ABDOMEN AND PELVIS

	Abdomen without and with IV Contrast				
Exam	Scan Range	Enteric Contrast	Pre/Post IV Contrast	Images Saved to PACS	
Adrenal	Through adrenals only	None	Unenhanced, check with rad Portal venous (if necessary) 10 minute delay (if necessary)	Soft tissue axial Soft tissue axial, sagittal and coronal Soft tissue axial	
		Abdomen with	IV Contrast		
Hepatic	Lung base through pelvic inlet	None	Arterial phase Portal venous phase 5 minute delay	Soft tissue axial Soft tissue axial, sagittal and coronal Soft tissue axial	
Pancreatic Mass (for pancreatitis use routine abdomen)	Lung base through pelvic inlet	No positive contrast. 250 mL water 15 min and just before scanning	Late arterial phase ¹ Portal venous phase ²	Soft tissue axial, sagittal, and coronal. MIP reconstruction. Curved multiplanar reconstruction per request of radiologist.	
	Abdor	nen and Pelvis	without IV Contrast		
CT Colonography (no known cancer)	Lung base to ischial tuberosity	Colon cleansing; oral stool tagging; rectal air ³	Unenhanced supine Unenhanced prone	Soft tissue axial, sagittal and coronal Soft tissue axial, sagittal and coronal	
Renal Stone	Top of kidneys to ischial tuberosity	None	Unenhanced	Soft tissue axial, sagittal and coronal	
Routine	Lung base to ischial tuberosity	None	Unenhanced	Soft tissue axial, sagittal and coronal	

¹ Late arterial phase (pancreatic phase) contrast injection rate 4 cc/s. Ideally bolus tracking 30 sec after lower thoracic/upper abdominal aortic enhancement is above 150 HU. Alternatively, timed 35 seconds after the start of contrast injection. Through pancreas & obtain slices as thin as possible. Send 2 mm with thinner slices available per request.

Portal venous phase (fixed time of 70 seconds after the start of contrast injection) of the entire abdomen.

Add rectal air until the abdomen is typanitic or the patient is uncomfortable.

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	Abdomen and Pelvis with IV Contrast				
CT Colonography (known cancer)	Lung base through ischial tuberosity	Colon cleansing; oral stool tagging; rectal	Portal venous phase supine	Soft tissue axial, sagittal and coronal	
		air ¹	Portal venous phase prone	Soft tissue axial, sagittal and coronal	
Oncology patient	Lung base through ischial	Oral contrast	Hepatic arterial phase ⁴	Soft tissue axial	
	tuberosity		Portal venous phase 10 minute delayed	Soft tissue axial, sagittal and coronal Soft tissue axial	
Pediatric patient	Lung base to ischial tuberosity	Oral contrast ⁵	Portal venous phase	Soft tissue axial, sagittal and coronal	
CT-enterography	Lung base through ischial tuberosity	Oral contrast ⁶	Arterial phase Portal venous phase	Soft tissue axial, sagittal, and coronal Soft tissue axial, sagittal, and coronal	
Routine	Lung base through ischial tuberosity	Oral contrast ⁷	Portal venous phase 5 min delayed ONLY if done for trauma or suspected pyelonephritis	Soft tissue axial, sagittal, and coronal Soft tissue axial	
	Abdome	n and Pelvis withou	out and with IV Contrast		
Renal lesion (RFA candidates)	Lung base through ischial tuberosity	None	Unenhanced supine Portal venous phase supine 10 minute delayed prone	Soft tissue axial Soft tissue axial, sagittal, and coronal Soft tissue axial	
CT Urogram	Lung base through ischial tuberosity	None	Unenhanced Combo portal venous/delayed ⁸	Soft tissue axial Soft tissue axial, sagittal, and coronal Soft tissue coronal MIPS through ureters	
		Pelvis without	IV Contrast		
CT Cystogram	Above iliac crest through ischial	None	Unenhanced	Soft tissue axial	

