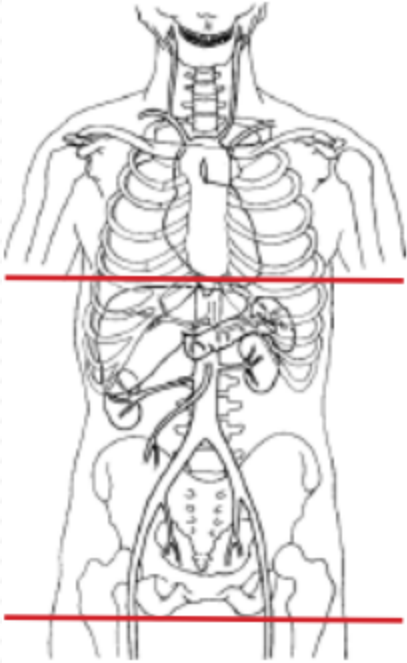


CT ABDOMEN PELVIS - UROGRAM / HEMATURIA



| | |
|--------------------|--|
| Indications | flank pain, hematuria |
| Patient Position | Supine |
| Contrast | IV = 100 mL |
| Injection rate | 2.5 mL/sec minimum 22 g prefer 20 g |
| Respiration | Breath- hold |
| Scan Parameters | dome of diaphragm to ischial tuberosity |
| Special note | Patient should drink 1 liter of water 30 minutes prior to scan. |

| PLANE | ALGORITHM | THICKNESS | DFOV | |
|--------------|-----------|-----------|-------------------|---|
| Axial | Abdomen | 5.0 mm | pt largest + 4 cm | Non contrast |
| Axial + C | Abdomen | 5.0 mm | | 90 sec delay |
| Axial + C | Abdomen | 5.0 mm | | 10 minute DELAY. Techs call rad to see if distal ureters opacified. If not, lay patient prone & rescan in 15 minutes. |
| Coronal + C | Abdomen | 3.0 mm | | MPR reformats on 90 sec delay AND 10 min delay |
| Sagittal + C | Abdomen | 3.0 mm | | MPR reformats on 90 sec delay AND 10 min delay |

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

Any deviation from protocol MUST be Radiologist approved. Rad Director will be notified if this occurs without prior approval.