

Abdomen Two Phase KUB

Siemens 16 Slice

Application Examples: hematuria	
Oral Contrast	1 quart of water
IV Contrast / Volume	125 ml Omnipaque 300
Injection Rate	3.0 ml/sec

Technical Factors

Renal Calc	
Scan Type	Spiral
Detector Collimator	Acq 16 x 1.2mm
kV / mAs / Rotation Time > 180 lbs	130 kV / 155 mAs / 0.6 seconds
kV / mAs / Rotation Time < 180lbs	110 kV / 155mAs / 0.6 seconds
Care Dose 4D	On
Pitch	0.8
Typical CTDIvol >180 pounds	17.26 mGy
Typical CTDIvol <180 pounds	11.10 mGy

AP	
Scan Type	Spiral
Scan Delay	90 seconds
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time	130 kV / 155 mAs / 0.6 seconds
Care Dose 4D	On
Pitch	0.8
Typical CTDIvol	17.26 mGy

Topogram: AP, 512 mm

Renal Calculi	Width / Increment	Kernel	Window	Series Description	Networking
Recon 1	3 x 3	B30s	Abdomen	AXIAL WITHOUT	PACS

AP	Width / Increment	Kernel	Window	Series Description	Networking
Recon 1	3 x 3	B30s	Abdomen	AXIAL	PACS
Recon 2	1.5 x 0.7	B30s	Abdomen	AXIAL 1.5 x 0.7 STND	MPR / TERARECON

This protocol is used for evaluating common causes of persistent hematuria such as stones or tumors. It is used as an alternative to the Three Phase KUB protocol.

Exam Instructions: Patient should be instructed to drink one quart of water prior to arrival. If patient arrives without drinking water prior, give patient one quart of water to drink approximately 30 minutes before scan.

Patient Position: Patient lying supine with arms above head.

Scan Instructions: First, scan non-contrast kidneys through bladder. Inject saline test bolus and 50cc IV contrast and wait 8 minutes. Then, inject 75cc IV contrast and scan from diaphragm (include entire liver) through bladder using a 90 second scan delay.

Recons: Adjust FoV to fit body contour.

Reformations: Post processing done in 3D card.

Series: AP	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	3 x 3	Abdomen	COR	PACS
Recon 2	Sagittal MPR	3 x 3	Abdomen	SAG	PACS

3D: Raysum. Contact La Crosse Imaging Lab.