

**CT Chest**  
**Maximum CTDI 30**

**GE- 5001**

Indication: Known or suspected malignancy, chest pain, mass, Empyema, trauma, abnormal chest x-ray

PT Prep: No oral contrast  
 IV contrast – Yes (follow IV contrast administration guidelines)  
 22g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S20 to I350

Series 2: Scan from lung apices to L2.  
 Inject 80cc of IV contrast @ 3cc/sec. (Contrast dose may be adjusted based on CrCl)  
 Helical scan superior to inferior, apex of lungs to L2.

**Technique:**

	<b>128 slice</b>	<b>32 slice w/ASIR</b>	<b>64 slice</b>	<b>64 slice w/ASIR 50%</b>
Noise Level	16.10	14.00	14.00	14.00
Interval	<b>2.5mm</b>	<b>2.5mm</b>	<b>2.5mm</b>	<b>2.5mm</b>
Axial/Helical Thickness	<b>2.5mm</b>	<b>2.5mm</b>	<b>2.5mm</b>	<b>2.5mm</b>
Pitch	1.375:1	1.375:1	1.375:1	1.375:1
Speed mm/rotation	55.00	55	55	55
Detector Rows	64	32	64	64
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 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7

Networking/ PACs: Send scouts  
 Send series 2 Standard Soft Tissue Algorithm 5mm  
 Recon and send axial lung images in Lung algorithm 5mm/2.5 mm  
 Recon and send axial images in Bone algorithm 5mm  
 Recon and send MPR images in Lung algorithm  
 Recon and send axial MIPS lung window  
 Record DLP in PACS comments

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Approved by: Dr. Songmen, MCR

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