

ROUTINE ABDOMEN/PELVIS 64 GE

Indications	For abdomen pain, lymphoma, vomiting, bloating, liver mets		
Diagnostic Task	Detect masses, diverticulitis, free fluid, appendicitis, abscess, obstruction		
Scan mode	Helical		
Position/Landmark	Head first-Supine Xiphoid S50-I500		
Topogram	AP 120kV 20mA Lat 120kV 40mA		
kVp/Reference mass	120kv Auto mA (300-700)		
Rotation time/pitch	0.5/0.984:1		
Detector Configuration	64x0.625		
Table Speed/Increment	39.37		
Dose reduction	Noise Index 15.86		
Allowed CTDI ranges*	7mGy-50mGy		
XR29 Dose Notification value	50mGy		
Helical Set	body	thickness	recon
70 second delay	recon	part	spacing
			algorithm
			recon destination
	1	abdomen/pelvis	2.5mmx 2.5mm
	2	sag abdomen	2mmx2mm
	3	coronal abdomen	2mmx2mm
Scan start/end location	1cm superior to the crest		
	lesser trochanters		
IV contrast volume/rate	75ml < 200lbs, 100ml 200-250lbs, 125ml>250lbs isovue 370 2.5-3cc/sec		
	Performed as directed by the supervising radiologist		
Scan delay	70seconds		
	Approximate Values for CTDIvol		
	Patient size	weight(kg)	weight(lbs)
			CTDIvol(mGy)
	SMALL	50-70	110-155
	AVERAGE	70-90	155-200
	LARGE	90-120	200-265
			22-35
NOTE*	*The AAPM recommended NEMA XR29 Dose Notification Value for an adult torso is 50mGy. Dose Notification levels less than the AAPM recommended can be set. The maximum CTDI vol should match the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless approved by a radiologist.		

