

BRYAN RADIOLOGY ASSOCIATES

Brazos Valley's leader in advanced diagnostic imaging since 1962

CT Protocols

ABDOMEN ROUTINE

PREP (ABD WITHOUT):

IF PT'S CREAT IS TOO HIGH OR IF PT IS ALLERGIC TO IODINE AND CANNOT BE PREMEDICATED-NO PREP IS NEEDED OTHER THAN ORAL CONTRAST

PREP (ABD/PEL WITH):

- 1.) NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2.) ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE FIFTY YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3.) IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48 HRS. AFTER.
- 4.) IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS BEFORE THE EXAM.
- 5.) PT MUST HAVE (4) EIGHT OUNCE CUPS OF REDI-CAT OR GASTROVIEW PRIOR TO THE EXAM. CHILDREN CAN HAVE A 4 OUNCE CUP TAKEN EVERY 45 MIN.
- 6.) THIS EXAM CAN'T BE DONE FOLLOWING AN UGI OR BE WITHOUT PROPER LAXATIVES.

ORAL CONTRAST:

32oz OF REDI-CAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING REDI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW.

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN AORTA REACHES 180 HU*IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND ENDING BELOW THE AORTIC BIFURCATION-RECON AT 5mm SLICE THICKNESS (SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). ALWAYS DO CORONAL RECONS.

- 1). NON CONTRAST
- 2). VENOUS PHASE IMAGING TAKEN 80 SEC. AFTER CONTRAST INJECTION

IF DOING ABD AND PEL-CONTINUE VENOUS PHASE IMAGING THROUGH THE RECTUM.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

ABDOMEN CTA

PREP :

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IVCONTRAST:

90ml CONTRAST BOLUS WITH POWER INJECTOR. TRY TO USE AN18 OR 20g IV CATH AND INJECT AT 4-5ml/s. USE SURESTART AND CENTER ROI IN AORTA. SET SCANNER TO START WHEN AORTA REACHES 180HU. *IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND ENDING BELOW THE AORTIC BIFURCATION-RECON AT 3mm SLICE THICKNESS (SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). DO SAGITTAL AND CORONAL RECONS AT 3mm SLICE THICKNESS AND SEND VOLUME IMAGES TO VITREA.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

ANGIO THORAX

PREP:

1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IVCONTRAST:

90ml CONTRAST BOLUS WITH POWER INJECTOR. TRY TO USE AN18 OR 20g IV CATH AND INJECT AT 4-5ml/s. USE SURESTART AND CENTER ROI JUST BELOW THE CARINA IN THE PULMONARY TRUNK.. SET SCANNER TO START WHEN ROI REACHES 180HU. *IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM THE AORTIC ARCH THROUGH THE BASE OF THE HEART-RECON AT 3mm SLICE THICKNESS (SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). DO SAGITTAL AND CORONAL RECONS AT 3mm SLICE THICKNESS AND SEND VOLUME TO VITREA.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

AORTIC DISSECTION CTA

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

90ml CONTRAST BOLUS WITH POWER INJECTOR. TRY TO USE AN18 OR 20g IV CATH AND INJECT AT 4-5ml/s. USE SURESTART AND CENTER ROI IN AORTA. SET SCANNER TO START WHEN AORTA REACHES 180HU. *IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM THE AORTIC ARCH THROUGH THE BIFURCATION-RECON AT 3mm SLICE THICKNESS (SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). DO SAGITTAL AND CORONAL RECONS AT 3mm SLICE THICKNESS AND SEND VOLUME TO VITREA.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

APPENDIX PROTOCOL

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

32oz OF READ-ICAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING READI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW.

RECTAL CONTRAST:

UNLESS THE PT REFUSES, MIX 1/3 BOTTLE OF GASTROVIEW TO 1600-1800ml OF WATER IN BE BAG.

