

ROUTINE ABDOMEN 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				
	through iliac crest				
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.

