CT Upper Extremity for Abscess

GE Revolution

Approval: R. Tompkins, MD rev:1 5/13/2026

INDICATION	Abscess, mass. (For DX Abscess, typically performed w/o and with contrast)
POSITION / LANDMARK	Supine / SN
START/END LOCATIONS	
CONTRAST PARAMETERS	100ml Isovue 300 @ 2cc per second
RESPIRATORY PHASE	n/a
SCAN DELAY	60 sec.
SCAN TYPE	Helical

Series	KV	mA	Rot Time (sec)	Pitch	Speed (mm/rot)	Noise Index	ASiR	Dose Reduction
	120	Smart mA 80-350	0.6	0.984:1	39.37	10.07	30%	

TECHNIQUE	Using automated exposure control and adjustment of the mA and/or kV according to patient size, radiation dose to be kept as low as reasonably achievable to obtain optimal diagnostic quality images.

Scans

Series #	Series	Body Part	DFOV	Thick/Space	Algorithm	Notes
1	Loc					AP/Lat
2	Source data	Extremity	25	1.25x1.25	STND	W/O Contrast Scan completely through any fracture or metallic hardware. Use metal artifact reduction when applicable
3	Source data	Extremity	25	1.25x1.25	STND	With Contrast Scan completely through any fracture or metallic hardware. Use metal artifact reduction when applicable

Recons

Recon source Series #	Recon	Body Part	Thick / Space	Algorithm	W/L	Notes

*Please note, recons are displayed as thickness X spacing

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2	AX	Extremity	1.25x1.25	Bone Plus	400/40	W/O
2	COR	Extremity	1.25x0.625	STND		W/O
2	SAG	Extremity	1.25x0.625	STND		W/O
3	AX	Extremity	1.25x1.25	Bone Plus	400/40	With Contrast
3	COR	Extremity	1.25x0.625	STND		With Contrast
3	SAG	Extremity	1.25x0.625	STND		With Contrast

2D / 3D Processing

Series required in PACS

Loc, Dose Report, All Source Data, ALL recons

ADDITIONAL INSTRUCTIONS:

*Please note, recons are displayed as thickness X spacing