



Protocoling a CT Scan :

From Physician Request to Radiologist Protocol: Optimizing the Imaging Process



Objectives



Understand how the orders are placed.



Understand what happens after the orders are placed.



Understand what happens the day of CT scan, to getting the results.



YOU GO TO YOUR PRIMARY CARE PHYSICIAN AND TELL THEM YOU HAVE ABDOMINAL PAIN.

How the orders are placed in the electronic medical record (EMR).

EPIC = UWHC Version of EMR



C-TECC

CT Education and
Collaboration Collective





How the orders are placed in EPIC

Based on patient's symptoms the physician orders CT scan through EPIC (EMR)



Does the exam need IV contrast?

Order Search

CT ABDOMEN



Procedures

Name	Px Code
CT ABDOMEN PELVIS W & W/ O IV CONTRAST	R07033
CT ABDOMEN PELVIS W IV CONTRAST	R07416
CT ABDOMEN PELVIS W/ O IV CONTRAST	R07005
CT ABDOMEN W & W/ O IV CONTRAST	R74170
CT ABDOMEN W IV CONTRAST	R74160
CT ABDOMEN W/ O IV CONTRAST	R74150
CT ANGIO ABDOMEN	R74175



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Choosing the correct information

Ordering provider needs to fill out as much information as possible.

CT ABDOMEN PELVIS W IV CONTRAST Accept Cancel

Timing: Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months 1 Year ☐ Approx.

Expires: 9/17/2026 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year 18 Months

Priority: **Routine** ASAP STAT

Class: Normal **Normal** Outside

Dx association: Search for diagnosis **+ Add**

Modifiers:

CC Results: **+ Free Text 4** **+ My List 5** **+ Classes 6** **+ Pools 7**

Add recipients

Can pt be given oral contrast?

Yes - by mouth, per protocol **Yes - route other than by mouth** **No - not indicated per protocol** **No - not indicated STAT**

No - Other (specify in comments)

What specific question(s) would you like answered by this exam? Please include relevant recent/past history.

Pt needs creatinine level w/in 30 days of exam? (Diabetes managed w/ meds [optional], using metformin combinations, hist of renal disease [incl tumor, surg, kidney transplant, dialysis])

Yes **No**

Last creatinine value? (will auto pull in date and value in comment)

No Creatinine within last 30 days

For Scheduling purposes, is the patient claustrophobic or require any form of sedation? Note: ordering provider is responsible for prescribing oral anxiolytic or ordering sedation services.

No

Last patient weight? (will auto pull in value and date in comment)

Appropriate use of contrast per Radiologist?

Yes **NO CONTRAST PER ORDER** **USE CONTRAST PER ORDER** **WITH AND WITHOUT CONTRAST PER ORDER**

Obtain Creatinine if no results in last 30 days or if needed per policy?

Yes **No**

Release to patient **Immediate** Manual release only

Will this patient be admitted post procedure?

Yes **No**

Comments: **Insert SmartText** 100%

Entering all pertinent information

CT ABDOMEN PELVIS W IV CONTRAST

Accept Cancel

Priority: Routine Routine STAT

Class: Inpatient

Dx association: Search for diagnosis + Add

Existing diagnoses and problems:

- ☐ Pain
- ☐ Gout due to hyperuricemia associated with mutation in HPRT1 gene
- ☐ MDD (major depressive disorder), recurrent episode, moderate (HCC)

Modifiers:

CC Results: + Care Team 2 + Treatment Team 3 + Free Text 4 + My List 5 + Classes 6 + Pools 7

Add recipients

Diagnosis Codes /
R-Codes (ICD-10) :

Describes "medical
condition, symptom,
disease" (appendicitis).

R-Codes:

Describes "symptoms"
(chest pain, fever, rash)
used for billing.

CPT Codes:

Describes "what" was
done (procedures,
services, lab test,
radiology). Used for
insurance
reimbursement.

Diagnoses Search - ZZZTEST,LANSING

abdominal pain

Browse Preference List Database

ID	Name	ICD-10 Codes	HCC
913916	Abdominal pain	R10.9	
1286921	Abdominal pain affecting pregnancy	O26.899, R10.9	
1287018	Abdominal pain affecting pregnancy, antepartum	O26.899, R10.9	
1744595	Abdominal pain after vaccination	R10.9, T50.Z95A	
1045957	Abdominal pain as manifestation of blood transfusion reaction	T80.89XA, R10.9, Y84.8	
286889	Abdominal pain complicating pregnancy	O26.899, R10.9	
318187	Abdominal pain complicating pregnancy, antepartum	O26.899, R10.9	
1031260	Abdominal pain decreased with position change	R10.9	
1031262	Abdominal pain despite therapy for Crohn's disease (HCC)	K50.92	CC

Abdominal pain

- Pain of upper abdomen R10.10
- Right upper quadrant abdominal pain R10.11
- Left upper quadrant abdominal pain R10.12
- Epigastric pain R10.13
- Suprapubic pain R10.24
- Lower abdominal pain R10.30
- Right lower quadrant abdominal pain R10.31
- Left lower quadrant abdominal pain R10.32
- Periumbilical abdominal pain R10.33
- Generalized abdominal pain R10.84

View Calculator

Accept Cancel

More "specific" options
for DX association

Putting in the
pertinent and
correct
information,
ultimately helps
Radiology figure
out what CT
imaging to
obtain.

Entering all pertinent information



Do they need oral contrast?

 Can pt be given oral contrast?

<input checked="" type="button" value="Yes - by mouth, per protocol"/>	Yes - route other than by mouth	Yes, Bariatric post op <1 month
No - not indicated per protocol	No - not indicated STAT	No - Other (specify in comments)

Do they need labs?

