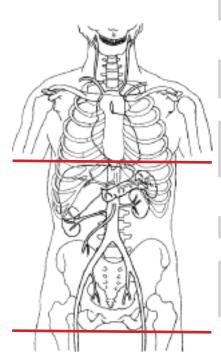


CT Abdomen/Pelvis with Contrast - Oral and IV



| Joinen, i civis with contrast. Oral and IV | | | | | |
|--|-----------------------------------|---|--|--|--|
| | Pt Position | Supine | | | |
| | Contrast | Oral: IV: 100 mL | | | |
| | Injection Rate | 2.5 mL/sec Minimum 22g | | | |
| | Respiration | Breath - hold | | | |
| | Volume Aquisition Specs | Appropriate to achieve images as specified in the following table | | | |
| Contrast timing | portal venous phase 60- 75 sec | | | | |

* Trauma abdomen/pelvis - IV and oral IF pt. can tolerate

Standard trauma and general abdominal/pelvic CTs should <u>NOT</u> come with delays. Exception: high clincial suspicion for severe pelvic fracture or initial scan concerning for bladder rupture. This must be approved by the radiologist.

| Topogram (Scout) | | | | |
|------------------|-----------|-----------|------------------|---|
| PLANE | ALGORITHM | THICKNESS | DFOV | |
| Axial +C | Abdomen | 5.0 mm | pt largest + 4cm | Portal venous phase - depends on your scanner |
| Coronal +C | Abdomen | 5.0 mm | pt largest + 4cm | Recon |
| Sagittal +C | Abdomen | 5.0 mm | pt largest + 4cm | Recon |

NOTES:

- Use at least 22g needle
- Follow GFR and Metformin protocols for contrast studies
- LMP on pts of child-bearing age
- Shield children when possible