

CT Chest/Abdomen/Pelvis Routine

GE- 6015

Maximum CTDI 60

Indication: Known Hypovascular (lung, gastric, colon, rectal, ovary, lymphoma, breast, prostate) malignancy or suspected malignancy, pain, fever, weight loss.

PT Prep: Oral contrast – Yes unless otherwise stated in order
ED physician may request no oral contrast
 IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S20 to I650

Series 2: Scan from lung apices to L2 and dome of diaphragm to iliac crest, if pelvis is ordered scan to bottom of lesser trochanters
 Inject IV contrast per MCR contrast dosing guidelines @ 3cc/sec.

Technique: **Delay: 70 second delay**

	750 HD (128) SNGH CT2	Optima 660 (32) SNGH VIC	Optima 660 SNGH CT1	VCT 64 SNGH CT3
Noise Level	16.10	14.00	14.00	14.00
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	5mm
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	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 0.8 sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
 Send series 2 Standard Soft Tissue Algorithm 5mm
 Recon and send axial lung images in Lung Algorithm 2.5mm
 Recon and send axial lung MIPS
 Recon and send axial images in Bone Algorithm
 Recon and send MPR images in Standard Algorithm separately for chest, and A/P

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR _____

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