

CT SOFT TISSUE NECK/CHEST GOITER PROTOCOL GE- 3002

Maximum CTDI 30

Note: All CT scans of the soft tissue neck should be performed with IV contrast. Except when the MD specifically requests otherwise. **FOR GOITERS ONLY.**
******Place all images in ST Neck file, Chest file only to have scouts. CT chest comments should read as follow: "One radiologist to report neck and chest – all images are with neck CT".**

PT Prep: Remove all metal objects from the neck to eliminate artifacts. Instruct the patient not to swallow during the scan. **Arms should be left down at patients' side.**
 Follow MCR IV contrast dosing guidelines.

Series 1: **Scout AP and LAT-Supine "0" at Sternal Notch S 250 to I 350**

Series 2: Enhanced Helical scan of the neck/chest from the anterior cranial fossa, about the level of the supra-orbital rim to include goiter down to include the lung bases. Inject contrast per MCR contrast dosing guidelines at 2-3cc/sec with a 45 sec scan delay. **FOV 25 through lung bases.**

Acquisition #1 Display scout and the prescribed slices from the anterior cranial fossa though the lung bases 2.5m spacing and 2.5mm thickness.

Reconstruction: **STANDARD AND LUNG ALGORITHM with a DFOV 36-50** to include patient's chest.

Technique:

	750 HD 128 (room 2)	Optima 660 (32) OVIC	Optima 660 (room 1)	VCT 64 (room 3)
Noise Level	9.50	9.50	9.50	9.50
Interval	2.5mm	2.5mm	2.5mm	0.625
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	1.25
Pitch	1.375:1	1.375:1	1.375:1	1.375:1
Speed mm/rotation	55.00	27.50	55.00	55.00
Detector Rows			N/A	N/A
Detector Configuration			N/A	N/A
Beam Collimation	20mm	20mm	40mm	40mm
KV/mA	120KV/400mA	120KV/250mA	120KV/300mA	120KV/300mA
Scan Type	Helical Full 0.6 sec	Helical Full 1.0 sec	Helical Full 1.0sec	Helical 1.0 sec

Networking/ PACs: Send scouts

Send series 2 FOV 25 Standard Algorithm.

Recon and send ST Neck in a Standard and Bone Algorithm

Recon and send Chest in Lung, Standard and Bone Algorithm

Recon ST Neck MPR bone and standard algorithm.

Recon Chest MPR lung algorithm.

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Approved by: Dr. J. Donnal MCR

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