ROUTINE ABDOMEN/PELVIS
16 GE

Indications	For abdomen pain, lymphoma, vomiting, bloating, liver mets
Diagnostic Task	Detect masses, diverticulitis, free fluid, appendicitis, abscess, obstruction
Scan mode	Helical
Position/Landmark	Head first-Supine S25-I500
Topogram	AP 120kV 10mA Lat 120kV 20mA
kVp/Reference mass	120kv Smart mA (75-440)
Rotation time/pitch	0.8/1.375:1
Detector Configuration	16x1.25
Table Speed/Increment	27.5
Dose reduction	Noise Index 15.86
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy

Helical Set	body		thickness		recon
70 sec delay	recon	part	spacing	algorithm	destination
	1 abdomen/pelvis		2.5mmx 2.5mm	standard	pacs
	2 sag abdomen		2mmx2mm	standard	pacs
	3 coronal abdomen		2mmx2mm	standard	pacs

Scan start/end location	1cm superior to diaphragm
	lesser trochanters
IV contrast volume/rate	75ml < 200lbs, 100ml 200-250lbs, 125ml>250lbs isovue 370 2.5-3cc/sec
Scan delay	Performed as directed by the supervising radiologist
	70seconds

	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.