

GE VCT 64 SLICE PROTOCOLS

Salem Radiology Consultants

Protocol Name: CT ENTEROGRAPHY / ADULT			
INDICATIONS:	Evaluation of patient for small bowel disease (obstruction), crohns disease, mesenteric ischemia	RECON 1:	.625mm thick/.625 mm interval. Std recon at 400ww/30wl. With cor 3 x 1 mm mip DMPR and sag 3 x 2 mm mip DMPR. cor/sag 5 x 2.5 mm add in avg. DMPR
IV CONTRAST:	100 cc Ultra 370. 4cc/sec (do not go below 3 cc/sec), 20ga or better IV	RECON 2:	2.5mm thick / 2.5 mm interval. Std recon 400ww/30wl.
ORAL CONTRAST:	1 container of VoLumen barium every 15 minutes (total of 3). Start IV after 35-45 minutes of drinking. Then one cup of water just prior to scanning. Must scan 45 minutes to one hour after drinking starts for best small bowel filling.	RECON 3:	5 mm thick / 5 mm interval stand recon 400ww/30wl
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.	TECHNIQUE GUIDELINES:	120 kvp. Auto ma/smart ma on.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm & 5 x 5 mm axial images. 400 DFOV.		
TRIGGER OR CONTRAST DELAY:	70 Second delay set	BILL AS:	abdomen &/or pelvis with contrast. Must use IV contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I500.00	120	20	180	2T
	Diaphragm	Pubis				

AXIAL IMAGE PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Show Rocon3	Direct Vis
Helical Full 0.6 sec rotation	S0.0	I400.0	0.625 39.37 0.984:1	0.625	S0.0	Large Body	120	450 22.50~	40.0	0.625mm Std	2.5mm Std	5mm Std	On
	Above Diaphragm	Below Pubis						Auto ma on		400ww 30wl	400ww 30wl	400ww 30wl	Cor and Sag mip mprs
										For recons	Send to Pacs	Send to Pacs	