⁴ Add for hypervascular tumors: thyroid, choriocarcinoma, breast, melanoma, pancreatic islet cell, and carcinoid

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⁵ Oral contrast for pediatric patient: Use adult contrast diluted in half. For routine prep divide contrast into 3 cups and give one 2 hours before, another 1 hr before exam and the third immediately before exam. For more urgent prep give 2 cups contrast 1-2 hours before exam. Dose: 1-6 mo: 60-120 mo; 6 – 12 mo: 120-180 mL; 1 – 4 yr: 1880-270 mL; 4 – 8 yr: 270-360 mL; 8 – 12 yr: 360 – 480 mL; 12 – 16 yr: 480-600 mL

⁶ Oral contrast for enterography: 900 – 1400 mL Volumen or whole milk 20-30 min pre scan

⁷ Routine: 900 mL Redicat for 2 hrs or dilute iodinated contrast for 1 hr pre scan

⁸ Combined portal venous/delayed: first contrast bolus 80 mL @ 2.5 ml/sec + saline flush; second contrast bolus at 6 minutes after first bolus: 40 mL @ 2.5 ml/sec; scan at 8 minutes after the first bolus.

	tuberosity		bladder contrast instillation ⁹	Soft tissue axial, sagittal, coronal	
	Pelvis with IV Contrast				
Pelvis Soft Tissue	Above iliac crest through ischial	Oral contrast	Portal venous phase	Soft tissue axial, sagittal, coronal	
	tuberosity		5 minute delay	Soft tissue axial	

CHEST

Chest without IV Contrast					
Exam	m Scan Range Pre/Post IV Contrast Images Saved to PACS				
Routine	Lung apices through adrenals	Unenhanced inspiration	Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows		
High Resolution	Lung apices through adrenals	Unenhanced inspiration supine	Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows		
	Lung apices through lung bases	1 mm q 20 mm inspiration supine 1 mm q 20 mm expiration supine	High resolution pulmonary axial High resolution pulmonary axial		
	Carina to lung bases	1 mm q 20 mm prone	High resolution pulmonary axial		
Follow-up High	Lung apices through lung bases	1 mm q 20 mm inspiration supine	High resolution pulmonary axial		
Resolution ¹⁰	Lung apices through lung bases	1 mm q 20 mm expiration supine	High resolution pulmonary axial		
	Carina to lung bases	1 mm q 20 mm prone	High resolution pulmonary axial		
Pediatric	Lung apices through adrenals	Unenhanced inspiration	Soft tissue axial, sagittal, coronal		
Chest with IV Contrast					
Routine	Lung apices through adrenals	Enhanced inspiration – time contrast for descending aorta	Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows		
PE Study	Lung apices through adrenals	Enhanced inspiration – time	Soft tissue axial, sagittal, coronal		

⁹ Mix 25 mL contrast in 1,000 mL saline; unclamp and drain bladder through Foley; administer mix through Foley until pt feels full (usually around 500 mL) ¹⁰ To be used only when doing serial follow-up of a patient who has had a recent complete CT chest (within the past year) who does not have any known nodules undergoing follow-up.

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	contrast for pulmonary arteries	Axial thick MIP @ lung windows
		Oblique thick MIP pulmonary arteries

CHEST, ABDOMEN, AND PELVIS

Routine	Lung apices through diaphragm	Oral contrast	Enhanced chest – time for descending aorta	Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows
	Lung base through ischial tuberosity		Portal venous phase A&P	Soft tissue axial, sagittal, coronal
	Lung base through ischial tuberosity		5 min delayed ONLY if done for trauma or suspected pyelonephritis	Soft tissue axial
Oncology Patients	Lung apices through diaphragm	Oral contrast	Enhanced chest – time for descending aorta	Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows
	Lung base through ischial tuberosity		Portal venous phase A&P	Soft tissue axial, sagittal, coronal
	Lung base through ischial tuberosity		10 minute delay A&P	Soft tissue axial

