CT Abdomen / Pelvis

**ACQUISITION**

<table>
<thead>
<tr>
<th>Patient Position</th>
<th>Supine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contrast</td>
<td>Oral: 4-8oz. doses, total 944 ml IV: Up to 150 ml Amount determined by weight / renal function</td>
</tr>
<tr>
<td>Injection Rate</td>
<td>2 ml/sec preferred Minimum 22g PIV</td>
</tr>
<tr>
<td>Respiration</td>
<td>Breath hold</td>
</tr>
<tr>
<td>Acquisition Specs</td>
<td>Appropriate to achieve images as specified in following reconstruction tables</td>
</tr>
</tbody>
</table>

A1

- Algorithm: Soft tissue
- Thickness: 5 mm
- Spacing: 5 mm
- FOV: Patient largest + 4 cm

A2

- Algorithm: Soft tissue
- Thickness: 1 mm
- Spacing: 0.8 mm
- FOV: Patient largest + 4 cm

A2R1

- Algorithm: Soft tissue
- Thickness: 10 mm
- Spacing: 5 mm
- FOV: Determined by acquisition

B1

- Algorithm: Soft tissue
- Thickness: 5 mm
- Spacing: 5 mm
- FOV: Patient largest + 4 cm

**RECONSTRUCTION**

**OTHER**

**Rectal Contrast:** if necessary per indication and requested by radiologist

**Contrast Amount:** 300-400 ml – as tolerated by patient

**Concentration:** 3%

500 ml saline solution, 24 ml Omnipaque 350

A2* If indication is “Rule out Appendicitis”

B* 5 minute delay done with history of pelvic cancer to allow for enhancement of bladder.

These include but are not limited to:

- Testicular
- Bladder
- Ovarian
- Cervical
- Prostate
- Uterine

Revised 05/20/2013
INDICATIONS

Abdominal pain
Weight loss
Nausea and vomiting
F/u tumors other than HCC
Fever
Possible free air
Possible SBO
General abdominal complaint
Appendicitis
Diverticulitis
PID / TOA
Abscess evaluation
Non-complicated pancreatitis or f/u after initial pancreas protocol
Post-op follow-up
Lower right quadrant
Abdominal hernia
Testicular mass