ROUTINE ABDOMEN 16 Sensation

| Indications | For abdomen pain, lymphoma, vomiting, bloating, liver mets | | | | | |
|------------------------------|---|--|--|--|--|--|
| Diagnostic Task | Detect masses, diverticulitis, free fluid, appendicitis, abscess, obstruction | | | | | |
| Scan mode | Helical | | | | | |
| Position/Landmark | 2cm superior to typhoid/Inspiration | | | | | |
| Topogram | AP 120kV 50mA | | | | | |
| kVp/Reference mass | 120kv 160mas/100kv if pt under 140lbs | | | | | |
| Rotation time/pitch | 0.5/0.75 | | | | | |
| Detector Configuration | 16x0.75 | | | | | |
| Table Speed/Increment | 9 | | | | | |
| Dose reduction | CareDose 4D | | | | | |
| Allowed CTDI ranges* | 7mGy-50mGy | | | | | |
| XR29 Dose Notification value | 50mGy | | | | | |
| Helical Set #1 | body thickness recon | | | | | |
| 70 sec delay | recon part spacing kernel window destination | | | | | |
| | 1 abd/pelvis 2mmx 2mm 31medium smooth mediastinum pacs | | | | | |
| | 2 thin abd/pelvis 1mmx.8mm 31medium smooth mediastinum for mpr | | | | | |
| | 2x2 coronal and sag abd/pelvis reformats from helical set #1, recon 2 | | | | | |
| 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 | 70seconds | | | | | |
| | Performed as directed by the supervising radiologist | | | | | |
| | WITH ORAL AND IV CONTRAST, MARK AREA OF PAIN WITH BB | | | | | |
| | | | | | | |

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

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