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR *IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY. START INJECTION 45 SEC. AFTER START OF BOLUS TO GET A SEMI ARTERIAL/VENOUS PHASE.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND ENDING BELOW THE RECTUM-RECON AT 5mm SLICE THICKNESS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

BRAIN

PREP:

BRAIN WITHOUT CONTRAST: NO PREP

BRAIN WITH AND WITHOUT CONTRAST:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

100ml IV CONTRAST-HAND INJECTION OR POWER INJECTOR

SCAN TYPE:

HELICAL SCAN FROM BASE OF SKULL THROUGH VERTEX-RECON AT 5mm SLICE THICKNESS. SCAN PARALLEL TO BASE OF SKULL

HELICAL VS AXIAL SCAN DEPENDENT ON SCANNER AND FACILITY

IF NON- CONTRAST SCAN BASE OF SKULL TO VERTEX

IF W/WO DO NON-CONTRAST SCAN, INJECT IV CONTRAST AND WAIT 5 MIN., THEN SCAN THROUGH THE SAME AREA AGAIN.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W100/L40

BONE: W2000/L50

BRAIN CTA

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IVCONTRAST:

90ml CONTRAST BOLUS WITH POWER INJECTOR. TRY TO USE AN18 OR 20g IV CATH AND INJECT AT 4-5ml/s. USE SURESTART WITH THIS EXAM. TAKE S&V IMAGE 1cm BELOW BASE OF SKULL WHERE THE INTERNAL CAROTID ARTERIES CAN BE IDENTIFIED. START INJECTION AND SURESTART AT THE SAME TIME. WHEN ICA START BLUSHING WITH CONTRAST START THE SCAN.

START TIME AND AMOUNT OF CONTRAST WILL BE DEPENDENT ON FACILITY AND TYPE OF SCANNER.

SCAN TYPE:

HELICAL SCAN FROM 1-2 CM BELOW BASE OF SKULL THROUGH CIRCLE OF WILLIS-RECON A 2mm SLICE THICKNESS. ALWAYS DO SAGITALL AND CORONAL RECONS AND SEND VOLUME TO VITREA.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W100/L40

BONE: W2000/L50

CERVICAL SPINE

PREP:

NONE

ORAL CONTRAST:

NONE

IV CONTRAST:

NONE

SCAN TYPE:

HELICAL SCAN FROM TOP OF C1-T2- RECON AT 2mm SLICE THICKNESS.

ALWAYS DO SAGITTAL AND CORONAL RECONS AT 2mm SLICE THICKNESS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND

RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

EXTREMITY

PREP:
NONE

ORAL CONTRAST:
NONE

IV CONTRAST:
NONE UNLESS INDICATED BY RADIOLOGIST. IF CONTRAST IS NEEDED USE SAME PROTOCOL AS ANY OTHER CONTRASTED STUDY.

SCAN TYPE:
HELICAL SCAN THROUGH THE AREA OF INTEREST (START A FEW SLICES ABOVE AND END A FEW SLICE BELOW). RECON AT 2mm SLICE THICKNESS. ALWAYS DO CORONAL AND SAGITTAL RECONS AT 2mm SLICE THICKNESS. AXIAL VS HELICAL SCANNING IS DEPENDENT ON FACILITY AND TYPE OF SCANNER.

WINDOW/LEVEL:
WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:
SOFT TISSUE: W400/L40
BONE: W2700/L350

FACIAL BONES

PREP:

NON-CONTRAST:
NO PREP

WITH CONTRAST:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

FACIAL BONES WILL USUALLY BE WITHOUT CONTRAST UNLESS LOOKING FOR INFECTION, MASS, INFLAMMATORY PROCESS, OR IF INDICATED BY A RADIOLOGIST.

IF IV CONTRAST REQUESTED:

100ml OF IV CONTRAST BY HAND INJECTION OR POWER INJECTOR. THE DELAY WILL DEPEND ON DIAGNOSIS AND RADIOLOGIST PREFERENCE.

SCAN TYPE:

HELICAL SCAN FROM ORBITAL ROOF THROUGH MANDIBLE-RECON AT 2mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS AT 2mm SLICE THICKNESS. THERE IS NO GANTRY ANGLE. AXIAL VS HELICAL SCANNING IS DEPENDENT ON FACILITY AND TYPE OF SCANNER. ALSO, TRUE CORONAL IMAGES OR REFORMATTED CORONALS ARE DEPENDENT ON SCANNER AND FACILITY. (IF DOING TRUE CORONAL PT WILL BE PRONE. SCAN FROM FRONT OF FACE THROUGH MANDIBLE PERPENDICULAR TO HARD PALATE)

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WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

HEMANGIOMA PROTOCOL

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

32oz OF READI-CAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING READI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW.

