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| CT CHEST LD DIAGNOSTIC FOLLOWUP | Follow up LDCT within a year of last scan. Oncologist exam for follow up on lung cancer patients who are cancer free for over a year |
| CONSENT FORMS | Consent Form Pregnancy Status Form (female patients) |
| ORAL CONTRAST | NONE |
| IV CONTRAST | NONE |
| POSITIONING | SUPINE; FEET FIRST; ARMS UP & OUT OF WAY; INSPIRATION BREATH-HOLD CENTER AT STERNAL NOTCH |
| SCOUT | S 60/I 300, 120 KVP @ 10 MA, AP & LAT |
| TECHNIQUE - 16 SLICE | HELICAL; 2.5 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 80 MA, .5 sec, 40% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LGE BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED. |
| TECHNIQUE - 64 SLICE | HELICAL: 2.5 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 80 MA- 40% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LG BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED. |
| TECHNIQUE - 128 SLICE | HELICAL; 0.625 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 50 MA, 0% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LG BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED |
| RECONS | 0.625 MM, STD W1400/L-600 (DMPR MIP AX) |

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| | 1.25 MM, LUNG W1400/L-600 16 SLICE: 1.25 MM/INT 0.625, STD W100/L40 64 SLICE: 0.625 MM , STD W400/40 (DMPR) 128 SLICE: 2.5 MM, STD W400/L40 |
| REFORMATIONS | AX LUNG - MIP LUNG AX- THICK MIP 6MM X 3MM, STD W1400/L-600 CORONAL & SAGITTAL- AVG 2.5MM, STD W400/L40 |
| PACS | SCOUT 1.25 MM – LD LUNG 2.5 MM - LD STD AX LUNG MIP CHEST COR & CHEST SAG |
| CHARGE | CT CHEST WO |
| REMARKS | NO SCREENING FORM NEEDED |