

CT Parathyroid
Maximum CTDI 30

GE- 2007

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