Ct Chest Esophogram 16 GE

Indications	Concern for esophageal perforation
Diagnostic Task	Detect perforation of esophagus
Scan mode	Helical
Position/Landmark	Head first-Supine Sternal Notch S25-I350
Topogram	AP 120kV 20mA Lat 120kV 30ma
kVp/Reference mass	120kv Auto mA (100-440)
Rotation time/pitch	0.5/1.375:1
Detector Configuration	16x0.625
Table Speed/Increment	13.75
Dose reduction	Noise Index 16.85
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy

Helical Set

recon	body part	thickness spacing	recon algorithm	recon destination
1	chest	2.5mmx 2.5mm	standard	pacs
2	lung	1.25mmx 1.25mm	lung	pacs
3	sag chest	2mmx2mm	standard	pacs
4	coronal chest	2mmx2mm	standard	pacs
5	axial mip lung	10mmx2mm	standard	pacs
6	Super D	1.25mmx0.625mm	standard	pacs

Scan Start/end location	C4/5
	L2/3
DFOV	35cm/decrease for lung recons
IV contrast volume/type	Immediately before scout, pt drinks all contrast but one swallow
	immediately after scout with pt lying down 1 swallow of contrast by straw
Scan delay	na

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.

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Approved by Dr Ellermeier Dr Mollard