

**PATIENT NAME:** [patient name]

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

<b>CT ABDOMEN/PELVIS WITH</b>	
INDICATIONS	Pain, elevated labs, weight loss, diverticulitis, etc.
FORMS	Consent to Contrast Material Pregnancy Status Form (female patients) Medication Reconciliation Form
ORAL CONTRAST	ORAL PREP 8 OZ GLASS OF WATER AT TABLE, BEFORE SCANNING
IV CONTRAST	2.5 - 3.0 CC/SEC (Use 50 cc NS for dual) Dual: <250 lbs = 100cc, >250 lbs = 150 cc Single: <150 lbs = 100 cc, >150 lbs = 150 cc
RECTAL CONTRAST	NONE UNLESS THE REFERRING PHYSICIAN REQUESTS
POSITIONING	SUPINE, FEET FIRST, ARMS UP & OUT OF WAY CENTER AT XYPHOID INSPIRATION BREATH-HOLD
SCOUT	S 60 / I 500, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE – 16 SLICE VENOUS DELAY	HELICAL; 2.5 MM; STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - 36 CM (FIT TO ANATOMY)  THREE ROI MID LIVER WITH 50 HU & 40 SEC MONITOR DELAY SCAN FROM TOP OF LIVER THROUGH BLADDER

<p><b>TECHNIQUE - 64 SLICE</b> VENOUS DELAY</p>	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA-40% ASIR; SFOV-LG BODY/DFOV (FIT TO ANATOMY)</p> <p>THREE ROI MID LIVER WITH 50 HU &amp; 50 DIAG DELAY SCAN FROM TOP OF LIVER THROUGH BLADDER</p>
<p><b>TECHNIQUE – 128 SLICE</b> VENOUS DELAY</p>	<p>HELICAL; 2.5 MM, STD W400/L40; KVP 120 @ AUTO/SMART MA-40% ASIR SFOV-LG BODY/DFOV (FIT TO ANATOMY)</p> <p>80 SEC DELAY SCAN FROM TOP OF LIVER THROUGH BLADDER</p>
<p>RECONS</p>	<p>2.5 MM, LUNG W1400/L-600 16 / <b>128</b> SLICE: AVG 1.25 MM/INT 0.625 MM, STD W400/L40 <b>64 SLICE</b>: 0.625 MM STD W400/L40</p>
<p>TECHNIQUE – DELAYED</p>	<p>HELICAL; 5.0 MM, STD W400/L40 KVP 120 @ 125 MA - 40% ASIR SFOV - LG BODY/DFOV - 36 CM (FIT TO ANATOMY)</p> <p>DELAY 5 MINUTES, SCAN THROUGH THE KIDNEYS &amp; BLADDER <b><i>ONLY FOR</i></b> = BLADDER CANCER, TRANSITIONAL CELL CANCER, URETERAL CANCER, NEW RENAL LESION. <b><i>FOR PROSTATE CANCER</i></b>, SCAN THROUGH BLADDER ONLY</p>

REFORMATIONS	CORONAL & SAGITTAL AVG 2.5MM/2.5MM, W400/L40 FOR TRAUMA = SAGITTAL BONE - AVG 0.4 MM THICK / 1.5 SPACING
PACS	SCOUT 2.5 MM = ABD/PEL W 2.5 MM = LUNG ABD COR & ABD SAG
CHARGE	ABDOMEN & PELVIS WITH
REMARKS	SMART PREP WITH ROI IN LIVER PARENCHYMA

<b>CT ABDOMEN/PELVIS WITH ONCOLOGY Hypervascular NEOPLASM</b>	
INDICATION	HYPERVASCULAR TUMORS - MELANOMA, CARCINOID, ISLET CELL, GASTRINOMA, INSULINOMA, CHORIOCARCINOMA, THYROID, HEMANGIOPERICYTOMA RENAL RESTAGING
CONSENT FORMS	Consent to Contrast Material Pregnancy Status Form (female patients)
ORAL CONTRAST	ORAL PREP 8 OZ OF WATER AT TABLE, BEFORE SCANNING EXCEPT FOR PANCREAS AND LIVER
IV CONTRAST	3.5 - 4.0 CC/SEC (Use 50 cc NS for dual) Dual: <200 lbs = 100cc, >200 lbs = 150 cc Single: <150 lbs = 100 cc, >150 lbs = 150 cc
POSITIONING	SUPINE, FEET FIRST, ARMS UP & OUT OF WAY CENTER AT XYPHOID INSPIRATION BREATH-HOLD