IV CONTRAST:

3cc/second

SCAN TYPE:

5mm DIAPHRAGM TO ILIAC CRESTS (OR LIVER, WHICHEVER IS LOWER)

Toshiba 64:

- 1) Non contrast
- 2) Arterial Phase: Sure prep- aorta at diaphragm level is 180-200 HU
- 3) PVP: 65secs after the end of arterial phase
- 4) 180 sec delay from end of injection

GE (16 & 64)

- 1) Non contrast
- 2) Arterial phase: Smart prep
- 3) PVP: 60 secs after the end of arterial phase
- 4) 180 sec delay from end of injection

Phillips 64:

- 1) Non contrast
- 2) Arterial phase: Smart prep
- 3) PVP: 90 seconds since start of contrast injection
- 4) 180 sec delay from end of injection

WINDOW/LEVEL

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND
RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W/1600/L600

LIVER: W160/L60

HIGH RESOLUTION CHEST

PREP:

NONE

ORAL CONTRAST:

NONE

IV CONTRAST:

NONE

SCAN TYPE:

SCAN IN THE AXIAL PLANE FROM THE APEX OF THE LUNGS THROUGH THE LUNG BASES. DO A 1mm SLICE EVERY 10mm. SCAN THE PATIENT IN THE PRONE AND SUPINE POSITIONS WITH THEM TAKING A DEEP BREATH BEFORE EVERY SCAN. ALWAYS DO LUNG RECONS ON ONLY 1 POSITION. *AXIAL VS HELICAL SCANNING IS DEPENDENT ON SCANNER SPEED AND FACILITY*

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

IAC

PREP:
NONE

ORAL CONTRAST:
NONE

IV CONTRAST:
NONE

SCAN TYPE:
HELICAL SCAN IN THE AXIAL PLANE FROM THE BASE OF THE SKULL THROUGH THE MASTOID AIR CELLS AT 1mm SLICE THICKNESS. AXIAL VS HELICAL SCANNING DEPENDENT ON SCANNER SPEED AND FACILITY.

ONCE THE AXIAL SCANS ARE OBTAINED DO CORONAL RECONS AT 1mm SLICE THICKNESS IN A SOFT TISSUE AND BONE ALGORITHM.

SEND TO THE RADIOLOGIST:
AXIAL VIEW: SOFT TISSUE AND BONE OF BOTH SIDES
MAG VIEWS OF BOTH SIDES IN BONE ALGORITHM ONLY

CORONAL VIEW: SOFT TISSUE AND BONE OF BOTH SIDES
MAG VIEW OF BOTH SIDE IN BONE ALGORITHM ONLY

WINDOW/LEVEL:
WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:
SOFT TISSUE: W400/L40
BONE: W2700/L350

LUMBAR SPINE

PREP:

NONE

ORAL CONTRAST:

NONE

IV CONTRAST:

NONE

SCAN TYPE:

HELICAL SCAN IN A BLOCK FROM BOTTOM OF T11 THROUGH S1-RECON AT 3mm SLICE THICKNESS . DO SAGITTAL AND CORONAL RECONS AT 3mm SLICE THICKNESS. DO A RECON OF THE SPINE WITH AN ANGLE THROUGH EACH DISC SPACE.

AT BRYAN RADIOLOGY WE HELICAL SCAN THROUGH THE SPINE. AXIAL OR HELICAL SCANNING DEPENDS ON FACILITY. ALSO, WE DO ANGLED RECONS THROUGH THE DISC SPACE FROM THE AXIAL IMAGES WE HAVE. SOME FACILITIES MAY HAVE TO SCAN THROUGH EACH DISC SPACE SEPERATLY.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

NECK/THX/ABD/PEL

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

32oz OF READI-CAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING READI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN AORTA REACHES 180 HU*IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

1ST SCAN- NON –CONTRAST ABDOMEN. HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND ENDING BELOW THE AORTIC BIFERCATION AT 5mm SLICE THICKNESS.

