# GE VCT 64 SLICE PROTOCOLS

## Protocol Name: PARATHYROID CT or PARATHYROID 4D CT SCAN

*Dr. Sadler and Dr. Kim are the only readers for this exam***

### INDICATIONS:
Evaluation of the parathyroid. Should only be done on patients with a high calcium and a high parathyroid hormone.

### IV CONTRAST:
75 cc of Ultra 300 followed by 25 ml of saline. 4cc/sec. 20ga or better IV in right AC.

### GENERAL EXAM GUIDELINES:
1.25 mm axial images in 3 phases—Std. recon 400ww/30wl with 2.5x2.5 avg sag and cor recons from 0.625 images on arterial and venous phase. 200 DFOV.

### TRIGGER OR CONTRAST DELAY:
Non contrast then 25 second delay and 80 second delay (50 seconds after the arterial phase set in the scanner) May need to use smart prep if poor cardiac output is known.

### PATIENT POSITIONING AND SCAN AREA
Patient supine. Head in holder. Rolled towel between shoulder blades. Landmark at mid sternum. Noncontrast cuts are taken from the hyoid bone to clavicular head. Arterial and venous cuts are taken from the angle of the mandible to the corina. No gantry tilt.

### ADDITIONAL POST PROCESSING:
None

### SEND EXAM:
Send scout, 1.25mm noncontrast, arterial and venous axial, and Sag, and Cor from arterial and venous phase, 45 degree oblique arterial and venous, and dose report to iSite.

### BILL AS:
Neck with/without contrast

### TECHNIQUE GUIDELINES:
120 kvp. Auto mA & Smart mA on.

### VCT SCANNER WITH ASIR PROTOCOL

<table>
<thead>
<tr>
<th>Scan Type</th>
<th>Start Loc</th>
<th>End Loc</th>
<th>Thick Speed</th>
<th>Interval (mm)</th>
<th>Gantry Tilt</th>
<th>SFOV</th>
<th>kv</th>
<th>ma</th>
<th>DFOV</th>
<th>Recon1</th>
<th>Recon2</th>
<th>Recon3</th>
<th>CTDIvol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helical Full</td>
<td>S100.0</td>
<td>I100.0</td>
<td>0.625</td>
<td>0.625</td>
<td>60.0</td>
<td>1.25</td>
<td>6.00</td>
<td>8.00~</td>
<td>20.0</td>
<td>0.625mm Std</td>
<td>1.25 Std</td>
<td>1.25 venous</td>
<td>Avg 13-30</td>
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<tr>
<td>0.4 sec rotation</td>
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<td></td>
<td>20.62 0.516:1</td>
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<td>Small Body</td>
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<td></td>
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<td>400ww 30wl SS30</td>
<td>400ww 30wl SS30</td>
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Only providers from ENT (EAR, NOSE & THROAT) should be ordering.

Dr. Jared Sadler’s personal cell phone number (503) 689-5159 if there are technologist questions about the exam protocol.

**TIP:** Roll up a towel and place it between patient’s shoulder blades to depress shoulders out of the way. Make sure patient doesn’t swallow, cough or move during scan (breath hold on to assist with this). Saline Chaser necessary to avoid streak artifact.

*updated 2/26/2018*