ENTEROGRAPHY 16 Emotion

Indications	Evaluate infectious, inflammatory, or neoplastic processed within the small bowel
Diagnostic Task	Detect masses, free fluid, abscess, obstruction
Scan mode	Helical
Position/Landmark	2cm superior to xiphoid/Inspiration
Topogram	AP 25mA 110kV
kVp/Reference mass	130kv 160mas
Rotation time/pitch	0.6/0.8
Detector Configuration	16x1.2
Table Speed/Increment	15.36
Dose reduction	CareDose 4D
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy

Helical Set 45sec delay

recon	body part	thickness spacing	kernel	window	recon destination
1	abd/pelvis	2mmx 2mm	31medium smooth	mediastinum	pacs
2	coronal abdomen	2mmx2mm	31medium smooth	mediastinum	pacs
3	sag abdomen	2mmx2mm	31medium smooth	mediastinum	pacs

Helical Set 90sec delay
Only done for anemia or small bowel mass

recon	body part	thickness spacing	kernel	window	recon destination
1	abd/pelvis	2mmx 2mm	31medium smooth	mediastinum	pacs
2	coronal abdomen	2mmx2mm	31medium smooth	mediastinum	pacs
3	sag abdomen	2mmx2mm	31medium smooth	mediastinum	pacs

Scan start/end location for both helical sets	1cm superior to diaphragm lesser trochanters
DFOV	40cm decrease appropriately
IV contrast volume/rate	100ml isovue 370 4cc/sec
Scan delay	45sec/90sec
	Performed as directed by the Supervising radiologist

Special Handling:

Do NOT give regular oral contrast to patient.

WITH IV CONTRAST AND 3 BOTTLES OF VOLUMEN OR BREEZA

Please write amount of Volumen or Breeza patient has drank in your tech notes. If patient has had diarrhea or vomiting while drinking Volumen or Breeza, please write this in your tech notes.

Approximate Values for CTDIvol

Patient size	weight(kg)	weight(lbs)	CTDIvol(mGy)
SMALL	50-70	110-155	10-17
AVERAGE	70-90	155-200	15-25
LARGE	90-120	200-265	22-35

NOTE*

*The AAPM recommended NEMA XR29 Dose Notification Value for an adult torso is 50mGy. Dose Notification levels less than the AAPM recommended can be set. The maximum CTDI vol should match the dose notification value. Exams with CTDI vol values less than the minimum

Revision Date 8-15-2017/4-20-2018
Approved by Dr Ellermeier/Mollard

allowed range should not be performed unless approved by a radiologist.