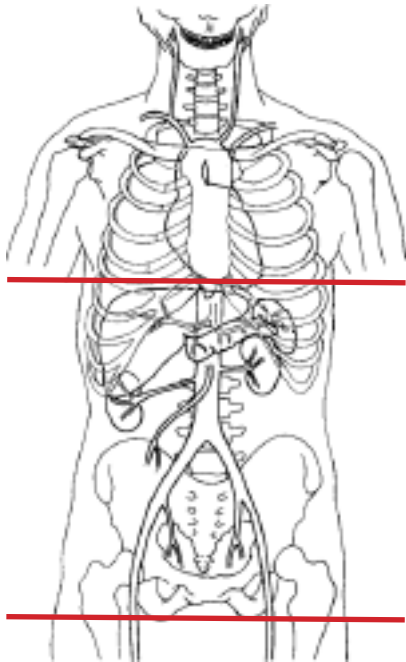


## CT UROGRAM / HEMATURIA PROTOCOL



<b>Pt Position</b>	Supine
<b>Contrast</b>	100 mL
<b>Injection Rate</b>	Minimum 22g prefer 20g 2.5 mL/sec
<b>Respiration</b>	Breath - hold
<b>Volume Aquisition Specs</b>	Appropriate to achieve images as specified in the following tables
- Dome of diaphragm to ischial tuberosity	
Patient should drink 1 liter of water 30 min prior to exam	

Topogram (Scout)				
PLANE	ALGORITHM	THICKNESS	DFOV	
Axial	Abdomen	5.0 mm	pt largest + 4cm	
Axial +C	Abdomen	5.0 mm	pt largest + 4cm	90 sec delay
Axial +C	Abdomen	5.0 mm	pt largest + 4cm	10 min delay - Techs call radiologist to see if distal ureters opacified If not, lay pt. prone and re-scan in 15 minutes
Coronal +C	Abdomen	3.0 mm	Scanned FOV	90 sec and 10 min reformats
Sagittal +C	Abdomen	3.0 mm	Scanned FOV	90 sec and 10 min reformats

### 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