SCOUT	S 60 / I 500, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE ARTERIAL - MELANOMA & CARCINOID	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - FIT TO ANATOMY</p> <p>SMART PREP AT CENTER OF AORTA 100 HU (NO GREATER THAN 50 SEC DELAY) SCAN FROM TOP OF LIVER THRU BLADDER</p>
TECHNIQUE - 16 SLICE - ARTERIAL - RENAL, ETC	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - FIT TO ANATOMY</p> <p>SMART PREP AORTA AT LEVEL OF LIVER THRESHOLD OF 100 HU/NO GREATER THAN SCAN THROUGH LIVER</p>
TECHNIQUE – 16 SLICE - PORTAL VENOUS	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - FIT TO ANATOMY</p> <p>DELAY 50 SEC SCAN FROM TOP OF LIVER THROUGH BLADDER.</p>

<p>TEHCNIQUE - 64 SLICE -  ARTERIAL - MELANOMA  &amp;  CARCINOID</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>SMART PREP AORTA AT LEVEL OF LIVER  THRESHOLD OF 100 HU/NO GREATER  THAN  20 SEC DELAY  SCAN TOP OF LIVER THROUGH  BLADDER</p>
<p>TECHNIQUE – 64 SLICE -  ARTERIAL – RENAL, ETC</p>	<p>HELICAL; 0.625MM, STD W400/L40  KVP 120 @ AUTO/SMART MA - 40% ASIR  SFOV - LG BODY/DFOV - FIT TO  ANATOMY</p> <p>DELAY 20 SEC  SCAN THROUGH LIVER</p>
<p>TECHNIQUE - 64 SLICE -  PORTAL VENOUS</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>DELAY 70 SEC FROM START OF  INJECTION  SCAN TOP OF LIVER THRU BLADDER</p>
<p>TECHNIQUE- 128 SLICE -  ARTERIAL - MELANOMA  &amp;  CARCINOID</p>	<p>HELICAL; 2.5 MM, STD W400/L40  KVP 120 @ AUTO/SMART MA 40% ASIR,  SFOV-LG BODY/DFOV-FIT TO ANATOMY</p> <p>SMART PREP AORTA AT LEVEL OF LIVER  THRESHOLD OF 100 HU/NO GREATER  THAN  50 SEC DELAY  SCAN TOP OF LIVER THROUGH  BLADDER</p>

<p>TECHNIQUE- 128 SLICE - ARTERIAL – RENAL, ETC</p>	<p>HELICAL; 2.5MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - FIT TO ANATOMY</p> <p>DELAY 50 SEC SCAN THROUGH LIVER</p>
<p>TECHNIQUE- 128 SLICE – VENOUS DELAY</p>	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR, SFOV-LG BODY/DFOV-FIT TO ANATOMY</p> <p>DELAY 70 SEC FROM START OF INJECTION SCAN TOP OF LIVER THRU BLADDER</p>
<p>TECHNIQUE - DELAYED</p>	<p>HELICAL; 5.0 MM, STD W400/L40 KVP 120 @ 125 MA - 40% ASIR SFOV - LG BODY/DFOV - 36 CM (FIT TO ANATOMY) DELAY 4 MINUTES, <b><i>ONLY DONE IF</i></b> BLADDER CANCER, TRANSITIONAL CELL CANCER, URETERAL CANCER, NEW RENAL LESION. SCAN KIDNEYS THROUGH BLADDER.</p> <p><b><i>FOR PROSTATE CANCER</i></b>, SCAN THROUGH BLADDER ONLY</p>
<p>RECONS</p>	<p>2.5 MM, LUNG W1400/L600 16 / 128 SLICE-1.25 MM/INT 0.625 MM, STD W400/L40 (DMPR ABD VENOUS PHASE) 64 SLICE-2.5 MM, STD W400/L40</p>
<p>REFORMATIONS</p>	<p>CORONAL &amp; SAGITTAL AVG 2.5MM/ 2.5MM, W400/L40</p>

