


CT Esophogram WO

Position/Landmark	Feet first. Position at chin
Scout	
Scan coverage	Entire lungs. Mid neck to mid kidney
Respiratory Phase	Inspiratory
Scan Type	Helical
PO Prep	30ml Omni 300 mixed in 500ml of water. (Double the concentration of regular PO+) -Have the patient take several sips of PO+ prep prior to laying down on the table. -Pt will need to swallow more PO+ seconds before the scan starts
Reason for exam	The scan is used to evaluate for esophageal perforation or rupture.

Scan Settings – CT Esophogram WO			
	Siemens SOMATOM Force	Philips iCT/Ingenuity	Canon Aquilion ONE Vision
kV Setting:	CAREkV Ref kV= 110	120	120
mA/mAs/TCM Setting:	CAREdose4D QRM = 61, Dose Savings Slider at 3	DoseRight DRI = 19, Liver DRI Boost +3	SureExposure3D (SD=12.5)
Iterative Reconstruction Setting:	Admire Strength 3	iDose 2	AIDR 3D Mild

Scan and Recon Instructions – CT Esophogram WO	
1.	Have the patient take several sips of PO+ prep prior to laying down on the table
2.	Scout – Chin to mid abdomen (Arms above head)
3.	Go over swallowing instructions with patient. <ul style="list-style-type: none"> • Patient should take a large mouthful of contrast into their mouth. They should not swallow until given an agreed upon prompt. After swallowing the patient needs to stop breathing. • IE: The tech gives the patient a mouthful of contrast, tells them to swallow, and then begins the scan with 1-2s delay.
4.	Lower neck to mid kidney (Blue box) <ul style="list-style-type: none"> - Axial 3mm x 1.5mm (soft tissue) - Axial 3mm x 1.5mm (lung) - Coronal 3mm x 1.5mm (lung) - Sagittal 3mm x 1.5mm (bone)