

CT Adrenal Glands

GE- 6004

Maximum CTDI 75

Indication: To identify Adrenal Mass, Characterize adrenal mass

PT Prep: NO Oral

Unenhanced scan 1st- Always please call a radiologist to review unenhanced images to determine if contrast is needed. Plz document name of the radiologist whom it was discussed with.

ONLY IF THE INDICATION IS “ADRENAL VENOUS SAMPLING” OR “ADRENAL SURGERY PLANNING”- NO NEED to call the radiologist as IV contrast is always to be administered.

IV contrast – Yes, if the radiologist determines IV contrast is needed. **PLEASE DOCUMENT NAME OF THE RADIOLOGIST WHO AUTHORIZED IV CONTRAST NEED.**

Follow MCR contrast dosing guidelines.

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

Series 2: Unenhanced – Scan from Diaphragm through Mid Kidneys

Technique:

	Optima 660 CT1	750 HD (128) CT2	VCT 64 CT3	Optima 660 OVIC
Noise Level	11.60	18.23	11.60	14.64
Interval	5 mm	5 mm	5 mm	5 mm
Axial/Helical Thickness	5 mm	5 mm	5 mm	5 mm
Pitch	0.984:1	0.984:1	0.984:1	1.375:1
Speed mm/rotation	39.37	39.37	39.37	55
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	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 sec

Original Date: 4-8-04

Approved by: Dr. R. Thomas, MCR

Revised Date: 11/9/04, 1/11/10, 9/16/10, 12/8/10, 04/17/13, 12/15/2015, 02/14/18, 10/07/19, 07/27/21

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Series 3 (if needed per radiologist): **Enhanced Arterial Phase** –IV contrast per MCR contrast dosing guidelines @ 3cc/sec. **Delay: 60 seconds** – scan through adrenal gland

	Optima 660 CT1	750 HD CT2	VCT 64 CT3	Optima 660 OVIC
Noise Level	11.60	18.23	11.60	14.64
Interval	5 mm	5 mm	5 mm	5 mm
Axial/Helical Thickness	5 mm	5 mm	5 mm	5 mm
Pitch	0.984:1	0.984:1	0.984:1	1.375:1
Speed mm/rotation	39.37	39.37	39.37	55
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	40 mm
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 sec

Series 4: **Delay: 15 minutes** – scan through adrenal gland

	Optima 660 CT1	750 HD 128 CT2	VCT 64 CT3	Optima 660 OVIC
Noise Level	11.60	18.23	11.60	14.64
Interval	5 mm	5 mm	5 mm	5 mm
Axial/Helical Thickness	5 mm	5 mm	5 mm	5 mm
Pitch	0.984:1	0.984:1	0.984:1	1.375:1
Speed mm/rotation	39.37	39.37	39.37	55
Detector Rows				
Detector Configuration				
Beam Collimation	40 mm	40 mm	40 mm	40 mm
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 sec

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Networking/ PACs: Send scouts
Recon series 2,3,4 Standard Soft Tissue Algorithm 2.5mm
Recon and send series 2 and 3 lung images in Lung Algorithm 5mm
Recon and send series 3 bone images with Bone Algorithm 5mm
Recon series 2,3,4 and send MPR images in standard algorithm

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