Last creatinine value? (will auto pull in date and value in comment)

Obtain Creatinine if no results in last 30 days or if needed per policy?

Do they need IV contrast?

Appropriate use of contrast per Radiologist?

<input checked="" type="button" value="Yes"/>	NO CONTRAST PER ORDER	USE CONTRAST PER ORDER	WITH AND WITHOUT CONTRAST PER ORDER
---	--	---	--

Completed order in EPIC



Radiant

Health Link TST

Hyperspace - Health Link TST

Search (Ctrl+Space)

Recent Exams

Status Report

Apps

Anc Orders

Paging

Quick Stroke

Chart

Study History

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Telephone Call

Patient Lists

Schedule

ED Track Board

Service Task

Patient Transport

More

Zzztest, Lansing

Snapshot

Chart Review

Patient Station

Appt Desk

Synopsis

Demographics

Ancillary Orders

Ancillary Orders

Refresh

Settings

New Order

Change Order

Copy Order

Cancel Order

Appt Desk

Schedule

Walk In

Add-on

Edit Notes

Add Scans

Manage

?	Exp	Exp Dt	O/S	Procedure	EXPECTED ...	Appt Date	Dept	Primary Dx	Order Date	Study Status	Category
☒	0	08/04/2026		CT ABDOMEN PELVIS W IV CONTRA...				Pain	08/04/2026		CT W CONT.

Ancillary Orders

Ancillary Orders

CT ABDOMEN PELVIS W IV CONTRAST [R07416]

Patient Information

Name	Zzztest, Lansing	Legal Sex	Male	DOB	4/28/1969	Age	57 yrs
Allergies	Not on File	Height		Weight			
Ordering Priority	Routine	Inpatient Unit	SAH SURG SERV	Inpatient Room	SAH OR	Inpatient Bed	NONE

Ordered On 8/4/2026 2:43 PM

Ordering Provider	Labphyl Zzztest, MD	Unknown Specialty	999-999-9999
Authorizing Provider	Labphyl Zzztest, MD	Unknown Specialty	999-999-9999
Ordering User	Carrie M Bartels, Imaging Spec	Imaging Specialists	263-8290
Ordering Department	SAH SURG SERV	Surgical Services	779-696-4013

Protocol Summary

Protocol not completed.

Order Questions

Can pt be given oral contrast?	Yes - by mouth, per protocol
Current signs and symptoms?	
What specific question(s) would you like answered by this exam? Please include relevant recent/past history.	
Last creatinine value? (will auto pull in date and value in comment)	No Creatinine within last 7 days
Last patient weight? (will auto pull in value and date)	0 lbs ()
Transport Method	Floor Determined/Entered
Appropriate use of contrast per Radiologist?	Yes
Obtain Creatinine if no results in last 30 days or if needed per policy?	Yes
Release to patient	Immediate
For Scheduling purposes, is the patient claustrophobic or require any form of sedation? Note: ordering provider is responsible for prescribing oral anxiolytic or ordering sedation services.	

Protocol

A **protocol** is an official set of rules and procedures that guide how people, devices, or systems behave and communicate. Depending on the context, it refers to:  Fastly +1



The word “Protocol” means different things to different groups.

Radiologist

To a radiologist, a **protocol** is a set of specific technical instructions that dictates exactly how a medical imaging scan must be performed for a specific medical condition. 

Technologist

To a CT technologist, a protocol is a mandatory step-by-step recipe for running the CT scanner to capture high-quality diagnostic images safely. 

While the radiologist decides *which* protocol to use based on the medical question, the CT technologist is the professional responsible for **executing** those exact technical parameters at the machine console. 



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Abdominal (and CAPs)

Protocols	
Chest/Abd/Pelvis with IV Contrast	5.4/5.5/5.6
Chest/Abd/Pelvis without IV Contrast	5.7/5.8/5.9
CTPA for PE with Abd/Pelvis	5.19/5.20/5.21
Trauma - Chest	5.22/5.23/5.24
Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27
Abd/Pelvis (Dual Energy)-Under 250lbs	6.1
Abd/Pelvis	6.1/6.2/6.3
Trauma - Abd/Pelvis	6.4/6.5/6.6
Penetrating Abdominal Trauma	6.4/6.5/6.6
High Image Quality Cancer Follow-Up Abd/Pelvis	6.7/6.8/6.9
Abd/Pelvis - Flank Pain	6.10/6.11/6.12
Limited Follow-Up Kidneys Only	6.13/6.14/6.15
Abd/Pelvis - Colonography	6.16/6.17/6.18
Abd/Pelvis - Colonography with IV Contrast	6.19/6.20/6.21
Abd/Pel - Urography (Dual Energy)-Under 250lbs	6.22
Abd/Pelvis - Urography	6.22/6.23/6.24
Abd-Liver - Biphasic (Dual Energy)-Under 250lbs	6.25
Abd-Liver - Biphasic	6.25/6.26/6.27

Chest

Protocols

Chest - (Routine and High-Resolution)
Chest - Low Dose Follow-up/Screening
Chest - CTPA for PE
Chest - Esophagram
Chest - Dynamic 3D Airway

