

ROUTINE CHEST/ABDOMEN without 64 Toshiba

| | | | | | |
|------------------------------|---|-----------------|-------------------|-----------|-------------------|
| Indications | For abdomen pain, lymphoma, restage ca, weight loss, fatigue, | | | | |
| Diagnostic Task | Detect masses, free fluid, abscess, mets | | | | |
| 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\1.484 | | | | |
| Detector Configuration | 64x0.5 | | | | |
| Table Speed/Increment | 47.48 | | | | |
| Dose reduction | Sure Exp 3D | | | | |
| Allowed CTDI ranges* | 7mGy-50mGy | | | | |
| XR29 Dose Notification value | 50mGy | | | | |
| Helical Set #1 | recon | body part | thickness spacing | algorithm | recon destination |
| | 1 | chest/abdomen | 2mmx 2mm | standard | pacS |
| | 2 | lung | 1mmx1mm | lung | pacS |
| | 3 | sag abdomen | 2mmx2mm | standard | pacS |
| | 4 | coronal abdomen | 2mmx2mm | standard | pacS |
| | 5 | sag chest | 2mmx2mm | standard | pacS |
| | 6 | coronal chest | 2mmx2mm | standard | pacS |
| | 7 | axial MIP lung | 10mmx2mm | standard | pacS |
| Scan start/end location | 1cm superior to shoulder | | | | |
| | superior iliac crest | | | | |
| IV contrast volume/rate | 40cm | | | | |
| | decrease appropriately | | | | |
| Scan delay | na | | | | |

WITH ORAL, 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.

