## **ROUTINE NECK/CHEST** 64 GE

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Indications	For abdomen pain, lym	For abdomen pain, lymphoma, restage ca, weight loss, fatigue,			
Diagnostic Task	Detect masses, free fluid, abscess, mets				
Scan mode	Helical				
Position/Landmark	Head first-Supine Xiphoid S200-I620				
Topogram	AP 120kV 20mA Lat 120kV 40mA				
kVp/Reference mass	120kv Auto mA neck(200-500) Chest (300-700)				
Rotation time/pitch	NECK 0.5/0.516:1 Chest 0.5/0.984:1				
Detector Configuration	NECK 64x0.625 Chest 64x0.625				
Table Speed/Increment	NECK 20.62 Chest 39.37				
Dose reduction	NECK 12.60 Chest Noise Index 15.86				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50mGy				
Helical Set 1	body	thickness		recon	
Chest	recon part	spacing	algorithm	destination	
60sec	1 chest	2.5mmx 2.5	mm standard	pacs	
arms up	2 lung 1.25mmx1.25mm lung			pacs	
	3 sag chest	2mmx2mm	standard	pacs	
	4 coronal chest	2mmx2mm	standard	pacs	
	5 axial MIP lung	10mmx2m	m standard	pacs	
Helical Set 2	body	thickness		recon	
Neck	recon part	spacing	algorithm	destination	
30 sec	1 neck	2mmx 2mm	standard	pacs	
arms down	2 coronal neck	2mmx2mm	standard	pacs	
	3 sag neck	2mmx2mm	standard	pacs	
Scan start	Chest-1cm superior to shoulder/ neck-top of orbital roof				
End location	L1 / neck base				
FOV	4	0cm	20cm		
	decrease appropriately				
IV contrast-split bolus	Chest <200lbs 75ml, 200-250lbs 100ml, >250lbs 125ml isovue 370				
	neck 50ml isovue 370				
	Performed as directed by a supervising radiologist				
Delay	chest 60-neck 30sec,				
	IV CONTRAST, MARK AREA OF PAIN WITH BB				
Г	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.				

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