

CT Chest Esophogram 64 GE

Indications	Concern for esophageal perforation				
Diagnostic Task	Detect perforation of esophagus				
Scan mode	Helical				
Position/Landmark	Head first-Supine Sternal Notch S50-I250				
Topogram	AP 120kV 20mA Lat 120kV 40mA				
kVp/Reference mass	120kv Auto mA (200-440)				
Rotation time/pitch	0.5/1.375:1				
Detector Configuration	64x0.625				
Table Speed/Increment	55				
Dose reduction	Noise Index 15.86				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50mGy				
Helical Set	body	thickness		recon	
	recon	part	spacing	algorithm	
	1	chest	1.25mmx 1.25mm	standard	pacs
	2	lung	1.25mmx 1.25mm	lung	pacs
	3	sag chest	2mmx2mm	standard	pacs
	4	coronal chest	2mmx2mm	standard	pacs
	5	axial mip lung	10mmx2mm	standard	pacs
6	Super D	1mmx0.8mm	standard	pacs	
Scan Start/end location	C4/5				
	L2/3				
DFOV	35cm/decrease for lung recons				
Oral contrast	Immediately before scout, pt drinks all contrast but one swallow				
	immediately after scout with pt lying down 1 swallow of contrast by straw				
Scan delay	na				
	Approximate Values for CTDIvol				
	Patient size	weight(kg)	weight(lbs)	CTDIvol(mGy)	
	SMALL	50-70	110-155	4-10	
	AVERAGE	70-90	155-200	8-16	
	LARGE	90-120	200-265	14-22	
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.				

