

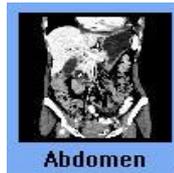
CT Department Work Flow Tip Exam: CT Urogram

QDOC Exam Code: [CABPELU+](#)

Protocol required

Systems: 16 slice to 256 slice

Protocol Location:



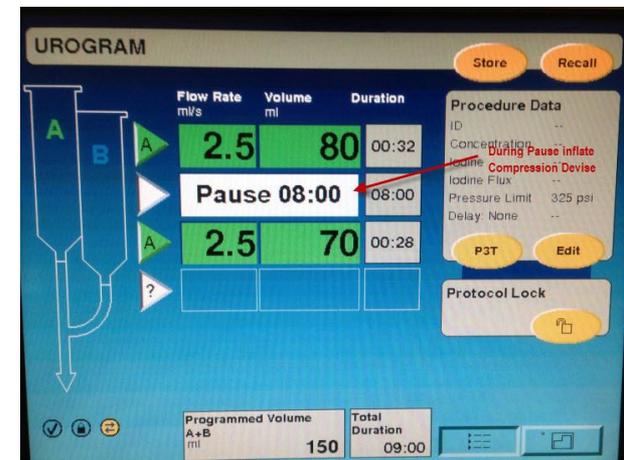
Exam:



Urogram

1. Scout: AP(180) 450 to 600 Scan Length
Breath Hold: inspiration
2. NonCon: 3mm x 1.5mm (abd & pelvis)
3. **Note: This exam is done with a split injection with a 8min pause. During the pause inflate bladders. Once all contrast is in and you reach 11min acquire next sequence.**
4. Upper Abdomen: 3mm x 1.5mm (5cm above most proximal kidney to below crest)
* Acquiring after 11min will show both renal pelvis' filled and both proximal ureters filled to compression device. If you don't see ureters in upper abdomen sequence then extend your scan range proximal on the release sequence.
5. IV access: 18g -22g
6. PO Prep: H2O Oral Prep = 1000mL
7. Contrast: Omni 300 150ml(routine)
8. Contrast Rate: 2.5 cc per sec.
9. Contrast delay: 11 minutes
10. Post Release: 3mm x 1.5mm(above crest to lesser trochanters)
Note release compression and immediately start acq, goal is to fill the distal ureters. Overlap ureters with upper filling in the previous acquisition.
11. Post Processing: Thins from Upper and Lower need to be sent to CT Workstation for 3Ds.

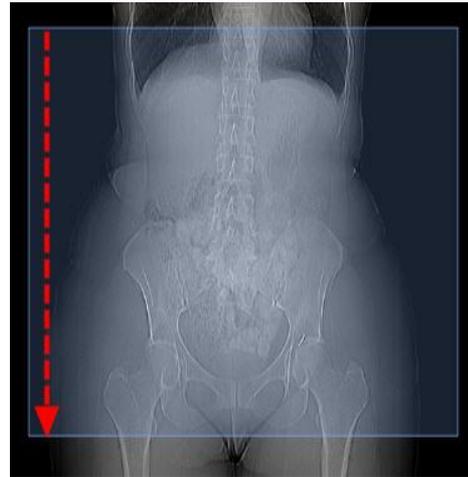
Note: If you do not see ureters down into the pelvis once all acquisitions have been completed contact reading radiologist for review. They may need delays if there isn't adequate filling of the distal ureters.



Device Placement



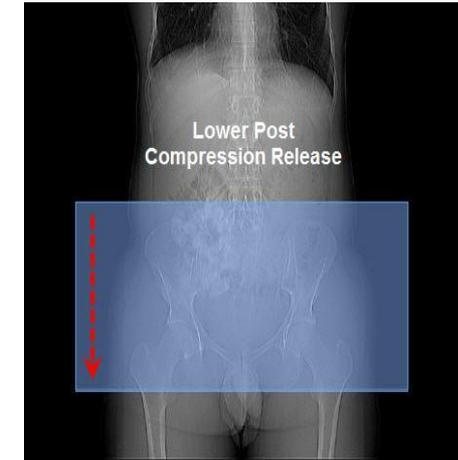
NonCons



Upper Abd.



Post release



- **Prep:** [Contrast Questionnaire](#) and [Current Labs](#) Needed.
- H2O Oral Prep = 1000mL
- Complete exam in QDOC

Billing: Contrast

If you draw labs bill venipuncture, bun and creatine (CHH only bill venipuncture).

- For In-Patients Order and MAR all contrast once given.
- If there are any questions about Questionnaire, prep, IV Contrast , or Protocol contact the Protocoling Rad.