Abd - Venogram (Pre-IVC Filter Removal)	6.73/6.74/6.75
CTA Abd/Pelvis - Active Bleeder (Dual Energy)-Under 250lbs	6.79
CTA Abd/Pelvis - Active Bleeder	6.79/6.80/6.81
Abd-Liver HCC (Dual Energy)-Under 250lbs	6.82
Abd-Liver - Hepatocellular Carcinoma (HCC)	6.82/6.83/6.84
CTA Abd-Liver - Transplant Recipient Workup (Dual Energy)-Under 250lbs	6.85
CTA Abd-Liver - Transplant Recipient Workup	6.85/6.86/6.87
Abdominal Wall Flap CTA	6.88/6.89/6.90
Lower Extremity CTA and Trauma-Chest/Abd/Pelvis	
Cystogram	8.10/8.11/8.12
Body Pelvis (Dual Energy)-Under 250lbs	8.16
Body Pelvis	8.16/8.17/8.18
Neck/Chest/Abd/Pelvis	
Trauma -- CTA Head/Neck/Chest/Abd/Pelvis	
Abd/Pelvis - R/O Hernia (Use routine Abd/Pelvis protocol)	6.1/6.2/6.3
Abd/Pelvis - Upper GI (UGI) (Use routine Abd/Pelvis protocol)	6.1/6.2/6.3

Neuro

Protocols

Brain - Routine (Helical Mode)	1.1
Brain - Helical Scan with Angled Axial Reformations	1.2
Brain - Routine (Axial Mode)	
Brain Post Thrombolysis Helical (Dual Energy)	
3D CT (Craniosynostosis, Congenital Facial Asymmetry)	
Stroke Deluxe -- Total Cerebrovascular	
CTA Head Only (Stenosis, Aneurysm, Unruptured Aneurysm)	
CTA Head Only (Dual Energy)	
CT Venography Head & Neck	
Stereotactic Head	
EMC Stroke Deluxe - Total Cerebrovascular	

Neck (Salivary Gland)
CTA Neck Only (Cerebrovascular Disease)
Neck (Hypervascular Papillary Thyroid)
Adult Cervical Spine (without Metal)
Adult Cervical Spine (with Metal)
Adult Lumbar Spine (without Metal)
Adult Thoracic Spine (without Metal)
Stereotactic Spine
Adult Lumbar Spine (with Metal)
Adult Thoracic Spine (with Metal)

	CT1	CT2	Canon	CT4	ER	AFCH	DHC
	CT1	CT2		CT4	ER	AFCH	DHC

Cardiovascular

Protocols

CARDIAC								
Coronary	5.37/5.38/5.39		CT2	Canon	CT4	ER		
Calcium Score	5.37/5.38/5.39		CT2	Canon	CT4	ER		
TAVR	5.43/5.44/5.45		CT2	Canon	CT4	ER		
TAVR W/O	5.47/5.48/5.49		CT2	Canon	CT4	ER		

Musculoskeletal

Protocols

Shoulder/Humerus (with or without Metal)	4.1/4.2/4.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Gout Upper Extremity (Dual Energy)	4.4		CT2		CT4	ER		
Zimmer/Biomet Shoulder	4.5	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Elbow/Forearm (without Metal)	4.6	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Elbow/Forearm (with Metal)	4.7	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Wrist (without Metal)	4.8	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Wrist (with Metal)	4.9	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Chest Wall/Clavicle/AC Joint/SC Joint/Sternum/Ribs	4.13/4.14/4.15	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Gout Spine/ Shoulder (Dual Energy)	7.16/7.17/7.18		CT2		CT4	ER		
Bony Pelvis/Hips/SI/Femur/FAI (without Metal)	8.1/8.2/8.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Bony Pelvis/Hips/SI/Femur/FAI (with Metal)	8.4/8.5/8.6	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Hip Preservation CT	8.13	CT1	CT2		CT4	ER	AFCH	DHC
Mako Hip	8.14	CT1	CT2		CT4	ER		DHC
Ankle/Foot/Distal Tibia (without Metal)	9.1	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Ankle/Foot/Distal Tibia (with Metal)	9.2	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Knee/Tibia (without Metal)	9.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Knee/Tibia (with Metal)	9.4	CT1	CT2	Canon	CT4	ER	AFCH	DHC
BODYCAD Lower Extremity	9.5		CT2	Canon	CT4	ER		DHC
Gout Lower Extremity (Dual Energy)	9.6		CT2		CT4	ER		
Mako Knee	9.7	CT1	CT2		CT4	ER	AFCH	DHC
Femoral Anteversion/Lower Extremity Rotational Study	9.8/9.9/9.10	CT1	CT2		CT4	ER	AFCH	DHC
Pre-op Prophecy/S+N	9.16				CT4	ER		
Soft Tissue Extremity with IV Contrast	9.24/9.25/9.26	CT1	CT2	Canon	CT4	ER	AFCH	DHC

Upper Extremity	4.10/4.11/4.12		CT2	Canon	CT4	ER		DHC
Thoracic Outlet	5.83/5.84/5.85	CT1	CT2		CT4	ER	AFCH	DHC
Lower Extremity	9.13/9.14/9.15		CT2	Canon	CT4	ER		
Fibular Flap	9.13/9.14/9.15		CT2	Canon	CT4	ER		

