

CT Chest Esophogram 64 Toshiba

Indications	Concern for esophageal perforation				
Diagnostic Task	Detect perforation of esophagus				
Scan mode	Helical				
Position/Landmark	Head or feet first-Supine 1cm superior to shoulder				
Topogram	AP mA50 kV120 /Lat mA 70 kV 120				
kVp/Reference mass	135kv Sure Exp 3D(80-550)				
Rotation time/pitch	0.5\0.828				
Detector Configuration	64x0.5				
Table Speed/Increment	26.5				
Dose reduction	Sure Exp 3D high quality				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50mGy				
Helical Set	recon	body part	thickness spacing	algorithm	recon destination
	1	chest	2mmx 2mm	standard	pac
	2	lung	1mmx1mm	lung	pac
	3	sag chest	2mmx2mm	standard	pac
	4	coronal chest	2mmx2mm	standard	pac
	5	axial mip lung	10mmx2mm	standard	pac
	6	Super D	1mmx0.8mm	standard	pac
Scan Start/end location	C4/5				
	L2/3				
DFOV	35cm/decrease for lung recons				
IV contrast volume/type	NA				
Scan delay	NA				
	Immediately before scout, pt drinks all contrast but one swallow				
	immediately after scout with pt lying down 1 swallow of contrast by straw				
	Approximate Values for CTDIvol				
	Patient size	weight(kg)	weight(lbs)	CTDIvol(mGy)	
	SMALL	50-70	110-155	4-10	
	AVERAGE	70-90	155-200	8-16	
	LARGE	90-120	200-265	14-22	
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.

