Gundersen Health System

Abdomen Two Phase KUB

Siemens Flash

Application Examples: hematuria

Oral Contrast	H20
IV Contrast / Volume	150 ml Omnipaque 300 / Split Bolus
Injection Rate	3.0 ml/sec

Technical Factors

Renal Calc	
Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 120 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	8.11 mGy ± 50%

AP	
Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 150 m As
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	10.14 mGy ± 50%

Topogram: Lateral & AP, 512 mm

Renal Calc	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I41f	2	Abdomen	AXIAL WITHOUT	PACS	None

AP	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I41f	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	I41f	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	I41f	2	Abdomen	SAG	PACS	Sagittal MPR
Recon 4	3D:COR	3 x 3	I41f	2	Abdomen	COR MIP	PACS	Coronal MIP
Recon 5	Axial	0.6 x 0.6	I31f	2	Abdomen	AXIAL 0.6 STND	TeraRecon	None

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 with lower dose. Inject saline test bolus and 75mL IV contrast and wait 8 minutes. Then, inject 75 mL IV contrast and scan from diaphragm (include liver domes) to SP using a 90 second scan delay.

Recons and Reformations: Adjust FoV to fit body contour.

3D: Raysum