Completed protocol in EPIC



Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27
Abd/Pelvis (Dual Energy) -Under 250lbs	6.1
Abd/Pelvis	6.1/6.2/6.3
Trauma - Abd/Pelvis	6.4/6.5/6.6
Penetrating Abdominal Trauma	6.4/6.5/6.6
High Image Quality Cancer Follow-Up Abd/Pelvis	6.7/6.8/6.9
Abd/Pelvis - Flank Pain	6.10/6.11/6.12
Limited Follow-Up Kidneys Only	6.13/6.14/6.15
Abd/Pelvis - Colonography	6.16/6.17/6.18
Abd/Pelvis - Colonography with IV Contrast	6.19/6.20/6.21
Abd/Pel - Urography (Dual Energy) -Under 250lbs	6.22
Abd/Pelvis - Urography	6.22/6.23/6.24
Abd-Liver - Biphasic (Dual Energy)-Under 250lbs	6.25
Abd-Liver - Biphasic	6.25/6.26/6.27
CTA Abd-Liver - Triphasic (Dual Energy)-Under 250lbs	6.28
CTA Abd-Liver - Triphasic	6.28/6.29/6.30
Abd-Adrenal Gland - Adenoma (Dual Energy)-Under 250lbs	6.31
Abd-Adrenal Gland - Adenoma	6.31/6.32/6.33
CTA Abd-Liver - Donor Work-up	6.37/6.38/6.39
Abd-Pancreas Cancer (Dual Energy)-Under 250lbs	6.40
Abd - Pancreas Cancer (Neoplasm Screening)	6.40/6.41/6.42



Reason For Exam: CT ABDOMEN PELVIS W IV CONTRAST

Dx: Pain [R52 (ICD-10-CM)]

•Radiology then must choose what abdomen/pelvis protocol they need. This is based off the patient's symptoms/chief complaints that the ordering provider provides.

Quick Guides

Body Protocol Quick Guide

When in doubt, please ask/double check/call referring provider!

Protocol Name	Protocol Number	Indication(s)	Phases	Oral Contrast	Design Philosophy
Chest/Abd/Pelvis with IV Contrast	5.4/5.5/5.6	Evaluate for adenopathy, abscess and Neoplasm, infection	Chest (with or without IV per protocol) & A/P (Portal Venous)	Oral	This protocol is most commonly applied to patients with neoplasm that may affect the entire torso, but is not expected to affect the head and neck.
Chest/Abd/Pelvis without IV Contrast	5.7/5.8/5.9	Evaluate for adenopathy, abscess and Neoplasm, infection	Chest (without IV) & A/P (without IV)	Oral	This scan is usually performed for the evaluation of tumor or other
CTPA for PE with Abd/Pelvis	5.19/5.20/5.21	Pulmonary Emboli and any intraabdominal pathology	Chest (CTA) & A/P (Portal Venous)	Oral	Co
Trauma - Chest	5.22/5.23/5.24	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	CTA	None	inj
Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	CTA Chest, Portal Venous A/P, Optional 7 min Delay through A/P	None	En
Abd/Pelvis	6.1/6.2/6.3	Evaluate for abdominal pathology other than hypervascular tumors. Increasing Erythema, Abscess, infection, sepsis, Leukocytosis, Abdominal pain, distention, obstruction, Acute sided abdominal TTP, Fournier's gangrene, Pancreatitis (chronic or Necrotizing), Abdominal wall drainage, fistula, Nausea, vomiting, Chron's with acute pain/complication	Portal Venous	Oral	Th
Abd/Pelvis- Bariatric protocol	6.1/6.2/6.3	Post-Op Bariatric Surgery.	Without or Portal Venous	150 ml Oral	Th
Abd/Pelvis-Without	6.1/6.2/6.3	Used for Retroperitoneal Bleeds, or when IV contrast can not be given.	Without	Oral	For patients where it is contraindicated to get IV contrast.
Trauma - Abd/Pelvis	6.4/6.5/6.6	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	Portal Venous & Optional 7 min Delay	None	Emergency evaluation for traumatic organ disruption. This is usually reserved for a direct blow to the abdomen or low velocity MVA. Note: Routine creatinine cut-off for IV contrast administration does not apply in a trauma.
Penetrating Abdominal Trauma	6.4/6.5/6.6	Emergency evaluation for penetrating injury to the abdomen (i.e. knife). Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	Portal Venous	Rectal	If there is concern for bowel injury due to penetrating injury (like a knife wound), rectal contrast helps identify this. Otherwise the survey looks for any other traumatic injury that we would otherwise see on the standard trauma – abd/pelvis protocol.

Based off indication, symptoms and history by ordering provider Radiology then picks the best suited protocol that will hopefully answer as many of those questions as possible.

After using protocoling resources, protocol is then entered in the CT order by Radiology (either Technologist or Radiologist)

CT Protocol

Protocoling section:

CT Protocol:

UWHC Protocol Wiki Link

Body Protocol:

Body Regions:

Body Liver Protocol Options:

Abdominal Cardiovascular Chest MSK Neuro Peds Community Swedish American

Body Chest CV Msk Neuro Spine VC

[CT Protocols Reference](#)

Routine High Image Quality Cancer Follow-up Liver Pancreas GI GU CTA Body Abdominal Wall Flap Misc Trauma Peds Appy

Chest Abdomen Pelvis

Bi-Phasic R/O HCC Tri-Phasic Liver Transplant Recipient Workup Liver Donor Workup

CT Protocol

Protocoling section:

CT Protocol:

UWHC Protocol Wiki Link

Body Protocol:

Body Regions:

Body Pancreas Protocol Options:

Abdominal Cardiovascular Chest MSK Neuro Peds Community Swedish American

Body Chest CV Msk Neuro Spine VC

[CT Protocols Reference](#)

Routine High Image Quality Cancer Follow-up Liver Pancreas GI GU CTA Body Abdominal Wall Flap Misc Trauma Peds Appy

Chest Abdomen Pelvis

Pancreas Cancer CTA-Pancreas Transplant

CT Protocol

Protocoling section:

CT Protocol:

UWHC Protocol Wiki Link

Body Protocol:

Body Regions:

Body GI Protocol Options

Abdominal Cardiovascular Chest MSK Neuro Peds Community Swedish American

Body Chest CV Msk Neuro Spine VC

[CT Protocols Reference](#)

Routine High Image Quality Cancer Follow-up Liver Pancreas GI GU CTA Body Abdominal Wall Flap Misc Trauma Peds Appy

Chest Abdomen Pelvis

Hernia Small Bowel Enterography Colonography Bariatric Post OP Bi-Phasic Upper GI Limited Hernia

Order was placed → Radiology protocolled order per patient specific indication → Patient gets scheduled for CT → Patient comes in for CT scan.



