

PATIENT NAME: [patient name]

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

CT THORACIC SP	POST MYELO
CONSENT FORMS	Consent Form Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; FEET FIRST; ARMS ABOVE HEAD; CENTER AT STERNAL NOTCH INSPIRATION BREATH HOLD
SCOUT	S250/I 50, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE – 16/64 SLICE	HELICAL; 2.5 MM, BONE W2500/L250 120 KVP @ AUTO/SMART MA, 30% ASIR SFOV-LGE BODY/DFOV-15 CM BREATH HOLD SCAN FROM TOP OF LEVEL TO BOTTOM OF LOWEST LEVEL-RAD'S REQUEST
TECHNIQUE – 128 SLICE	
RECONS	16/64 SLICE-2.5 MM, STD W400/L40 16 SLICE-1.25 MM, BONE W2500/L250 64 SLICE- 0.625 MM, BONE W2500/L250
REFORMATIONS	ROUTINE CORONAL, CURVED CORONAL (USE CURVED SETTING) & SAGITTAL - AVG 1.25 MM THICK / 1.25 MM SPACING W2500/L250
PACS	SCOUT 2.5 MM - T SPINE POST MYELO 2.5 MM - STD SPINE COR & SPINE SAG, CURVED CORONAL
CHARGE	POST MYELO THORACIC SPINE
REMARKS	PATIENT FLAT AFTER MYELO SO CONTRAST STAYS IN CANAL AREA FOR CT SCAN