2ND SCAN- SCAN THE NECK STARTING AT THE ORBITS THROUGH THE CARINEA. HELICAL SCAN AT 5mm SLICE THICKNESS. USE 50ml OF IV CONTRAST AND START THE SCAN AFTER ADMINISTERING AROUND 40 ml. MAKE SURE THE PATIENTS ARMS ARE DOWN.

3RD SCAN- PUT THE PATIENTS ARMS UP ABOVE THEIR HEAD AND FOLLOW THE PROTOCOL FOR A THX/ABD/PEL USING THE REMAINING CONTRAST.

DO CORONAL RECONS OF NECK/THX/ABD/PEL

AS ALWAYS, SLICE THICKNESS AND CONTRAST AMOUNT FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

ORBITS

PREP:

NON-CONTRAST:

NO PREP

WITH CONTRAST:

1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

ORBITS WILL USUALLY BE WITHOUT CONTRAST UNLESS LOOKING FOR INFECTION, MASS, INFLAMMATORY PROCESS, OR IF INDICATED BY A RADIOLOGIST. IF IV CONTRAST REQUESTED:

100ml OF IV CONTRAST BY HAND INJECTION OR POWER INJECTOR. THE DELAY WILL DEPEND ON DIAGNOSIS AND RADIOLOGIST PREFERENCE.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM ORBITAL ROOF TO MIDWAY THROUGH THE MAXILLARY SINUS -RECON AT 2mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS AT 2mm SLICE THICKNESS. THERE IS NO GANTRY ANGLE. AXIAL VS HELICAL SCANNING IS DEPENDENT ON FACILITY AND TYPE OF SCANNER. ALSO, TRUE CORONAL IMAGES OR REFORMATTED CORONALS ARE DEPENDENT ON SCANNER AND FACILITY.

(IF DOING TRUE CORONAL PT WILL BE PRONE. SCAN FROM FRONT OF FACE TO THE SELLA TURSIKA PERPENDICULAR TO THE HARD PALATE).

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

PELVIS FRACTURE

PREP:

NONE

ORAL CONTRAST:

ONLY IF INDICATED BY DOCTOR

IV CONTRAST:

ONLY IF INDICATED BY DOCTOR. INJECT 90ml IV CONTRAST WITH POWER INJECTOR. IF SCANNER OTHER THAN TOSHIBA 64 SLICE, AMOUNT AND DELAY WILL BE DEPENDENT ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM ABOVE THE ILIAC CREST THROUGH THE RECTUM AT 3mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

PELVIS

PREP (PEL WITHOUT):

IF PT'S CREAT. IS TOO HIGHT OR IF PT IS ALLERGIC TO IODINE AND CANNOT BE PREMEDICATED-NO PREP IS NEEDED OTHER THAN ORAL CONTRAST

PREP (PEL WITH)

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

32oz OF READI-CAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING READI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW.

(EXCEPTIONS: PATIENTS WITH A SUSPECTED DISSECTING AORTIC ANEURYSM OR A BOWEL OBSTRUCTION/PERFORATION SHOULD HAVE DR. OK GIVING THE ORAL CONTRAST)

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN AORTA REACHES 180 HU*IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE ILIAC CREST AND ENDING BELOW THE RECTUM AT 5mm SLICE THICKNESS.

(SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). ALWAYS DO CORONAL RECONS.

- 1). NON-CONTRAST
- 2.) VENOUS PHASE IMAGING TAKEN DURING CONTRAST INJECTION

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

CT CYSTOGRAM:

USE FIELD OF VIEW FOR ROUTINE PELVIS. INSTILL A SOLUTION OF 25ML OF IODINATED CONTRAST IN 500ML OF SALINE. FILL THE URINARY BLADDER THROUGH FOLEY CATHETER UNDER GRAVITY

SCAN TYPE:

NONCONTRAST HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE ILIAC CREST AND ENDING BELOW THE RECTUM AT 5mm SLICE THICKNESS. (SLICE THICKNESS FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE). ALWAYS DO CORONAL RECONS.