Epic UWH RAD CT - Health Link TST

Search (Ctrl+Space) Re: Patient (not to ch... 8

Tech Work List Recent Exams Status Report Appts Anc Orders Paging Chart Study History In Basket Telephone Call Patient Lists Unit Census Schedule ED Track Board Service Task Patient Transport More

Health Link TST Radiant

Technologist Work List: Carrie Arrived, Patients: 1, Appointments: 1

Refresh Views Begin Exam End Exam Cancel/Undo Verify Notes Study History CT 1 CC Results Control Sheet Visit Label More

9/17/2024 Filter by modality

PI	Stu...	INP	Iso	Recent Event	Time	C I Time	Pager	MRN	Patient Name	Age	Procedure
					7:55	07:51		2959127	ZztestDFM,	75	CT ABDOMEN PELVIS W IV CONTRAST

No orders to display.

Tech Details Screening Form Report COVID-19 Screening Other Appts Radiology SnapShot Prior Studies Current Protocol SBAR Off Unit Report

Orders in Exam

CT ABDOMEN PELVIS W IV CONTRAST

Order # 622217172 Accession # UWHC27843027

Reason For Exam

Dx: Pain [R52 (ICD-10-CM)]

Questions

Can pt be given oral contrast?	Yes, Per Protocol
Pt needs creatinine level w/in 30 days of exam? (Diabetes managed w/ meds [optional], using metformin combinations, hist of renal disease [incl tumor, surg, kidney transplant, dialysis])	Yes
Last creatinine value? (will auto pull in date and value in comment)	No Creatinine within last 30 days
Last patient weight? (will auto pull in value and date in comment)	190 lbs (Comment: 7/12/23)
Appropriate use of contrast per Radiologist?	Yes
Order Whole Blood Creatinine (HCWBCRET) per "Prevention of Contrast	Yes

Order Date

Date and Time 9/17/2024 7:51 AM Department UWH RAD CT

Protocol Summary Protocol History

Protocolled on 9/17/2024 7:53 AM CDT by Carrie M Bartels, Imaging Spec

Protocols section:	Abdominal
CT Protocol:	Body
Body Protocol:	Routine
Body Regions:	Abdomen, Pelvis
IV Contrast Options:	With Contrast
IV Contrast Material:	Iohexol
Oral Contrast Material:	Iohexol 300
Delays?	No
Sched. Changes:	None

Patient Information MRN: 2959127 E-MRN: 53182146

Patient Name	Gender Identity	DOB	Age
ZztestDFM, Shelly	Female	08/10/1949	75 yrs
Phone H: 999-999-9999	Allergies	PCP w/ Phone	Order Priority
	Ephedrine-Guaifenesin, Fish Oil	BODERMAN, BRIANNA (608-263-7577)	Routine
Pref Language Spanish			
Method of Transport	Isolation	Current Location	
		UWH RAD CT	
Height 1.651 m (5' 5")	Weight 86.2 kg (190 lb)	Last BMI (<30 days) BP	
		None 100/80	

Pre-Authorization Status



C-TEC
CT Education
Collaboration



EPIC

Scanner Interface

Day of CT Scan:
Tech reviews
the protocol in
EPIC

CT Protocol

Protocols section: Abdominal Cardiovascular Chest MSK Neuro Peds Community Swedish American

CT Protocol: Body Chest CV Extrem MSK Chest Neuro Spine VC

UWHC Protocol Wiki Link

Body Protocol: Routine High Image Quality Cancer Follow-up Limited Hernia Liver Pancreas GI GU CTA Body Abdominal Flap Misc

Body Regions: Chest Abdomen Pelvis

User Adult abdomen

Protocol List

6.1	ABD/PELVIS W/IVC SMALL ADULT 6/24/21
6.2	ABD/PELVIS W/IVC MEDIUM ADULT 6/24/21
6.3	ABD/PELVIS W/IVC LARGE ADULT 6/24/21
6.4	LOW DOSE RENAL STONE SMALL 6/24/2021
6.5	LOW DOSE RENAL STONE MEDIUM 6/24/2021
6.6	LOW DOSE RENAL STONE LARGE 6/24/2021
6.7	[DC]AP W/IVC Lymphoma PICCS (MED) Pickhardt Protocol
6.8	TRIPHASIC LIVER
6.9	BIPHASIC LIVER SMALL ADULT 6/24/2021
6.10	BIPHASIC PANCREAS MED 6/24/2021
6.11	BIPHASIC LIVER LARGE ADULT 6/24/2021
6.12	
6.13	FLANK PAIN SMALL 6/24/2021
6.14	FLANK PAIN MEDIUM 6/24/2021
6.15	FLANK PAIN LARGE 6/24/2021

Day of technologist needs
select correct protocol on
scanner and on resource
page based off protocol on
the original order that was
placed by ordering provider.

