

**RIH – LUNG SCREENING
SIEMENS DEFINITION AS+ PROTOCOL**

Indications – Screening for suspicious pulmonary nodules

Position/Landmark	Head first or feet first-Supine 2cm superior to shoulders				
Topogram Direction	Craniocaudal / Craniocaudal				
Respiratory Phase	Inspiration				
Scan Type	Helical				
Ref kV/Ref mAs/Rotation time (sec) Pitch / Speed (mm/rotation) Safire Strength / Dose Optimization	Care kV 120 / Care Dose4D 80 / 0.5 sec .6:1 , 24.00mm 3 / 4				
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm (128 x .6mm)				
Average Tube Output	ctdi – 4 mGy dlp – 120 mGy.cm				
Helical Set					recon
Slice Thickness/ Spacing	recon	body part	thickness/ spacing	algorithm	recon destination .
Algorithm	1	axial lung screening	5mm x 5mm	I40f medium	pac
Recon Destination	2	lungs	5mm x 5mm	I70f very sharp	pac
	3	coronal nc chest	5mm x 5mm	I40f medium	pac
	4	thin chest	.75mm x .6mm	I40f medium	terarecon
Scan Start / End Locations	1cm superior to lung apices through adrenal glands				
DFOV	38cm decrease appropriately				
IV Contrast Volume / Type / Rate					
Scan Delay					
2D/3D Technique Used	Workstream 4D mpr of 5mm x 5mm coronal chest series, auto-transferred to PACS.				
Comments: Recon 4 is a thin helical volume of the chest that is archived to the TeraRecon server.					
Images required in PACS	Topograms, 5mm x 5mm axial lung screening, 5mm x 5mm coronal chest, 5mm x 5mm axial lungs, Patient Protocol				