

## **GE VCT 64 SLICE PROTOCOLS**

## Salem Radiology Consultants

mediastinal abnormality, lung cancer, pleural effusion, empyema, etc.  CONTRAST: 100 cc nonionic contrast. 2cc/sec, 22ga or better IV  RAL CONTRAST: None  RECON 1: 5mm thick / 5 mm interval. S recon 400ww/30wl.  RECON 2: .625mm think/.625mm interval. St recon 400ww/30wl. With cor and sag 5mm avg DMPRs.  ATIENT Patient supine. Feet first. Landmark above chest. Cuts are taken from apices through the adrenal glands. Same DFOV as previous chest CTs.  ENERAL EXAM 5 x 5 mm axial images.  SEND EXAM: Send scout, 5mm axials, and sand cor images to pacs.  ARCHIVE: ONTRAST DELAY:	rotocol N	Name:	C	HEST I	ROUTIN	E ADU	LT								
CONTRAST:   100 cc nonionic contrast. 2ec/sec, 22ga or better IV   RECON 1:   Smm thick / 5 mm interval. S recon 400ww/30wl. W recon 400ww/30wl. W recon 400ww/30wl. W recon at 400ww recon at 400wrecon at 400ww recon a	NDICATIONS:			mediastinal abnormality, lung cancer, pleural effusion,				LABEL:				means anything after these beginnings will hang correct in			
Std recon at 400ww/30wl. Wicor and sag 5mm avg DMPR:  None  Patient supine. Feet first. Landmark above chest. Cuts are taken from apices through the adrenal glands. Same DFOV as previous chest CTs.  ENERAL EXAM UIDELINES:  SEND EXAM: Send scout, 5mm axials, and and cor images to pacs.  SEND EXAM: Send scout, 5mm axia	V CONTRAST:			100 cc nonionic contrast. 2cc/sec,				RECON 1:				5mm thick / 5 mm interval. Sto			
Patient supine. Feet first.   Landmark above chest. Cuts are taken from apices through the adrenal glands. Same DFOV as previous chest CTs.	DRAL CONTRAST:			None				RECON 2:				.625mm think/.625mm interva Std recon at 400ww/30wl. Wit			
SEND EXAM:   Send scout, 5mm axials, and and cor images to pacs.			AND	Landmark above chest. Cuts are taken from apices through the adrenal glands. Same DFOV as									<u> </u>	g DWI K	
SCHNIQUE	UIDELI	NES:	M	5 x 5 mm axial images.								Send scout, 5mm axials, and s and cor images to pacs.			
Scan   Type			LAY:	50 seco	nd delay s	et		ARC	CHIVE:						
Scan   Type				120 kvp. Auto ma on.				BILL AS:				Usually chest CT with contras			
Scout					SCOU	T PRC	TOCO	L SET	'IN SC	ANNEI	R				
Above chest   Mid abdomen   AXIAL IMAGE PROTOCOL SET IN SCANNER							kV		mA	mA				Lights	
Scan   Start   End   Loc   Loc   Speed   Interval   Gantry   Tilt   SFOV   kv   ma   DFOV   Show   Recon1   Rocon2   Rocon3   Vis	Scout		S0.00		I400.00		120		10		180		2T		
Scan TypeStart LocEnd LocThick SpeedInterval (mm)Gantry TiltSFOV 			Above chest		Mid abdomen										
Type         Loc         Loc         Speed         (mm)         Tilt         Recon1         Recon1         Rocon2         Rocon3         Vis           Helical Full 0.6 sec rotation         Above rotation         Below adrenal glands         5         S0.0         Large Body         120         300 11.57~         40.0         Std         Std         Std         Smm Corna         Corna           Auto ma on         Auto ma on         SS50         Send to Pacs         For recons         For recons         mprs		I	T									La	Lai		
Full 0.6 sec rotation Chest Below adrenal glands Sag avg mprs  Below adrenal glands Sag avg mprs  Below adrenal glands Sag avg mprs	Type	Loc		Speed	(mm)	Tilt	SFOV					Rocon2		Vis	
Send to Pacs For recons mprs	Full 0.6 sec	Above	Below adrenal	39.37	5	S0.0	_	120	11.57~ Auto ma	40.0	Std 400ww 30wl	Std 400ww		5mm Cor and Sag	
														mprs	