Abdomen Enterography   Siemens go.All

Application Examples: evaluate small bowel

Oral Contrast	3 bottles of Breeza
IV Contrast / Volume	125 ml Omnipaque 350
Injection Rate	5.0 ml/sec

Technical Factors

Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	55 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	0.5
Pitch (seconds)	0.8
Typical CTDIvol	10.34 mGy ± 50%

Topogram: Lateral & AP, 512 mm

Enterography	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Br40	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br40	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	Br40	2	Abdomen	SAG	PACS	Sagittal MPR
Recon 4	3D:COR	3 x 3	Br40	2	Angio	COR MIP	PACS	Coronal MIP
Recon 5	Axial	0.6 x 0.6	Br36	2	Abdomen	AXIAL 0.6 STND	TeraRecon	None

This protocol is particularly used for evaluating small bowel.

Patient Preparation: See Patient Education / Tests and Procedures / Imaging / Small Bowel Study with Prep. If patient arrives without taking oral preparation, still proceed with exam.

It is important to explain the entire drinking process to the patient before starting exam. Patient education is of the upmost importance because if they cannot comply with the oral contrast protocol, the bowel may not fill and distend adequately—resulting in an incomplete exam. The patient may need to be rescheduled—check with the Radiologist if unable to complete oral contrast requirement before starting exam.

Oral Contrast: Have the patient change into a gown and place IV before beginning oral contrast. The patient will sip three 450 ml bottles of Breeza (continuously) for a period of 45 minutes. The patient must be scanned at the 45 minute mark after the start of oral contrast.

Patient Position: Patient lying supine with arms above head.

Scan Range: Scan diaphragm to below ischial tuberosities.

Recons and Reformations: Adjust FoV to fit body contour.