

CAP

Siemens go.All

Application Examples: tumor evaluation, restaging

Oral Contrast	Yes
IV Contrast / Volume	Omnipaque 300 / P3T
Injection Rate	P3T

Technical Factors

Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	65 seconds
Breath Hold	Inspiration

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.5
Pitch	0.8
Typical CTDIvol	10.34 mGy ± 50%

Topogram: Lateral & AP, 768 mm

CAP	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Br40	2	Mediastinum	AXIAL	PACS	None
Recon 2	Axial	2 x 2	Br64	2	Lung	AXIAL LUNG	PACS	None
Recon 3	3D:COR	3 x 3	Br40	2	Mediastinum	COR	PACS	Coronal MPR
Recon 4	3D:SAG	3 x 3	Br40	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon 5	3D:AXIAL	8 x 5	Br40	2	Lung	AXIAL MIP	PACS	Axial MIP
Recon 6	Axial	1.0 x 0.8	Br36	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TeraRecon	None
Recon 7	Lung CAD	1.0 x 0.7	Br60	2	Lung	LUNG CAD	PACS	None

This protocol is a combination of a routine thorax and abdominal study.

Patient Position: Patient lying supine with arms above head and lower legs supported.

Scan Range: Lung apices through ischial tuberosities.

Recons and Reformations: Set begin and end points on Recon 2 and 6 to *only* include lungs.

If being done for TRAUMA use the appropriate protocol labeled TRAUMA or add 2 extra Recon boxes

- 1) Radial Rib
- 2) Rib Parallel