

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT CYSTOGRAM WO & W	
FORMS	Consent to Contrast Material. Pregnancy Status Form (female patients) Medication Reconciliation Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; FEET FIRST; ARMS UP & OUT OF WAY CENTER AT ILIAC CREST INSPIRATION BREATH HOLD
SCOUT	S 60 /I 350, 120 KVP @ 10 MA AP & LAT
TECHNIQUE - 16 SLICE WO SERIES	HELICAL; KVP 120 @ AUTO/SMART MA 2.5 MM STD W400/L40 40% ASIR SFOV-LG BODY/DFOV - FIT TO ANATOMY SCAN FROM TOP OF ILIAC CREST THROUGH BLADDER
TECHNIQUE - 16 SLICE FULL BLADDER	HELICAL; KVP 120 @ AUTO/SMART MA 2.5 MM STD W400/L40 40% ASIR SFOV-LG BODY/DFOV - FIT TO ANATOMY SCAN FROM TOP OF ILIAC CREST THROUGH BLADDER
TECHNIQUE - 16 SLICE EMPTY BLADDER	HELICAL; KVP 120@ AUTO/SMART MA 2.5 MM STD W400/L40 SFOV-LG BODY/DFOV FIT TO ANATOMY SCAN THROUGH BLADDER
TECHNIQUE - 64 SLICE WO SERIES	HELICAL; 0.625 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA 40% ASIR SFOV-LG BODY/DFOV FIT TO ANATOMY SCAN FROM TOP OF ILIAC CREST THROUGH BLADDER
TECHNIQUE - 64 SLICE FULL BLADDER	HELICAL; 0.625 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA 40% ASIR SFOV-LG BODY/DFOV FIT TO ANATOMY SCAN FROM TOP OF ILIAC CREST THROUGH BLADDER

<p>TECHNIQUE - 64 SLICE EMPTY BLADDER</p>	<p>HELICAL; 0.625 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA 40% ASIR SFOV-LG BODY/DFOV - FIT TO ANATOMY</p> <p>SCAN THROUGH BLADDER (LIMIT TO LOW PELVIS)</p>
<p>RECONS</p>	<p>16 SLICE: 1.25 MM/INT 0.625 MM, STD W400/L40 64 SLICE: 2.5 MM, STD W400//L40</p>
<p>REFORMATIONS</p>	<p>CORONAL & SAGITTAL AVG 2.5 MM X 2.5 MM, FULL AND EMPTY</p>
<p>PACS</p>	<p>SCOUT 2.5 MM – RETRO CYSTO ABD COR & ABD SAG 2.5 MM - EVAC</p>
<p>CHARGE</p>	<p>CT CYSTOGRAM CONTRAST AND SALINE USED</p>
<p>REMARKS</p>	<p>FOLEY MUST BE PLACED IN BLADDER. FILL BLADDER WITH CONTRAST DILUTED WITH OMNI 350 10 CC IN A 500 CC SALINE BAG. THIS SHOULD BE DRIPPED IN JUST LIKE THE CYSTOGRAMS DONE IN XRAY.</p>