

Chest CT protocol List

Chest Without—Standard CT, 1 and 5mm slices during inspiration with MIPS

Chest With—Standard CT, 1 and 5mm slices during inspiration with MIPS after contrast

Contrast in Chest CT is most helpful for hilar and mediastinal adenopathy.

*****For all cancer-related exams with concurrent neck or abdominal imaging ordered with IV contrast, the chest should also be protocollled with contrast. (significant radiation dose savings, better evaluation for lymphadenopathy, plus you will not miss PE at lung bases).*****

HRCT— Standard CT chest without contrast PLUS the following additional images

- HR cuts (1mm with sharp kernel) during inspiration,
- **Discontinuous** expiratory images to check for air trapping.
- Discontinuous prone imaging through the lung bases (can help differentiate atelectasis from fibrosis)

Indications for HRCT include pulmonary fibrosis, sarcoidosis, ILD etc

***** IF HRCT is ordered on an inpatient, look into indication and recent other imaging to ensure no acute disease or atelectasis (This exam is not good with other acute processes, **best done outpatient**).**

Lung Cancer Screening— Low dose protocol with fixed mAs

Low Dose – non contrast exam with similar parameters to a lung cancer screen. If an exam is ordered without contrast, consider changing to low dose, especially if the indication is “nodule follow-up” or the patient is young.

Gated Aorta – with, without & with—CTA with EKG gating of the aortic root and ascending aorta. The rest of the chest is then scanned without gating.

For this protocol scroll down and choose whether you want your study with contrast or without or with and without

The non contrast portion of this exam increases radiation dose, but is useful in some cases to evaluate for intramural hematoma, and to differentiate surgical material from enhancement.

IF acute chest pain, prior aortic root repair, or stent graft perform non contrast and with contrast

If the indication is simply to assess aortic size, just with contrast (Can also be done noncon CT or noncon MRI if poor renal function)

If you do not need a non con- write ‘no non con’ to the protocol notes

Sometimes a non con gated may be performed- check with attending if there is such a request.

CTPA—Evaluation for acute pulmonary embolus.

SVC Protocol—CT with contrast with approx. 2 minute delay, evaluates venous structures in the neck and central chest

Tracheobronchomalacia Protocol —Similar to HRCT but **continuous** expiratory with forced expiration.

If indication or comments says **virtual bronch** use this. Check the “Scheduling Instructions” for the exam, as sometimes the provider will put the request under this heading.

Tracheal Stent Protocol—Only used for tracheal stent pre-placement.

Calcium score—Self explanatory

Thoracic Outlet Protocol- Self explanatory

Cardiac CT/TAVR Protocol/ MIDCAB eval—Do not protocol- faculty protocol these

Double r/o protocol-Pulm AVM, R/O rule out CTA dissection and CTPA.

CT esophagography- for esophageal leak