

RIH - NECK/CHEST GE LIGHTSPEED VCT PROTOCOL

Indications - mass, lymphoma, adenopathy, mets.

Position/Landmark	Head first or feet first-Supine Sternal Notch				
Topogram Direction	Craniocaudal				
Respiratory Phase	Inspiration				
Scan Type	Helical				
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	120kv / smart mA (120-450) / 0.5 sec 0.984:1 , 39.37mm 10.0 neck and 16.0 chest / 70 / 30%				
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm				
Average Tube Output	Neck: ctdi – 9.5mGy dlp – 338 mGy.cm		Chest: ctdi – 9mGy dlp – 344 mGy.cm		
First Helical Set		body	thickness/		recon
Slice Thickness/ Spacing	recon	part	spacing	algorithm	destination .
Algorithm	1	neck	2.5mm x 2.5mm	standard	pacs
Recon Destination	2	thin neck	.6mm x .6mm	standard	for dmpr
Second Helical Set		body	thickness/		recon
Slice Thickness/ Spacing	recon	part	spacing	algorithm	destination .
Algorithm	1	chest	5mm x 5mm	standard	pacs
Recon Destination	2	thin chest	.6mm x .6mm	standard	for dmpr
	3	lung	5mm x 5mm	lung	pacs
Scan Start / End Locations	neck		chest		
DFOV	external auditory meatus aortic arch 18cm		1cm superior to lung apices through adrenal glands 38cm decrease appropriately		
IV Contrast Volume / Type / Rate	90mL Iohexol (Omnipaque 350) / 2mL per second if needed				
Scan Delay	35 seconds				
2D/3D Technique Used	DMPR of 3mm x 3mm coronal neck series (auto-batch on), average mode, auto-transferred to PACS DMPR of 5mm x 5mm coronal chest series (auto-batch on), average mode, auto-transferred to PACS.				
Comments: The recon 2 in each helical group is thin of the neck and chest for direct mpr.					
Images required in PACS	Scouts, 2.5mm x 2.5mm axial neck, 3mm x 3mm coronal neck, 5mm x 5mm axial chest, 5mm x 5mm coronal chest, 5mm x 5mm axial lungs, Dose Report				