RIH – LUNG NODULE FOLLOW-UP
GE LIGHTSPEED VCT 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**	100kv / smart mA (50-300) / 0.5 sec .984:1 , 39.37mm 18.0 / 70 / 30%
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm
Average Tube Output	ctdi – 6 mGy dlp – 233 mGy.cm

Helical Set
Slice Thickness/ Spacing
Algorithm
Recon Destination

recon	body part	thickness/ spacing	algorithm	recon destination
1	**chest**	5mm x 5mm	standard	pacs
2	thin chest	1.25mm x .6mm	standard	for dmpr
3	**lungs**	5mm x 5mm	lung	pacs

Scan Start / End Locations **DFOV**	lung apices caustophrenic angles 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: This scan is for follow up of a lung nodule and uses 1.2mm acquisition thickness. Breast shields should be used.
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

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