

Salem Radiology Consultants

A	BDOM	EN/ PEL	VIS RO	OUTINE	ADU	JLT							
	Evaluation of patient for trauma, abdominal pain, cancer, or abnormal labs.				LABEL: *SCOUT, *CHEST. The * means anything after these hangings will hang correct in pace								
:	100 cc nonionic contrast. 2cc/sec, 22ga or better IV			RECON 1:				5mm thick / 5 mm interval. Std recon 400ww/30wl.					
DRAL CONTRAST: 1 cup of diluted Gastrografin every 15 minutes is drank the hour prior to scanning.				RECON 2:				.625mm thick/.625 mm interval Std recon at 400ww/30wl. With cor and sag 5mm avg DMPRs.					
PATIENT POSITIONING AND SCAN AREA:			Patient supine. Feet first. Landmark at mid sternum. Cuts are taken from a few cuts into the lungs through a few cuts into the iliac crests or pubis if pelvis is also ordered. Same DFOV as previous abdomen CTs.				ADDITIONAL POST PROCESSING:				None		
GENERAL EXAM 5 x 5 mm axial images. GUIDELINES:			nages.		SEND EXAM:				Send scout, 5mm axials, and sag and cor images to pacs				
TRIGGER OR65 Second delay setCONTRAST DELAY:					ARC	CHIVE:							
TECHNIQUE GUIDELINES:			120 kvp. Auto ma on.				BILL AS:				Usually abdomen &/or pelvis with contrast (check dr.'s order		
		SCOL	T PRC	тосоі	SET	TIN SC	ANNE	R					
Start Loc	End Loc		1110	kV	mA		Sco		ne Lig		hts		
S0.00		I650.00		120		10		180		2T			
Diaphragm		Pubis											
	A		AGE	PROTO		SET IN	ISCAN	INER					
End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Show Rocon3	Direct Vis		
	5 39.37 0.984:1	5	S0.0	Med Body	120	300 26.52~ Auto ma on	40.0	5mm Std 400ww 30wl SS50 Send to Pacs	0.625mm 400ww 30wl For Recons		On 5mm Cor and Sag avg mprs		
	AND AIN ELAY: ELAY: ELAY: ELAY: Iun End Loc I400.0 E Below	$\begin{array}{c cccc} abdominabnorm \begin{array}{c} abdominabnorm\\ abnorm\\ \hline \end{array} \begin{array}{c} 100 \ cc \ r\\ 22ga \ or\\ \hline \end{array} \begin{array}{c} AST: & 1 \ cup \ of\\ every 1:\\ hour \ pri\\ \hline \end{array} \begin{array}{c} Patient \ r\\ hour \ pri\\ \hline \end{array} \begin{array}{c} AND & Landma \\ are take \\ lungs th \\ iliac \ cre \\ also \ ord \\ previou\\ \hline \end{array} \begin{array}{c} AM & 5 \ x \ 5 \ m\\ \hline \end{array} \begin{array}{c} 65 \ Seco\\ \hline ELAY: \\\hline \hline \end{array} \begin{array}{c} Cc\\ \hline S0.00\\ \hline \end{array} \begin{array}{c} Start \\ Loc\\ \hline \end{array} \begin{array}{c} Start \\ Loc\\ \hline \end{array} \begin{array}{c} Start \\ Loc\\ \hline \end{array} \begin{array}{c} Diaphragm\\ \hline \end{array} \begin{array}{c} AT\\ \hline \end{array} \begin{array}{c} AT\\ \hline \end{array} \begin{array}{c} Cc\\ \hline \end{array}$	abdominal pain, c abnormal labs. The second	abdominal pain, cancer, o abnormal labs. : 100 cc nonionic contrast. 22ga or better IV AST: 1 cup of diluted Gastrogra every 15 minutes is drank hour prior to scanning. Patient supine. Feet first. AND Patient supine. Feet first. Landmark at mid sternum are taken from a few cuts i iliac crests or pubis if pelv also ordered. Same DFO' previous abdomen CTs. AM 5 x 5 mm axial images. 65 Second delay set ELAY: 120 kvp. Auto ma on. SCOUT PRC Start Loc S0.00 Diaphragm Pubis AXIAL IMAGE AXIAL IMAGE AXIAL IMAGE Idou 5 5 5 80.0 e Below 0.984:1 Start 1400.0 Start 1400.0 Start Pubis	abdominal pain, cancer, or abnormal labs.The image of the	abdominal pain, cancer, or abnormal labs.REC':100 cc nonionic contrast. 2cc/sec, 22ga or better IVRECAST:1 cup of diluted Gastrografin every 15 minutes is drank the hour prior to scanning.RECANDPatient supine. Feet first. Landmark at mid sternum. 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Same DFOV as previous abdomen CTs.ADDITIONAL POST PROCESSING:NoneAM5 x 5 mm axial images.SEND EXAM: BILL AS:Send scou and cor im dor imCOUT PROTOCOL SET IN SCANNERSCOUT PROTOCOL SET IN SCANNERStart LocEnd LocKVmAScout PlaneStart LocEnd LocIterval Mith contr.10180AXIAL IMAGE PROTOCOL SET IN SCANNEREnd LocThick SpeedGarry SFOVSFOV kvma maDFOV Recon1Biaphragm r rPubis5 s 0.0Med Body120300 20.52-Show Show Std 400vw 400vw 400vw	abdominal pain, cancer, or abnormal labs. means anything afte hangings will hang pacs :: 100 cc nonionic contrast. 2cc/sec. 22ga or better IV RECON 1: 5mm thick / 5 mm i recon 400ww/30wl. AST: 1 cup of diluted Gastrografin every 15 minutes is drank the hour prior to scanning. RECON 2: .625mm thick/.625 AND Patient supine. Feet first. Landmark at mid sternum. Cuts are taken from a few cuts into the lungs through a few cuts into the lungs throug		