PITUITARY

MRI IS THE SCAN OF CHOICE FOR LOOKING AT THE PITUITARY

SCAN WILL USUALLY BE W/WO CONTRAST

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

100ml OF IV CONTRAST BY HAND INJECTION OR POWER INJECTOR WITH A 5 MIN DELAY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE THROUGH THE PITUITARY FOSSA AT 1mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS AT 1mm SLICE THICKNESS. AXIAL VS HELICAL SCANNING IS DEPENDENT ON FACILITY AND TYPE OF SCANNER. ALSO, TRUE CORONAL IMAGES OR REFORMATTED CORONALS ARE DEPENDENT ON SCANNER AND FACILITY.

- 1.) NON-CONTRAST
- 2.) CONTRAST WITH A 5 MIN. DELAY

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

RENAL PROTOCOL

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND NOT TAKEN AGAIN UNTIL 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

PT WILL DRINK IF SPECIFIED BY THE DOCTOR (IT'S BETTER TO HAVE SOME ORAL CONTRAST).

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN AORTA REACHES 180 HU*IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM JUST ABOVE THE KIDNEYS THROUGH THE RECTUM AT A 5mm SLICE THICKNESS.

- 1.) NON-CONTRAST THROUGH ABDOMEN AND PELVIS.
- 2.) VENOUS PHASE IMAGING TAKEN 90 SEC. AFTER CONTRAST INJECTION THROUGH ABDOMEN AND PELVIS.
- 3.) DELAYED EXCRETORY PHASE IMAGING TAKEN 4 MINUTES AFTER CONTRAST INJECTION THROUGH ABDOMEN AND PELVIS.
- 4.) PERFORM SAGITTAL AND CORONAL REFORMATS USING THE DELAYED IMAGES. MAKE SURE TO INCLUDE THE KIDNEYS, URETERS, AND ENTIRE BLADDER IN THE REFORMATS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND

RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

LIVER: W160/L60

SINUS

PREP:

NONE

ORAL CONTRAST:

NONE

IV CONTRAST:

NONE

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM THE TOP OF THE FRONTAL SINUS THROUGH THE MAXILLARY SINUS WITH NO GANTRY TILT. SCAN WITH A 3mm SLICE THICKNESS.

ALWAYS DO CORONAL RECONS AT 3mm SLICE THICKNESS. AXIAL VS HELICAL SCANNING IS DEPENDENT ON FACILITY AND TYPE OF SCANNER. ALSO, TRUE CORONAL IMAGES OR REFORMATTED CORONALS ARE DEPENDENT ON SCANNER AND FACILITY.

(IF DOING TRUE CORONAL PATIENT WILL BE PRONE. SCAN FROM THE FRONT OF THE FRONTAL SINUS THROUGH THE SPHENOID SINUS PERPENDICULAR TO THE HARD PALATE).

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

IF DR. REQUESTED IV CONTRAST FOLLOW USUAL PREP AND INJECT 100ml BY HAND OR POWER INJECTOR. DELAY WILL DEPEND ON SCANNER AND RADIOLOGIST PREFERENCE.

SOFT TISSUE NECK

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

90ml BOLUS INJECTION WITH POWER INJECTOR. START SCAN 20-30 SEC. AFTER INJECTION BEGINS (START TIME IS DEPENDENT ON SCANNER AND FACILITY).

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM UPPER ORBITS TO THROUGH THE STERNAL NOTCH AT A 3mm SLICE THICKNESS. ALWAYS DO CORONAL RECONS AT 3mm SLICE THICKNESS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

STONE PROTOCOL

PREP:
NONE

ORAL CONTRAST:
NONE (ORAL MAY MASK A STONE)

IV CONTRAST:
NONE

SCAN TYPE:
HELICAL SCAN IN THE AXIAL PLANE FROM JUST ABOVE THE KIDNEYS THROUGH THE RECTUM AT 5mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS AT 5mm SLICE THICKNESS.

WINDOW/LEVEL:
WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:
SOFT TISSUE: W400/L40
LUNG: W1600/L600
LIVER: W160/L60

THORAX

PREP (THORAX WITHOUT):

NONE

PREP (THORAX WITH):

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL ONE HOUR PRIOR TO EXAM.

- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.

- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.

- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

NONE

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN ASCENDING AORTA REACHES 180 HU.
*IF SCANNER OTHER THAN TOSHIBA 64 SLICE-BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

HELICAL SCAN IN THE AXIAL PLANE FROM APEX OF LUNGS THROUGH ADRENAL GLANDS AT 5mm SLICE THICKNESS. ALWAYS DO CORONAL RECONS AT 5mm SLICE THICKNESS.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

LUNG: W1600/L600

THORACIC SPINE

PREP:

NONE

ORAL CONTRAST:

NONE

IV CONTRAST:

NONE

SCAN TYPE:

IF DR. IS ONLY INTERESTED IN 1 VERTEBRA HELICAL SCAN 2 ABOVE AND 2 BELOW AREA OF INTEREST WITH A 2mm SLICE THICKNESS. IF THE ENTIRE T-SPINE IS REQUESTED, SCAN FROM T1-T12 WITH A 5mm SLICE THICKNESS. ALWAYS DO SAGITTAL AND CORONAL RECONS WITH A 2mm OR 5mm SLICE THICKNESS, DEPENDING ON AREA COVERED. AXIAL OR HELICAL SCANNING DEPENDS ON FACILITY.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:

SOFT TISSUE: W400/L40

BONE: W2700/L350

THX/ABD/PEL

PREP:

- 1). NOTHING TO EAT 4 HOURS PRIOR TO EXAM. ENCOURAGE PO FLUIDS (E.G., 8 oz WATER PER/HOUR) UNTIL THREE (3) HOURS PRIOR TO EXAM.
- 2). ALL PTS WITH A HISTORY OF RENAL DISEASE OR THOSE WHO ARE 50 YEARS OR OLDER MUST HAVE A NORMAL CREATININE. IF PT IS ON DIALYSIS A CREATININE IS NOT NEEDED, BUT DIALYSIS MUST BE DONE WITHIN 2 DAYS.
- 3). IF PT IS TAKING GLUCOPHAGE, METFORMIN, METAGLIP, OR AVANDAMET, THE MEDICATION MUST BE DISCONTINUED 24 HRS. BEFORE THE EXAM AND 48HRS. AFTER.
- 4). IF PT IS ALLERGIC TO IODINE MAKE SURE THEY ARE PREMEDICATED WITH PREDNISONE AND BENADRYL STARTING 13 HRS. BEFORE THE EXAM.

ORAL CONTRAST:

32oz OF READI-CAT OR GASTROVIEW. PT'S DRINK (4) 8oz CUPS TAKEN IN INTERVALS STATING APPROX. 3 HOURS BEFORE THE EXAM IF DRINKING READI-CAT. THEY WILL DRINK (4) 8oz. CUPS OF GASTROVIEW AT 30 MIN. INTERVALS IF TAKING GASTROVIEW

IV CONTRAST:

90ml BOLUS OF CONTRAST WITH POWER INJECTOR. USE SURESTART AND HAVE SCANNER BEGIN SCAN WHEN AORTA REACHES 180 HU*IF SCANNER OTHER THAN TOSHIBA 64 SLICE- BOLUS RATE, AMOUNT, AND DELAY WILL DEPEND ON RADIOLOGIST AND FACILITY.

SCAN TYPE:

1ST SCAN- NON –CONTRAST ABDOMEN. HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND ENDING BELOW THE AORTIC BIFERCATION AT 5mm SLICE THICKNESS.

2ND SCAN- HELICAL SCAN IN THE AXIAL PLANE FROM APEX OF LUNGS THROUGH AORTIC BIFERCATION AT 5mm SLICE THICKNESS DURING CONTRAST INJECTION.

3RD SCAN- HELICAL SCAN IN THE AXIAL PLANE BEGINNING JUST ABOVE THE DIAPHRAGM AND SCAN THROUGH THE RECTUM AT 5mm SLICE THICKNESS STARTING AFTER AN 85 SEC. DELAY.

DO CORONAL RECONS OF NECK/THX/ABD/PEL

AS ALWAYS, SLICE THICKNESS AND CONTRAST AMOUNT FOR EACH FACILITY MAY VARY DEPENDING ON SCANNER SPEED AND RADIOLOGIST PREFERENCE.

WINDOW/LEVEL:

WINDOW/LEVEL SETTINGS ARE DEPENDENT ON SCANNER AND
RADIOLOGIST PREFERENCE. AT BRYAN RADIOLOGY USE:
SOFT TISSUE: W400/L40
LUNG: W1600/L600
LIVER: W160/L60