CT Chest Esophogram
16 Sensation

Indications	Concern for esophageal perforation
Diagnostic Task	Detect perforation of esophagus
Scan mode	Helical-inspiration
Position/Landmark	Head first-Supine 1cm to shoulders-arms above head
Topogram	AP
kVp/Reference mass	120kV 160mas/Care Dose ON 100kv if pt under 140lbs
Rotation time/pitch	0.5/1
Detector Configuration	16x0.75
Table Speed/Increment	12
Dose reduction	CareDose 4D
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy

Helical Set

recon	body part	thickness spacing	kernel	window	recon destination
1	chest	2mmx 2mm	31medium smooth	mediastinum	pacs
2	lung	1.5mmx 1.5mm	70very sharp	lung	pacs
3	thin chest	1mmx.8mm	31medium smooth	mediastinum	mpr and pacs
4	thin lung	1mmx.8mm	B20f smooth	lung	mpr

Scan Start/end location	C4/5
	L2/3
DFOV	35cm/decrease for lung recons decrease appropriately
3D Technique Used	2x2 coronal and sag chest reformats for recon 3
	10x2 axial mip lung from recon 4
	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.

Revision Date 5-22-2017/04-20-2018
Approved by Dr Ellermeier Dr Mollard

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