WIKI

Adult Protocol Table of Contents

Link to Table of Contents for Pediatric Protocols

Contents [hide]

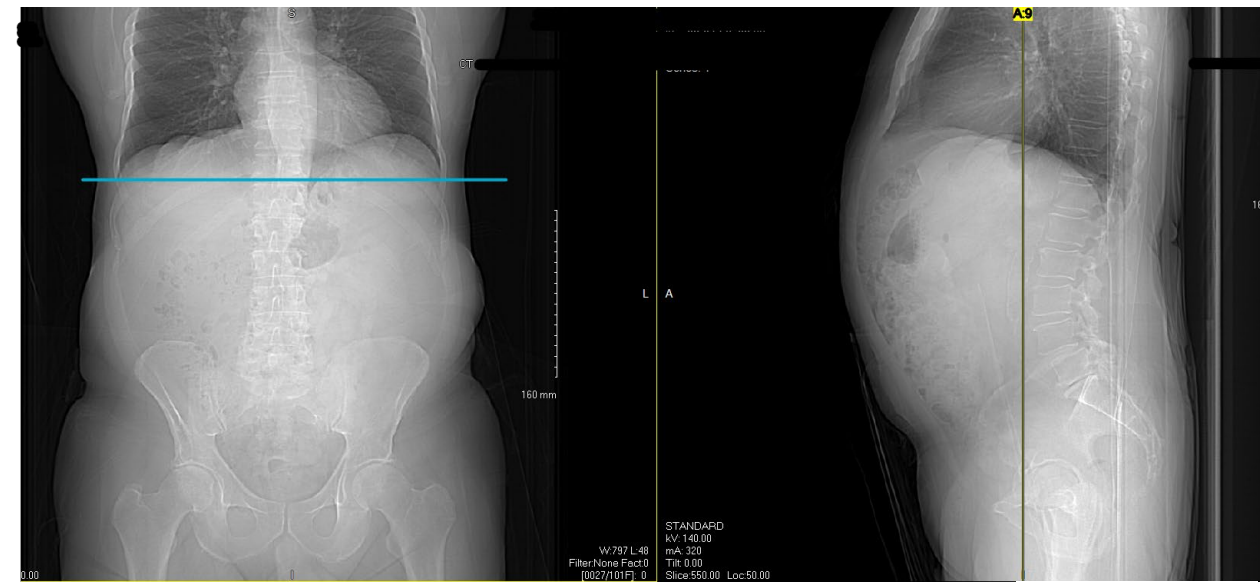
- Abdominal (and CAPs)
 - Protocols
 - Appendix
- Neuro
 - Protocols
 - Appendix
- Chest
 - Protocols
 - Appendix
- Cardiovascular
 - Protocols
 - Appendix
- Musculoskeletal
 - Protocols
 - Appendix
- Special PETCT/High Resolution/Dual Energy/Ablation/Biopsy Protocols

Abdominal (and CAPs) [edit]

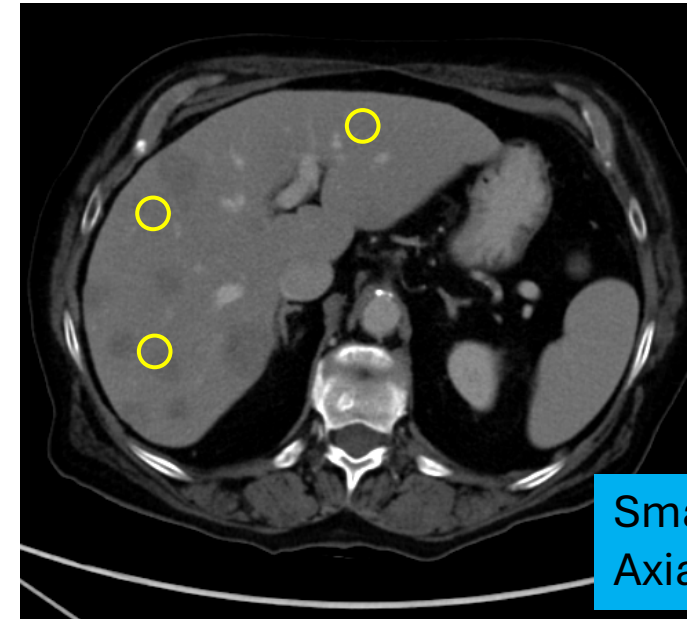
Protocols [edit]

Protocol	5.4/5.5/5.6	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Chest/Abd/Pelvis with IV Contrast	5.4/5.5/5.6	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Chest/Abd/Pelvis without IV Contrast	5.7/5.8/5.9	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
CTPA for PE with Abd/Pelvis	5.19/5.20/5.21	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Trauma - Chest	5.22/5.23/5.24	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Abd/Pelvis	6.1/6.2/6.3	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Penetrating Abdominal Trauma	6.4/6.5/6.6	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
High Image Quality Cancer Follow-Up Abd/Pelvis	6.7/6.8/6.9	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC
Abd/Pelvis - Flank Pain	6.10/6.11/6.12	CT1	CT2	CT3	CT4	ER	AFCH	DHC	TAC

CT Scan is completed



PA and Lateral Scout



Smart prep
Axial Image



Contrast
power
injector

Send the images to PACS

Close Quit Preferences Studies Find W/L QA Manager Presentation Refresh Change Zoom Pan Help Sweep nCommand Lite Remote Monitoring Bartels, Carrie

[High, Dictated] A: [REDACTED], CT, CT ABDOMEN PELVIS W IV CONTRAST, [REDACTED]

08-04-26 08:52 A:1 VUE VUE... A:2 ST WIC 70... A:3 ST WIC 70... A:4 ST WIC 70... A:5 THIN S... A:6 CO BODY A:7 SA BODY A:8 Imagin... A:9 SCOUT A:10 SCOUT A:11 Smart... A:12 Smart... A:13 Dose R...

