ROUTINE ABDOMEN
64 Toshiba

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 or feet first-Supine
Topogram	AP mA50 kV120 /Lat mA 70 kV120
kVp/Reference mass	120kV average pt 135kV XL pt- Sure Exp 3D(120-550)
Rotation time/pitch	0.5\0.828
Detector Configuration	64x0.5
Table Speed/Increment	26.5
Dose reduction	Sure Exp 3D
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy

Helical Set #1 **70 sec delay**	recon	body part	thickness spacing	algorithm	recon destination
	1	abdomen/pelvis	2mmx 2mm	standard	pacs
	2	sag abdomen	2mmx2mm	standard	pacs
	3	coronal abdomen	2mmx2mm	standard	pacs

Scan start/end location	1cm superior to diaphragm
	through iliac crest
IV contrast volume/rate	75ml < 200lbs, 100ml 200-250lbs, 125ml>250lbs isovue 370 2.5-3cc/sec
Scan delay	Performed as directed by the supervising radiologist
	70seconds
	WITH ORAL AND IV CONTRAST, MARK AREA OF PAIN WITH BB

Approximate Values for CTDIvol			
Patient size	weight(kg)	weight(lbs)	CTDIvol(mGy)
SMALL	50-70	110-155	10-17
AVERAGE	70-90	155-200	15-25
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.