

ROUTINE ABDOMEN 64 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 Xiphoid S50-I500			
Topogram	AP 120kV 20mA Lat 120kV 40mA			
kVp/Reference mass	120kv Auto mA (300-700)			
Rotation time/pitch	0.5/0.984:1			
Detector Configuration	64x0.625			
Table Speed/Increment	39.37			
Dose reduction	Noise Index 15.86			
Allowed CTDI ranges*	7mGy-50mGy			
XR29 Dose Notification value	50mGy			
Helical Set	body	thickness		recon
70 second 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 the diaphragm through iliac crest			
IV contrast volume/rate	75ml < 200lbs, 100ml 200-250lbs, 125ml>250lbs isovue 370 2.5-3cc/sec			
	Performed as directed by the supervising radiologist			
Scan delay	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.			