CTA

Exam	Scan Range	Pre/Post IV Contrast	Images Saved to PACS
CTA Abdomen (Aorta or Renal)	Lung bases through iliac crest	Enhanced – time for abdominal aorta	Soft tissue axial, sagittal, coronal 3D surface rendered aorta
CTA Abdomen and Pelvis (Dissection or Graft)	Lung bases through iliac crest	Unenhanced Enhanced – time for abdominal aorta 3 minute delay (for graft)	Soft tissue axial Soft tissue axial, sagittal, coronal 3D surface rendered aorta Soft tissue axial
CTA Abdomen and Pelvis (Lower GI Bleeding)	Lung bases through ischial tuberosity	Unenhanced Arterial phase Portal venous phase 5 minute delay (check with radiologist)	Soft tissue axial Soft tissue axial Soft tissue axial, sagittal, coronal Soft tissue axial
CTA Abdomen – Lower Extremity Runoff	Above kidneys through toes	Enhanced – time for common femoral arteries Rescan from knee to toes (no delay)	Soft tissue axial, sagittal, coronal Axial 3D surface rendered aorta
CTA Chest	Lung apices through renal arteries	Unenhanced (for dissection or graft) Enhanced – time for descending aorta 3 minute delay (for graft)	Soft tissue axial Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows 3D surface rendered aorta Soft tissue axial
CTA Chest, Abdomen, and Pelvis (Entire Aorta for Aneurysm/Dissection)	Lung apices through ischial tuberosity	Unenhanced (if done for dissection) Enhanced – time for descending aorta (add 2 min delay for graft)	Soft tissue axial Soft tissue axial, sagittal, coronal Axial thick MIP @ lung windows 3D surface rendered aorta
CTA Head	C1 to vertex (12 cm FOV)	Enhanced – time for common carotid	Soft tissue axial (1 x 0.5 mm) Axial, sagittal, coronal radial MIPs
CTA Neck (with or without Circle of Willis)	Top of aortic arch to 3 rd ventricle (12 cm FOV)	Enhanced – time for common carotid	Soft tissue axial (1 x 0.5 mm) Axial, sagittal, and coronal radial MIPs (Reformat head and neck separately)

MUSCULOSKELETAL

See also University of Wisconsin musculoskeletal imaging protocols available at www.radiology.wisc.edu/sections/msk/protocols.php.

Exam	Scan Range	Images Saved to PACS (do 3D surface if requested)
Arm	Entire arm or as requested	Bone axial, sagittal, and coronal to humerus
Ankle	At least 4 cm above ankle through bottom of calcaneus Scan axial to ankle joint	Bone axial, sagittal, and coronal to mortise
Elbow	At least 6 cm above to 6 cm below joint	Bone axial to forearm and humerus Bone coronal to radius, ulna, and humerus Bone sagittal to humerus
Foot	At least 1 cm above ankle through entire foot	Bone axial, sagittal, and coronal to metatarsals
Forearm	Entire arm or as requested	Bone axial, sagittal, and coronal to radius
Hand	Entire hand or as requested Position prone with arm above head ("Superman") if tolerated. Center anatomy in gantry	Bone axial, sagittal, and coronal to radius
Knee	At least 6 cm above to 6 cm below knee	Bone axial, sagittal, and coronal to radius
Leg	Entire leg or as requested	Bone axial, sagittal, and coronal to femur
Pelvis	Above iliac crest to below ischial tuberosity	Bone axial, sagittal, and coronal
Shoulder	Above AC joint to below tip of scapula	Bone axial, sagittal, and coronal
Spine – Cervical, including CT-myelo	Skull base to T1. If pathology near border, scan additional levels	Bone axial, sagittal, and coronal 0.5 x 0.5 mm Soft tissue axial, sagittal, and coronal 2 x 2 mm
Spine – Lumbar, including CT-myelo	T12 – S1 or as requested. If pathology near border, scan additional levels	Bone axial, sagittal, and coronal Soft tissue axial, sagittal, and coronal
Spine – Thoracic, including CT-myelo	C7 – L1 or as requested. If pathology near border, scan additional levels	Bone axial, sagittal, and coronal Soft tissue axial, sagittal, and coronal
Thigh	Entire thigh or as requested	Bone axial, sagittal, and coronal to femur
Wrist	At least 4 cm proximal to radiocarpal joint through MCP joints	Bone axial, sagittal, and coronal to radius