A:9 SCOUT A:10 SCOUT A:12 A:8 Imaging Agent Administration Report

R L A P R L

160 mm 120 mm

A:11 Smart Prep Screen Save A:13 Dose Report A:5 A:6

Dose Report

Series	Type	Scan Range (mm)	CTDIvol (mGy)	DLP (mGy*cm)	Phantom cm
SCOUT					
1	Scout	S50-I500	0.15	8.14	Body 32
1	Scout	S50-I500	0.23	12.03	Body 32
SI DO NOT SEND TO PACS					
2	Helical	I39.5-I501.5	22.69	1201.77	Body 32
201	SmartPrep	I136.764-I136.764	3.62	1.81	Body 32
201	SmartPrep	I136.764-I136.764	21.75	10.88	Body 32
			Total Exam DLP:	1235.43	

1/1

160 mm 120 mm 150 mm

1 of 1

Close

Display Protocol:
CT/MR
Stage: 1 of 4
Generic Survey

Quit Preferences Studies Find W/L QA Manager Presentation Refresh Change Zoom

A: 08-04-26 08:52 CT CT ABDOMEN PELVIS W IV CONTRAST, UWMF31862335 2647 Images
08-04-26 08:52 CT Source Images, SUWMF31862335 309 Images
05-02-19 14:55 MR MRI KNEE W/ O CONTRAST LEFT, UWHC24186422 222 Images

All Studies

☒ Fill This Screen

A

R

120 mm

P

A

R

120 mm

A: 08-04-26 08:52 CT CT ABDOMEN PELVIS W IV CONTRAST, UWMF31862335 2647 Images
08-04-26 08:52 CT Source Images, SUWMF31862335 309 Images
06-04-26 08:45 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED RIGHT, UWHC31593018 7 Images
05-18-26 07:59 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED LEFT, UWHC31592986 6 Images
03-05-26 09:46 CR X-RAY KNEE 1-2 VIEWS LEFT, UWHC31382535 2 Images
02-18-26 10:18 CR X-RAY KNEE 1-2 VIEWS LEFT, UWHC31331776 2 Images
02-18-26 07:41 US TAC Anesthesia Procedure, TACANES 2 Images
01-29-26 11:10 CR X-RAY KNEE 3 VIEWS LEFT, UWHC31263767 3 Images
11-25-25 11:18 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED RIGHT, UWHC30639312 9 Images
09-23-25 14:18 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED LEFT, UWHC30831247 9 Images
06-23-25 11:15 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED LEFT, UWHC30319991 8 Images
04-10-25 11:44 CR X-RAY KNEE 3 VIEWS LEFT, UWHC30297540 3 Images
04-10-25 11:40 CR X-RAY SHOULDER >= 2 VIEWS LEFT, UWHC30297539 3 Images
01-07-25 11:04 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED RIGHT, UWHC29751492 15 Images
09-20-24 09:47 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED LEFT, UWHC29473008 7 Images
10-31-23 11:34 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED LEFT, UWHC28452131 8 Images
07-11-23 09:17 US US UPPER EXTREMITY, UWCV27044190
07-06-22 10:47 US , UWCV27044190
05-17-22 10:21 CR X-RAY SHOULDER >= 2 VIEWS LEFT, UWHC30297539 3 Images
03-15-22 08:29 US JOINT OR BURSA INJECTION (MAJOR), ULTRASOUND GUIDED RIGHT, UWHC29751492 15 Images
01-27-22 09:32 US US UPPER EXTREMITY, UWCV27044190
08-12-21 11:40 CR X-RAY CERVICAL SPINE 2 VIEWS LEFT, UWHC30297539 3 Images
05-02-19 14:55 MR MRI KNEE W/ O CONTRAST LEFT, UWHC24186422 222 Images
03-05-19 15:43 US ADULT TTE, UWCV240190
03-04-19 13:19 NM NM MYO PRF REST & STRESS, UWCV240190
03-03-19 17:44 CR X-RAY CHEST 2 VIEWS LEFT, UWHC30297539 3 Images
09-28-17 15:09 CR X-RAY KNEE 3 VIEWS LEFT, UWHC30297539 3 Images
06-09-17 12:55 US ADULT STRESS, UWCV240190
01-19-17 10:04 VL PATIENT PHOTO, PCSI0119171004
01-27-16 19:25 US OSF ULTRASOUND, or
02-15-13 10:19 US US ABDOMEN LIMITED, UWCV240190
03-09-12 14:33 US , 124607046
03-18-05 11:50 CR CHEST XRAY 2 VIEWS LEFT, UWHC30297539 3 Images

