

RIH – TRACHEA / AIRWAY SCAN GE LIGHTSPEED VCT PROTOCOL

Indications: Suspected airway obstruction of the trachea

Position/Landmark	Head first or feet first-Supine Sternal Notch			
Topogram Direction	Craniocaudal			
Respiratory Phase	Inspiration and Expiration			
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 16.0 / 70 / 30%			
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm			
Average Tube Output	Each Helical: ctdi – 10.7 mGy dlp – 396 mGy.cm			
First Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	<u>recon</u>	body <u>part</u>	thickness/ <u>spacing</u>	recon <u>destination</u>
	1	inspiration chest	5mm x 5mm	standard pacs
	2	thin chest	.6mm x .6mm	standard for dmpr
	3	inspiration lung	5mm x 5mm	lung pacs
Second Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	<u>recon</u>	body <u>part</u>	thickness/ <u>spacing</u>	recon <u>destination</u>
	1	expiration chest	5mm x 5mm	standard pacs
	2	thin chest	.6mm x .6mm	standard for dmpr
	3	expiration lung	5mm x 5mm	lung pacs
Scan Start / End Locations	1cm superior to nasopharynx through adrenal glands 38cm			
DFOV	decrease appropriately			
IV Contrast Volume / Type / Rate				
Scan Delay				
2D/3D Technique Used	DMPR of 5mm x 5mm coronal chest series (auto-batch on), average mode, of both inspiration and expiration auto-transferred to PACS.			
Comments:	This protocol consists of inspiration and expiration helical scans. The ct technologist should coach the patient to properly follow complete inspiration and expiration breathing instructions.			
Images required in PACS	Scouts, 5mm x 5mm axial inspiration chest, 5mm x 5mm inspiration coronal chest, 5mm x 5mm axial inspiration lungs, 5mm x 5mm axial expiration chest, 5mm x 5mm expiration coronal chest, 5mm x 5mm axial expiration lungs, navigator series from nasopharynx to carina of both inspiration and expiration helical sets, Dose Report			