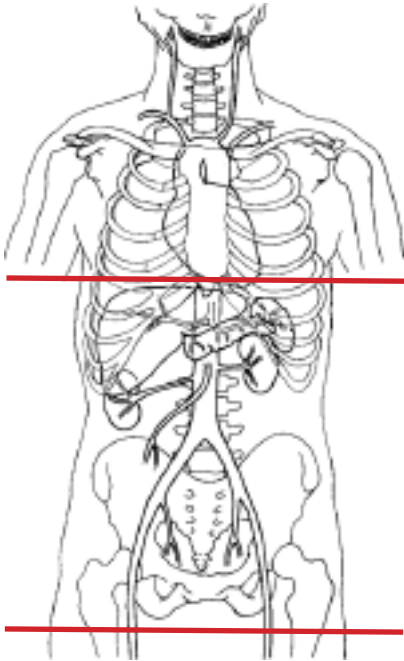


CT ENTEROGRAPHY



Pt Position	Supine
Contrast	VoLumen barium sulfate solution (E-Z-EM) IV: 120 mL Omni 350 (depends on pt weight)
Injection Rate	3 mL/sec minimum 22g IV
Respiration	Breath - hold
Volume Aquisition Specs	Appropriate to achieve images as specified in the following table - next page Dome of diaphragm to ischial tuberosity

Oral Contrast Procedure

450 cc (2 bottles)	60 minutes prior to CT scan
450 cc (2 bottles)	30 minutes prior to CT scan
250 cc (approx 1/2 bottle)	WATER 15 minutes after 4th bottle VoLumen

-Carefully monitor patient while consuming oral contrast

INDICATIONS

Chron's Disease	Small bowel abnormalities	Inflammatory disease
Subtle small bowel tumors	Other small bowel masses	Adhesions
Small bowel obstructions	Malabsorption	GI bleeding w/negative UGI
Unexplained abdominal pain		

CONTRAINDICATIONS this exam is NOT for ischemia (CT angiogram)

CT ENTEROGRAPHY

	Topogram (Scout) 64 slice scanner				
	PLANE	ALGORITHM	THICKNESS	DFOV	
Portovenous	Axial +C	Abdomen	2.5 mm	pt largest + 4 cm	60-75 sec Delay
MPR Reformat	Coronal +C	Abdomen	2.5mm/2.5mm	pt largest + 4 cm	reformat from portovenous scan
MPR Reformat	Sagittal +C	Abdomen	2.5mm/2.5mm	pt largest + 4 cm	
MIP Recon	Coronal +C	Abdomen	8mm/5mm	pt largest + 4 cm	

Special Considerations

Before administering any IV contrast, perform a low mA single-slice scan through mid-abdomen or topogram to check for adequate bowel distention

Make sure most of the VoLumen is not in the stomach before proceeding with exam