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NEURO

Exam	Scan Range & Patient Position	Pre/Post IV Contrast	Images Saved to PACS
Head without IV Contrast (routine)	Skull base to vertex Angle gantry to orbitomeatal line	Unenhanced	Soft tissue and bone axial 3 x 3 mm Bone and soft tissue sag and cor2 x 2 mm
Head without IV Contrast (Code Stroke without Perfusion)	Skull base to vertex Angle gantry to orbitomeatal line	Unenhanced	Soft tissue and bone axial, sagittal, and coronal 2 x 2 mm
Head without IV Contrast (Craniosynostosis)	Foramen magnum to above skull vertex (20 cm FOV) No gantry angle	Unenhanced	Bone axial 0.5 x 0.5 mm Soft tissue axial 3 mm 3D surface rendered
Head without IV Contrast (Pediatric Head)	Skull base to vertex (17 cm FOV) Angle gantry with petrous pyramids	Unenhanced	Soft tissue and bone axial, sagittal, and coronal 3 x 3 mm
Head with IV Contrast (CT Head Venogram)	Skull base to vertex Angle gantry to orbitomeatal line	Enhanced; 2 ml/sec, scan following 120 sec delay	Soft tissue and bone axial 3 mm Soft tissue and bone sagittal and coronal 2 x 2 mm
Head without and with IV	Skull base to vertex	Unenhanced	Soft tissue and bone axial 3 mm
Contrast (Routine)	Angle gantry to orbitomeatal line	Enhanced; 2 ml/sec, scan following 120 sec delay	Soft tissue and bone axial 3 mm Soft tissue and bone sag and cor 2 x 2 mm
Head without IV Contrast	Skull base to vertex	Unenhanced	Soft tissue and bone axial 3 mm
(Code Stroke with Perfusion)	Angle gantry to orbitomeatal line	Enhanced – evaluate midbrain perfusion	Soft tissue and bone axial 1 x 0.5 mm CBV, MTT, CBF maps Reformat head and neck separately Radial MIPs axial, sagittal, coronal
Maxillofacial (Face)	Chin through skull No gantry angle	Unenhanced	Soft tissue and bone axial 0.5 x 0.5 mm Bone sagittal and coronal 0.5 x 0.5 mm

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Maxillofacial (Sinus Supine)	Inferior aspect of maxillary sinus through frontal sinus (FOV 15 cm) No gantry angle	Unenhanced supine	Bone axial, sagittal, and coronal 0.5 x 0.5 mm
Maxillofacial (Sinus Coronal Prone)	Posterior to sphenoid sinus through nose (FOV 15 cm) Angle gantry to face	Unenhanced prone, face perpendicular to floor	Bone axial, sagittal, and coronal 0.5 x 0.5 mm
Neck Soft Tissue	Aortic arch to skull base axial scans; BB marker at site of lump; do a second angled scan to evaluate any area obscured by dental artifact on the axial study	Enhanced; 90 sec delay	Soft tissue axial, sagittal, and coronal 2 x 2 mm
Temporal Bone	Mastoid tips through top of ears No gantry angle	Unenhanced	Bone axial 0.5 x 0.5 mm Recon right and left to a 9.6 cm FOV and reformat into coronal 0.5 x 0.5 mm
Parathyroid	Carina to the inferior aspect of the maxillary teeth	Arterial 60 sec delay	Soft tissue ax, sag, and cor 2 x 2 mm Soft tissue axial