

ROUTINE NECK/CHEST

Siemens GO UP

Indications	For abdomen pain, lymphoma, restage ca, weight loss, fatigue,					
Diagnostic Task	Detect masses, free fluid, abscess, mets					
Scan mode	Helical					
Position/Landmark	2cm superior to xiphoid/Inspiration					
Topogram	AP 30mA 130kV					
kVp/Reference mass	NECK 130kV 112mA		Chest 130kV 54mA			
Rotation time/pitch	NECK 1.0/0.8		Chest 0.33/1.5			
Detector Configuration	NECK 32x0.7		Chest 32x0.7			
Table Speed/Increment	NECK 17.92		Chest 33.6			
Dose reduction	CareDose 4D					
Allowed CTDI ranges*	7mGy-50mGy					
XR29 Dose Notification val	50mGy					
Helical Set#1	recon		body part	thickness spacing	kernel	recon window destination
Chest						
60sec	1	Chest		2mmx2mm	Br40	Mediastinum pacs
arms up	2	Cor Chest		2mmx2mm	Br40	Mediastinum pacs
	3	Sag Chest		2mmx2mm	Br40	Mediastinum pacs
	4	lung		1mmx1mm	Br60	lung pacs
	5	MIP Lung		10mmx2mm	Br36	lung pacs
	6	Super D		1mmx0.8mm	Br44	Mediastinum pacs
Helical Set#2	recon		body part	thickness spacing	kernel	recon window destination
NECK						
30SEC	1	neck		2mmx 2mm	Br40	Mediastinum pacs
arms down	2	neck Cor		2mmx 2mm	Br40	Mediastinum pacs
	3	neck sag		2mmx 2mm	Br40	Mediastinum pacs
Scan start	Chest-1cm superior to shoulder/			neck-top of orbital roof		
End location	L1			/ neck base		
FOV	40cm			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					
	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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