

ROUTINE NECK CHEST/ABDOMEN/PELVIS 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	NECK 0.5/1.484 C/A/P 0.5\1.484		
Detector Configuration	NECK 64X0.5 C/A/P 64x0.5		
Table Speed/Increment	NECK 47.5 C/A/P 47.5		
Dose reduction	Sure Exp 3D		
Allowed CTDI ranges*	7mGy-50mGy		
XR29 Dose Notification value	50mGy		
Helical Set #1	recon	body part	thickness spacing
Chest/abd/pelvis			recon destination
60sec arms up	1	chest/abdomen/pelvis	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	10x2 lung sharp 2 pacs
Helical Set #2	recon	body part	thickness spacing
Neck-arms down			recon destination
30second delay	1	neck	2mmx 2mm standard pacs
	2	coronal neck	2mmx2mm standard pacs
	3	sag neck	2mmx2mm standard pacs
Scan start	C/A/P-1cm superior to shoulder/		neck-top of orbital roof
End location	lesser trochanter /		neck base
FOV	40cm		20cm
	decrease appropriately		
IV contrast-split bolus	CAP <200lbs 75ml, 200-250lbs 100ml, >250lbs 125ml isovue 370		
	neck 50ml isovue 370		
	Performed as directed by a supervising radiologist		
Delay	chest/abd/pel 60-neck 30sec		
	WITH ORAL AND IV CONTRAST, MARK AREA OF PAIN WITH BB		
	Approximate values for CTDIvol		
	Patient size	weight(kg)	weight(lbs)
	SMALL	50-70	110-155
	AVERAGE	70-90	155-200
	LARGE	90-120	200-265
			CTDIvol(mGy)
			10-17
			15-25
			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.		

