TRA MEDICAL IMAGING

253-761-4200
PO Box 1535
Tacoma WA 98401
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Routine CT Pelvis With
Venous

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In accordance with the ALARA principle, TRA policies and protocols promote the utilization of radiation dose reduction techniques for all CT examinations. For scanner/protocol combinations that allow for the use of automated exposure control and/or iterative reconstruction algorithms while maintaining diagnostic image quality, those techniques can be employed when appropriate. For examinations that require manual or fixed mA/kV settings as a result of individual patient or scanner/protocol specific factors, technologists are empowered and encouraged to adjust mA, kV or other scan parameters based on patient size (including such variables as height, weight, body mass index and/or lateral width) with the goals of reducing radiation dose and maintaining diagnostic image quality.

If any patient at a TRA or DINW outpatient facility requires CT re-imaging, obtain radiologist advice prior to proceeding with the exam.

The following document is for use at all of the sites at which TRA or DINW is responsible for the administration, quality, and interpretation of CT examinations.

Include for ALL exams

- **Scout**: Send all scouts for all cases
- **Reformats**: Made from *thinnest* **source** acquisition
  - Scroll Display
    - Axial recons - Cranial to caudal
    - Coronal recons - Anterior to posterior
    - Sagittal recons - Right to left
- **kVp**
  - 100 @ <=140lbs
  - 120 @ >140lbs
- **mAs**
  - Prefer: Quality reference mAs for specific exam, scanner and patient size
  - Auto mAs, as necessary

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Routine CT Pelvis W
Venous

Indication: Limited indications – evaluate pelvic lymph nodes, pelvic abscess, perianal fistula (MRI preferred)

Patient Position: Supine, feet down with arms above head

Scan Range (CC z-axis): Superior iliac crests through *5 cm* below the lesser trochanters. For males, the entire scrotum should be included within the field of view.

Prep: No solids (liquids OK) for 3 hours prior to examination
- Note: Okay to continue examination if prep is not done.

Oral Contrast: None.

IV Contrast Dose, Flush, Rate, and Delay:
- Dose: (modify volume if using something other than Isovue 370)
  - < 200 lbs 75 mL Isovue 370
  - 200-250 lbs 100 mL Isovue 370
  - >250 lbs 125 mL Isovue 370
- Flush: 40 mL saline
- Rate: 2.5-3 mL/sec
- Delay: Venous – 80s

Acquisitions: 1 (post-contrast)
- **Venous Phase - 80 second delay**

Series + Reformats:
- **Non-contrast pelvis**
  - Axial 2-2.5 mm ST kernel
  - Axial 1.2-1.5 mm bone kernel
  - Coronal 2 mm ST kernel
  - Coronal 2 mm bone kernel
  - Sagittal 2 mm ST kernel
  - Sagittal 2 mm bone kernel

Machine specific recons (axial ranges given above for machine variability):

***Soft tissue (ST) Kernel, machine-specific thickness (axial):**
- GE = 2.5 mm
- Siemens = 2 mm
- Toshiba = 2 mm

***Bone Kernel, machine-specific thickness (axial):**
- GE = 1.25 mm
- Siemens = 1.2 mm (or 1.5 mm on older generation
- Toshiba = 1.5 mm