## RIH – IV CONTRAST ABDOMEN/PELVIS GE LIGHTSPEED VCT PROTOCOL

Indications – trauma, mass, mets, lymphoma, abscess, general screening.

Position/Landmark	Head first or feet first-Supine				
1 ostion/ Lunumur K					
Topogram Direction	Xyphoid Craniocaudal				
Topogram Direction	Craniocaudai				
Respiratory Phase	Inspiration				
Coon Tyme	Halical				
Scan Type	Helical				
KV / mA / Rotation time (sec)	Maximum lateral diameter at liver< 40 cm				
Pitch / Speed (mm/rotation)	<b>100kv</b> / smart mA (120-450) / 0.5 sec				
Noise Index / ASiR / Dose Reduction	.984:1, 39.37mm				
	<b>13.0</b> / 70 / 30%				
KV / mA / Rotation time (sec)	Maximum lateral diameter at liver > 40 cm				
Pitch / Speed (mm/rotation)	<b>120kv</b> / smart mA (120-450) / 0.5 sec				
Noise Index / ASiR / Dose Reduction	.984:1, 39.37mm				
	11.5 / 70 / 30%				
KV / mA / Rotation time (sec)	Maximum lateral diameter at liver > 48 cm				
Pitch / Speed (mm/rotation)	140kv / smart mA (120-460) / 0.5 sec				
Noise Index / ASiR / Dose Reduction	.984:1, 39.37mm				
	11.5 / 70 / 30%				
Detector width x Rows = Beam					
Collimation	$0.625 \text{mm} \times 64 = 40 \text{mm}$				
Average Tube Output	ctdi – 11.3mGy				
_	dlp – 616 mGy.cm				
Helical Set	body	thickness		recon	
Slice Thickness/ Spacing	recon part	spacing	algorithm	destination.	
Algorithm	1 iv abdomen/pe			pacs	
Recon Destination	2 thin abd/pelvi			for dmpr	
Scan Start / End Locations	1 cm superior to diaphragm				
	lesser trochanters				
	38cm				
DFOV	decrease appropriately				
IV Contrast Volume / Type / Rate		ne prior to scouts			
1 Contrast volume / Type / Tatte	30mL Iohexol (Omnipaque 350) followed by 40mL of saline prior to scouts then 5 minute delay				
	then 100mL Iohexol (Omnipaque 350), 3mL/sec 55 second scan delay.				
	When oral contract is	When oral contrast is prescribed, refer to the appropriate oral contrast			
Coor Dolor	agent's preparation and procedure guide.				
Scan Delay	55 seconds				
2D/3D Technique Used	DMPR of 5mm x 5mm <b>coronal abdomen/pelvis</b> series (auto-batch on), average mode, auto-transferred to PACS.				
Comments: The Bariatric protocol is				es before the ct	
exam. The ct scan should not be per	<u>-</u>	• •			
take an additional 2 oz of readicat ju			•	•	
Images required in PACS  Scouts, 5mm x 5mm axial abdomen/pelvis, 5mm x 5mm coronal abdomen/pelvis, Dose Report					