

CT Abdomen Routine

GE- 6001

Maximum CTDI 25

Indication: Pancreatitis, Mets, Non Hyper Vascular Tumor (lung, gastric, colon, rectal, ovary, breast, prostate and unknown) General Pain, Fever of unknown origin (FUO), Palpable mass, weight loss, abscess, Trauma, any Cancer and Hernia

Note: Appendicitis and diverticulitis ALWAYS include the Pelvis – if not included in order contact ordering MD to obtain order for pelvis.

PT Prep: Oral contrast – Yes (EXCEPT for Pancreatitis give 750cc water)

ED physician may request no oral contrast

IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Place marker if indication is “palpable mass”

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I400

Series 2: Scan from above diaphragm to iliac crests.

Inject IV contrast per MCR IV contrast dosing guidelines @ 3cc/sec.

Technique: **Delay: 70 seconds**

	750 HD (128) CT2	Optima 660 (32) OVIC	Optima 660 CT1	VCT 64 CT3
Noise Level	18.23	14.64	11.60	11.60
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	5mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
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 0.8 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
 Send series 2 Standard Soft Tissue Algorithm
 Recon and send lung images in Lung Algorithm 2.5mm
 Recon and send bone images with Bone Algorithm
 Recon and send MPR images in Standard Algorithm
 Record DLP in PACS comments

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Approved by: Dr. Songmen, MCR

Revised Date: 11/9/04, 1/11/10, 9/16/10, 12/8/10, 04/17/13, 12/15/2015, 2/27/18, 07/27/21, 1/30/24

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