

# CT Abd/Pelvis Venogram 64 Toshiba

Indications	For abdomen pain, pt with PE, evaluate for may thurner syndrome				
Diagnostic Task	Detect deep venous thrombosis, evaluate venous anatomy				
Scan mode	Helical				
Position/Landmark	Head or feet first-Supine				
Topogram	AP mA50 kV120 /Lat mA 70 kV120				
kVp/Reference mass	120kV average pt 135kV XL pt- Sure Exp 3D(120-550)				
Rotation time/pitch	0.5\0.828				
Detector Configuration	64x0.5				
Table Speed/Increment	26.5				
Dose reduction	Sure Exp 3D				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50mGy				
Helical Set #1 120 sec delay	recon	body part	thickness spacing	algorithm	recon destination
	1	abdomen/pelvis	2mmx 2mm	standard	paces
	2	sag abdomen	2mmx2mm	standard	paces
	3	coronal abdomen	2mmx2mm	standard	paces
	4	coronal MIP	5mmx2mm	standard	paces
Scan start/end location	1cm superior to diaphragm lesser trochanters				
IV contrast volume/rate	<200lbs 100ml, 200lbs+ 125ml isovue 370 3cc/sec				
Scan delay	Performed as directed by the supervising radiologist 120seconds				

**Oral contrast** 1000ml water 30min prior to exam

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

