Inflammatory Bowel Disease, Neoplasm, Small Bowel Tumors, general abdominal pain,

diarrhea.

Note: This exam is to be scanned on a 16 slice or greater scanner.

Need to use three 450ml bottles of Volumen as oral contrast.

PT Prep: IV contrast – Yes (follow IV contrast administration guidelines)

20g to 18 g peripheral IV needed for contrast administration

Timing for Volumen: 50 minutes prior to scan time.

Patient will drink 1st 450cc bottle,

20 minutes later drink 2nd 450cc bottle,

20 minutes later drink half of 3rd bottle (225cc)

10 minutes after that give the last 225cc

Put patient on the table.

Series 1: Scouts AP & LAT – **PRONE** "O" at Xiphoid Process S20 to I500

Series 2: Arterial Phase 100 cc of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on CrCl).

Delay: 40 seconds – Scan from lung bases to symphysis pubis

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR
Noise Level	18.23	13.31	11.60	11.60
Interval	2.5mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5mm	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	40mm	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			

Networking/ PACs: Send scouts

Send series 2, Standard Soft Tissue Algorithm Recon and send series 2 in Lung Algorithm Recon and send series 2 in Bone Algorithm

Send MPR

Record DLP in PACS comments

Original Date: 4-8-04 Approved by: Dr. Rehfuss, MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 04/17/13 12/15/2015 2/28/18

Page 1 of 3

GE MDCT

Original Date: 4-8-04 Approved by: Dr. Rehfuss , MCR Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 04/17/13 12/15/2015 2/28/18

GE MDCT