

# CT Thoracic spine

GE- 4002

Maximum CTDI 45

Note: Indications such as abscess, s/p surgery or infection may require the use of IV contrast. Consult the Radiologist when these indications are given. Follow MCR contrast dosing guidelines. Large patients that require an increase of technique may be best be scanned axial. Change the scan type below to axial and adjust technique as needed.

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

Series 1: Scouts AP & LAT —Supine (head first) "0" at Sternal Notch S 20 to 1 350

Series 2: Helical scan of the T-spine from just above T1 to the body of L1.

Acquisition #1 Display scout and prescribe slices from just above T1 through the body of L1 with a 2.5mm spacing and 2.5mm thickness in a Standard algorithm

Reconstruction: Standard & Bone

DFOV 20-25cm

Technique:

	750 HD(128) CT2	Optima 660 (32) OVIC	Optima 660 CT1	VCT 64 CT3
Noise Level	15.86	15.86	14.00	14.00
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	0.984:1	0.984: 1	0.938:1	0938:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
KV/mA	120KV/440mA	120KV 400mA	120KV 250mA	120KV/250mA
Scan	Helical 1.0 sec	Helical 1.0 sec	Helical 1.0 sec	Helical 1.0

Original Date: 4-8-04

Approved by: Dr. J. Campbell, MCR

Revised Date: 11/9/04, 1/11/10, 9/16/10, 12/8/10, 01/28/13, 12/15/15, 08/18/20, 3/11/24

Approved by Dr. Barbu, MCR

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Networking/PACS: Send Series 2 in Standard Algorithm

Sens Series 2 in Bone Algorithm, 1.5mm

Send Coronal and Sagittal reformats in bone

Send Coronal and Sagittal reformats in soft tissue for Post Myelogram imaging

Revised Date: 11/9/04, 1/11/10, 9/16/10, 12/8/10, 01/28/13, 12/15/15, 08/18/20, 3/11/24

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