PACS	SCOUT 2.5 MM = ABD/PEL W 2.5 MM = LUNG ABD COR & ABD SAG
CHARGE	ABDOMEN/PELVIS WITH CONTRAST

<b>CT ABDOMEN/PELVIS WITH CONTRAST ONCOLOGY HYPOVASCULAR (Non-hypervascular) NEOPLASM</b>	
INDICATION	USE HYPERVASCULAR PROTOCOL UNLESS ON HYPOVASCULAR LIST AS FOLLOWS: LUNG TUMORS, COLORECTAL TUMORS, BREAST LESIONS, GIST, SARCOMA, Merkel Cell, PROSTATE, BLADDER, UTERINE, CERVICAL, COLON, OVARIAN, TESTICULAR CANCER, ETC.
CONSENT FORMS	Consent to Contrast Material Pregnancy Status Form (female patients)
ORAL CONTRAST	ORAL PREP 8 OZ WATER AT TABLE, BEFORE SCANNING
IV CONTRAST	2.5 CC/SEC (Use 50 cc NS for dual) Dual: <200 lbs = 100cc, >200 lbs = 150 cc Single: <150 lbs = 100 cc, >150 lbs = 150 cc
POSITIONING	SUPINE; FEET FIRST; ARMS UP & OUT OF WAY; CENTER AT XYPHOID INSPIRATION BREATH-HOLD
SCOUT	S 60/I 500, 120 KVP @ 10 MA, AP & LAT

<p>TECHNIQUE – 16 SLICE PORTAL VENOUS</p>	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR SFOV - LG BODY/DFOV - FIT TO ANATOMY</p> <p>SMART PREP AT THREE ROIs IN MID LIVER 50 HU - MONITOR DELAY 10 SEC NO GREATER THAN 80 SEC DELAY SCAN FROM TOP OF LIVER THRU BLADDER</p>
<p>TECHNIQUE - 64 SLICE PORTAL VENOUS</p>	<p>HELICAL; 0.625 MM, , STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIRS FOV-LG BODY/DFOV-FIT TO ANATOMY</p> <p>THREE ROI IN MID LIVER THRESHOLD AT 50 HU (NO GREATER THAN 80 SEC DELAY), DELAY 70 SEC FROM START OF INJECTION SCAN TOP OF LIVER THRU BLADDER</p>
<p>TECHNIQUE- 128 SLICE PORTAL VENOUS</p>	<p>HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA - 40% ASIR, SFOV-LG BODY/DFOV-FIT TO ANATOMY</p> <p>THREE ROI IN MID LIVER THRESHOLD AT 50 HU (NO GREATER THAN 80 SEC DELAY), DELAY 70 SEC FROM START OF INJECTION SCAN TOP OF LIVER THRU BLADDER</p>



TECHNIQUE – DELAYED	<p>HELICAL; 5.0 MM, STD W400/L40 KVP 120 @ 125 MA - 40% ASIR FOV - LG BODY/DFOV - 36 CM (FIT TO ANATOMY)</p> <p>DELAY 4 MINUTES, ONLY DONE IF BLADDER CANCER, TRANSITIONAL CELL CANCER, URETERAL CANCER SCAN THROUGH KIDNEYS AND BLADDER</p> <p>IF PROSTATE CANCER, SCAN THROUGH BLADDER ONLY</p>
RECONS	<p>2.5 MM, LUNG W1400/L600 16 / 128 SLICE-1.25 MM/INT 0.625 MM, STD W400/L40 64 SLICE-1.25 MM, STD W400/L40</p>
REFORMATIONS	<p>CORONAL &amp; SAGITTAL AVG 2.5MM/ 2.5MM, W400/L40</p>
PACS	<p>SCOUT 2.5 MM = ABD/PEL W 2.5 MM = LUNG ABD COR &amp; ABD SAG</p>
CHARGE	<p>ABDOMEN/PELVIS WITH CONTRAST</p>

CT PREPS	<p>All CT contrast patients should be NPO for 4 hours before their exam. All patients should drink plenty of water before their exam</p>
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<p><b>Routine Abdomen and Pelvis</b></p>	<p><b>For:</b> Diverticulitis, pain, pancreatitis, appendicitis, elevated labs or cancer (not for adrenal, liver, GIST, stromal, or pancreas cancer).</p> <p><b>Outpatients:</b> Patients are to receive one 50 ml bottle of Omni 140, consent form, and prep sheet. Patient to mix Omni 140 50 cc into 32 oz water. Drink half the mixture 2 hours prior to exam. Drink last half of mixture 1 hour prior to exam</p> <p><b>Inpatients:</b> Mix Omni 140 50 cc into 32 oz of water. Drink half of mixture two hours prior to exam. Drink last half of mixture one hour prior to exam.</p> <p><b>ER patients:</b> only if doctor requests- Mix Omni 140 50 cc into 32 oz of water- Drink half of mixture an hour prior to exam. Drink last half of mixture 30 minutes prior to exam</p>
<p><b>Abdomen CT's</b></p>	<p><b>For Stomach (stromal) cancer, small bowel evaluation, GIST, stomach mass, Crohn's.</b></p> <p>Patients receive 2 bottles of Volumen. Drink one bottle 2 hours prior to exam. Drink one bottle 1 hour prior to exam.</p> <p><b>For CT Enterography:</b> Patients should arrive 1.5 hours early to drink Volumen prep. Drink one bottle of Volumen every 20 minutes for the hour before their exam.</p>
<p><b>Gastric Bypass Protocol</b></p>	<p><b>For:</b> Patients who have had gastric bypass. Mix Omni 140 50 cc into 32 oz of water- Patients to drink 8 oz mixture of Omni 140 and water an hour before exam. The second dose (8oz) of mixture will be given just before getting on the table.</p>
<p><b>Pancreas Evaluations</b></p>	<p><b>For:</b> Mass, cysts, recurrent pancreatitis, history of pancreatitis who has had a routine CT abdomen already done. Patient to drink 64 oz of water the hour before their exam.</p>

