

PATIENT NAME: [patient name]

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

PELVIS VENOGRAM WITH	VENOUS OBSTUCTION
FORMS	Consent to Contrast Material. Pregnancy Status Form (female patients)
ORAL CONTRAST	NONE
IV CONTRAST	2.5 CC/SEC FOR 100-150 CC/NS 50 CC IF PT IS UNDER 150 LBS USE 100 CC
POSITIONING	SUPINE; FEET FIRST; ARMS OVER CHEST CENTER AT ILIAC CREST
SCOUT	S 60 /I 300, 120 KV @ 10 MA AP & LAT
TECHNIQUE - 16 SLICE PORTAL VENOUS	HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA WITH 40% ASIR SFOV-LG BODY / DFOV-FIT TO ANATOMY NO BREATH HOLD 90 SEC DELAY SCAN FROM ILIAC CREST TO MID THIGH
TECHNIQUE - 16 SLICE DELAY 3 MINUTES	HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA, 40% ASIR SFOV-LG BODY / DFOV-FIT TO ANATOMY NO BREATH HOLD SCAN FROM ILIAC CREST TO MID THIGH
TECHNIQUE - 64 SLICE PORTAL VENOUS	HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA 40% ASIR SFOV LG BODY/DFOV FIT TO ANATOMY NO BREATH HOLD SCAN FROM ILIAC CREST TO MID THIGH
TECHNIQUE - 64 SLICE DELAY 3 MINUTES	HELICAL; 2.5 MM, STD W400/L40; 120 KVP @ AUTO/SMART MA 40% ASIR SFOV LG BODY/DFOV FIT TO ANATOMY NO BREATH HOLD SCAN FROM ILIAC CREST TO MID THIGH
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE-1.25 MM/INT 0.625 MM, STD W700/L90 64 SLICE-0.625 MM, STD W400/L40
REFORMATIONS	CORONAL AND SAGITTAL - MIP 10/2.0, W700/L90 FOR BOTH SCANS
PACS	SCOUT 2.5 MM -VENOGRAM

	VENO COR & VENO SAG
CHARGE	CT PELVIS VENOGRAM WITH CONTRAST
REMARKS	