Neck 4D Parathyroid 64 Toshiba

Indications	Patients with biochemically confirmed hyperparathyroidism who had parathyroidectomy								
Diagnostic Task	parathyroid localization								
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 Chest 0.5\1.484								
Detector Configuration	NECK 64X0.5 Chest 64x0.5								
Table Speed/Increment	NECK 47.5 Chest 47.5								
Dose reduction	Sure Exp 3D								
Allowed CTDI ranges*		7mGy-50mGy							
XR29 Dose Notification value		50mGy							
Helical Set #1			body	thickness				recon	
neck non contrast	rec	on	part	spacing		algorithm	C	destination	
	1	neck		2mmx 2mm		standard		pacs	
Helical Set #2			body	thickness				recon	
Neck-with	rec	on	part	spacing		algorithm	C	destination	
50second delay	1	neck		2mmx 2mm		standard		pacs	
	2	coronal	neck	2mmx2mm		standard		pacs	
	3	sag nec	k	2mmx2mm		standard		pacs	
Helical Set #3			body	thickness				recon	
Chest	rec	on	part	spacing	а	algorithm		destination	
arms up	1	chest		2mmx 2m	nm	standard		pacs	
	2	lung		1mmx1m	m	lung		pacs	
	5	5 sag chest		2mmx2mn	n	standard		pacs	
	6	corona	l chest	2mmx2mr	n	standard		pacs	
Scan Start/end location	neck			I	1	chest			
	up	pper pale	ette	1		1cm superior to apic	es		
		u carina		1		Mid Heart			
DFOV		18	Bcm	/		18cm			
		decrease appropriately							
IV contrast volume/type	12	125ml Isovue 370@ 1.5ml/sec contrast should flow thru the entire scan							
Scan delay		50 seconds							
	Datia								
	SMA	LL		weigni(kg) 50-70		weight(ibs) 110-155		10-17	
	AVE	RAGE		70-90		155-200		15-25	
	LAR	GE		90-120		200-265		22-35	
NOTE*	*The	AAPM recom	mended NEI	MA XR29 Dose Notification Va	alue fo	or an adult torso is 50mGy. Dose No	tification levels	less than the	
	AAPN	A recommended	d can be set.	The maximum CTDI vol should m	atch th	e dose notification value. Exams with C	FDI vol values le	ss than the minimum	

allowed range should not be performed unless approved by a radiologist.

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