

RIH – LUNG NODULE FOLLOW-UP GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications – Follow up imaging of a known pulmonary nodule.

Position/Landmark	Head first or feet first-Supine Sternal Notch				
Topogram Direction	Craniocaudal				
Respiratory Phase	Inspiration				
Scan Type	Helical				
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	120kv / smart mA (100-300) / 0.5 sec 1.375:1 , 27.50mm 18.0 / 30 / 30%				
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm				
Average Tube Output	ctdi – 6 mGy dlp – 233 mGy.cm				
Helical Set					
Slice Thickness/ Spacing	recon	body part	thickness/ spacing	algorithm	recon destination
Algorithm	1	chest	2.5mm x 2.5mm	standard	pacs
Recon Destination	2	thin chest	1.2mm x .6mm	standard	for dmpr
	3	lung	2.5mm x 2.5mm	lung	pacs
Scan Start / End Locations	lung apices caustophrenic angles				
DFOV	38cm decrease appropriately				
IV Contrast Volume / Type / Rate					
Scan Delay					
2D/3D Technique Used	DMPR of 5mm x 5mm coronal chest series (auto-batch on), average mode, auto-transferred to PACS. 1.2mm x 1.2mm axial and coronal lung nodule retrospective reconstructions in lung and standard algorithms. –If requested by the Radiologist				
Comments:	Recon 2 is a single thin helical group of the chest for direct mpr After the scan is performed, a Radiologist may request additional 1.2mm x 1.2mm axial and coronal retrospective reconstructions in lung and standard algorithms thru relevant nodule(s). Please label the recons appropriately.				
Images required in PACS	Scouts, 5mm x 5mm axial chest, 5mm x 5mm axial lungs, 5mm x 5mm coronal chest, additional 1.2mm imaging if requested by the Radiologist, Dose Report				