Note: to be scanned on 64 slice or above

PT Prep: Remove all metal objects from the neck to eliminate artifacts.

Instruct the patient not to swallow during the scan.

Pull shoulders down and place rolled towel between scapula IV to be placed in the arm opposite of surgery site or nodule.

If no known surgery of nodule prefer injection on Right side.

18g to 20g peripheral IV needed for contrast administration.

Follow IV contrast administration guidelines.

Series 1: Scout AP and LAT-Supine "0" at Sternal Notch S 250 to I 100

Series 2: Non contrast Helical scan 2 CM above mandibular symphysis to 2 CM below carina.

20 FOV

Acquisition #1 Display scout and the prescribed slices from 2CM above the mandibular symphysis to 2CM

below carina

Series 3: Enhanced Scan: 80cc IV contrast/25cc saline bolus at 4cc sec. No Smart Prep

Scan delay of 25 sec for arterial phase Scan delay of 70 sec for venous phase

Reconstruction: CORONAL/SAGITTAL 2.5 mm in soft tissue window

Technique:

!	750 HD SNGH room 2	Optima 660 (32s) SNGH OVIC	Optima 660 (64s) SNGH room 1	VCT (64s) SNGH room 3
Noise Level	14.50	14.50	9.50	9.50
Interval	0.625mm	0.625mm	0.625mm	0.625mm
Axial/Helical Thickness	0.625mm	0.625mm	0.625mm	0.625mm
Pitch	1.516:1	0.516:1	0.516:1	0.516:1
Speed mm/rotation	20.62	20.62	20.62	20.62
Detector Rows	N/A	N/A	N/A	N/A
Detector Configuration	N/A	N/A	N/A	N/A
BeamCollimation	40mm	40mm	40mm	40mm
Kv/mA	120KV/400mA	120KV/400mA	120KV/300mA	120KV/300mA
Scan Type	Helical Full 0.4 sec	Helical Full 0.4 sec	Helical Full 0.4sec	Helical 0.4 sec

Networking/ PACs: Send scouts

Send series 2 Standard Algorithm Send series 3 Standard Algorithm

Reformat in Soft Tissue for Wet only do sagittal and coronals and send to PACS.

Original Date: 4-8-04 Approved by: Dr. Y. Kim MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 01/28/13 12/15/15 02/14/18 Page 1 of 2

GE MDCT