<p>All Triphase Renal/ Dual Adrenal/Dual Liver</p>	<p><b>For:</b> Renal/Adrenal/Liver), mass, cyst, hepatitis C, and/or Adrenal/Liver Cancer.  Water prep.  Patients are to start drinking at least 64 oz of water the hour before their exam.  <b>For Renal Cancer follow-up:</b>  Mix Omni 140 50 cc into 32 oz of water-  Drink half of mixture two hours prior to exam.  Drink last half of mixture one hour prior to exam.</p>
<p>UT/Urogram/Hernia/ Abdomen with/wo &amp; pelvis with (GI vs stones)</p>	<p><b>For:</b> Stone, hernia, hematuria  Water prep</p>

<b>Tumor Type</b>	<b>Common Tumors</b>	<b>C/A</b>	<b>C/A/P</b>	<b>A/P</b>
<p><b>Hypovascular</b>  <b>ar</b>    <b>*ROI- in</b>  <b>aorta</b>  <b>(Chest)</b>  <b>*ROI- liver</b>  <b>(Abd/</b>  <b>Pelvis)</b></p>	<p><b>Lung</b>  <b>Colorectal</b>  <b>Breast/Ovarian/</b>  <b>Uterine</b>  <b>Prostate/Testicular</b>  <b>GIST/Stomach/Sm</b>  <b>Bowel</b>  <b>Sarcoma</b>  <b>Merkel Cell</b>  <b>Cholangiocarcinoma</b>  <b>Etc...</b>    <i>ORAL PREP</i></p>	<p>Arterial Chest  Short Delay  PV Abdomen  LD delay A-bladder/  transitional cell/ureteral cancer</p>	<p>Arterial Chest  Short Delay  PV A/P  LD delay A/P-bladder/  transitionalcell /ureteral cancer  Prostate cancer-bladder only</p>	<p>PV A/P  LD delay A/P-bladder/  transitional cell/ureteral cancer  Prostate cancer- bladder only</p>

<b>Hypervascular</b>  <b>*ROI- in pulmonary artery(Chest)</b> <b>*ROI- in aorta (Abd/Pelvis)</b>	<b>Melanoma</b> <b>Carcinoid</b> <b>Neuroendocrine</b>  <i>ORAL PREP</i>	Arterial C/A PV Liver Only	Arterial C/A/P PV Liver Only	Arterial A/P PV Liver Only
<b>Hypervascular</b>  <b>*ROI- in pulmonary artery(Chest)</b> <b>*ROI- in aorta (Abd/Pelvis)</b>	<b>Renal</b> <b>Islet Cell</b> <b>Gastrinoma</b> <b>Insulinoma</b> <b>Choriocarcinoma</b> <b>Thyroid</b>  <i>ORAL PREP</i>	Arterial C/ Liver PV Abdomen	Arterial C/ Liver PV A/P	Arterial Liver only PV A/P
	<b>Pancreas</b> <b>Pancreatic neuroendocrine</b>  Water prep	Arterial C Pancreas protocol: late art pancreas PV Abd	Arterial C Pancreas protocol: late art pancreas PV A/P	Pancreas protocol 4cc/sec inject
	<b>Hepatocellular CA-</b> <b>water prep</b> “Liver Cancer” “Hep C & Cirrhosis w/ mass seen” Water prep	Chest rarely ordered Art Liver PV C/A Delay Liver	Chest rarely ordered Art Liver PV C/A/P Delay Liver	Multiphase Liver protocol (often w/o P) 4 -5 cc/sec inject for 150cc Delay Liver

**Note:**

**LD- low dose    C-chest    A-abdomen    P – pelvis    PV- portal venous phase**  
**Art- arterial phase    Hypovascular- Non hypervascular**