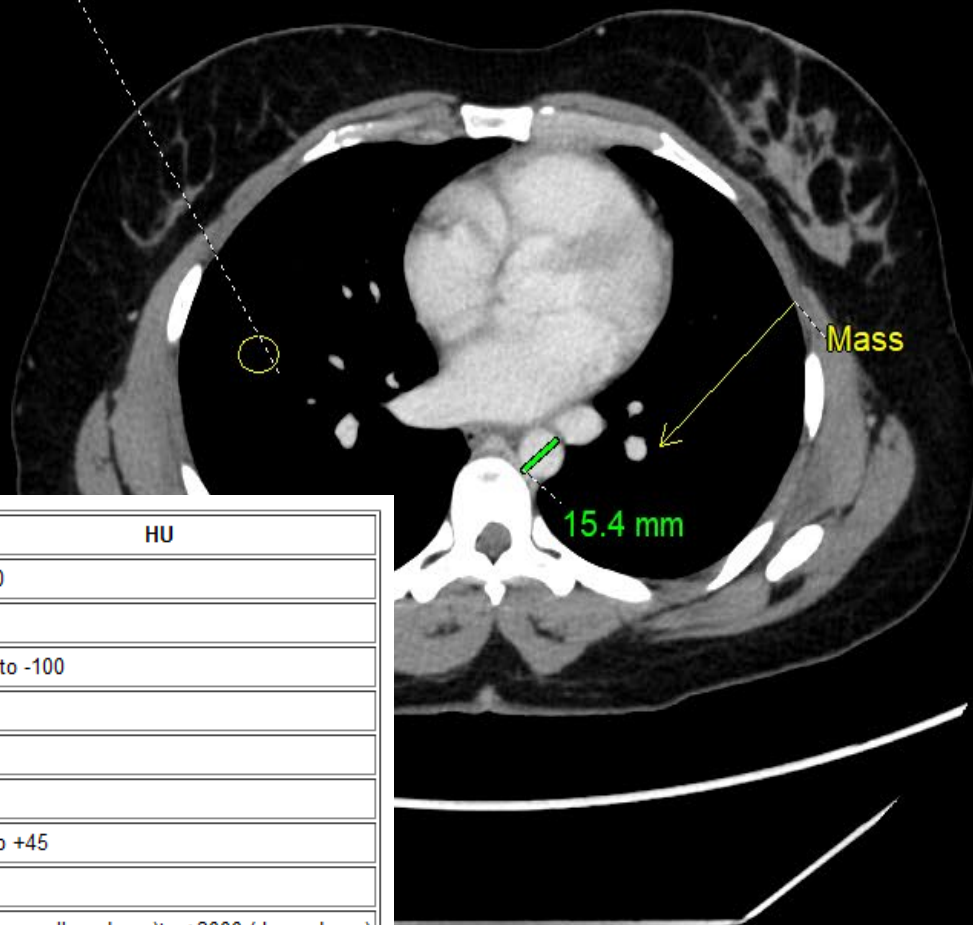
Axial
Coronal
Sagittal
3D Color
3D MIP
Original 2D
Range Markers
Save Series
Show Derived Series Status
Reset MPR Orientation

A

120 mm

Radiologist
can
compare to
previous
images.
They can
also create
their own
reformats if
needed.

Min: -881 Max: -388 (HU)
Average: -807.73 StdDev: 69.88 (HU)
Area: 146.40 mm² Perim: 43.19 mm



Substance	HU
Air	-1000
Lung	-700
Soft Tissue	-300 to -100
Fat	-84
Water	0
CSF	15
Blood	+30 to +45
Muscle	+40
Bone	+700(cancellous bone)to +3000 (dense bone)

Annotation -- Simple Angle

Color: Yellow

Thickness:

Font Size:

Place measurement at:

☐ Start ☒ Vertex ☐ End

Less

A5





Documents for Patient X

CT CT ABDOMEN PELV

CT CT ABDOMEN PELVIS W I

8 CT Source Images SUW

<-RAY ABDOMEN SI

CR X-RAY ABDOMEN SINGLE

X-RAY ABDOMEN 2 V

CR X-RAY ABDOMEN 2 VIEW

US SURGERY US SUR

US US ELASTOGRAPHY

US US ELASTOGRAPHY W/A

CT OSF CT ABDOMEN C

Report Title: CT CT ABDOMEN PELVIS W IV CONTRAST

CLINICAL INFORMATION: Abdominal pain and distention. History of IBD status post colectomy and recent colostomy takedown on 7/29/2026

COMPARISON: 6/4/2022

TECHNIQUE: CT of the abdomen and pelvis with intravenous contrast.

FINDINGS:

LOWER CHEST: Trace pleural effusions and compressive atelectasis.

LIVER AND BILIARY: Normal liver morphology and enhancement. The gallbladder is normal.

PANCREAS: Normal.

SPLEEN: Normal.

ADRENALS: Normal

KIDNEYS, URETERS, AND BLADDER: Symmetric renal enhancement. No hydronephrosis. Normal bladder wall contours.

GI TRACT AND PERITONEUM: Postoperative changes following a partial colectomy and recent colostomy takedown with edematous appearance of the anastomosis extraluminal air adjacent to the anastomosis. Fluid-filled and mildly dilated appendix measuring 9 mm. Dilated fluid-filled loops of small bowel without point likely represents ileus. Small volume free fluid tracking in the pelvis. Postoperative pneumoperitoneum.

VASCULATURE: Portal, splenic, superior mesenteric veins are patent. Nonaneurysmal abdominal aorta.

LYMPH NODES: Prominent mesenteric lymph nodes are likely reactive.

REPRODUCTIVE ORGANS: Uterus is present.

MUSCULOSKELETAL: No acute or aggressive osseous abnormality.

IMPRESSION:

1. Postoperative changes following a partial colectomy and recent colostomy takedown with edematous appearance of the anastomosis site. There is free anastomosis. While this and the more extensive pneumoperitoneum may all be post-operative, the findings are equivocal for an anastomotic leak.
2. Multiple dilated loops of small bowel without transition are most consistent with ileus.
3. Minimally dilated appendix is likely reactive.

Author:

QA Case - Open

Details

- Submitter:
- Site:

UWHC

Exam & Patient Details

Procedure Description: CT HEAD W/ O IV CONTRAST

Modality: Computed Tomography

Accession:

Patient ID:

Date of Birth:

Is Pediatric?: false

Exam Date:

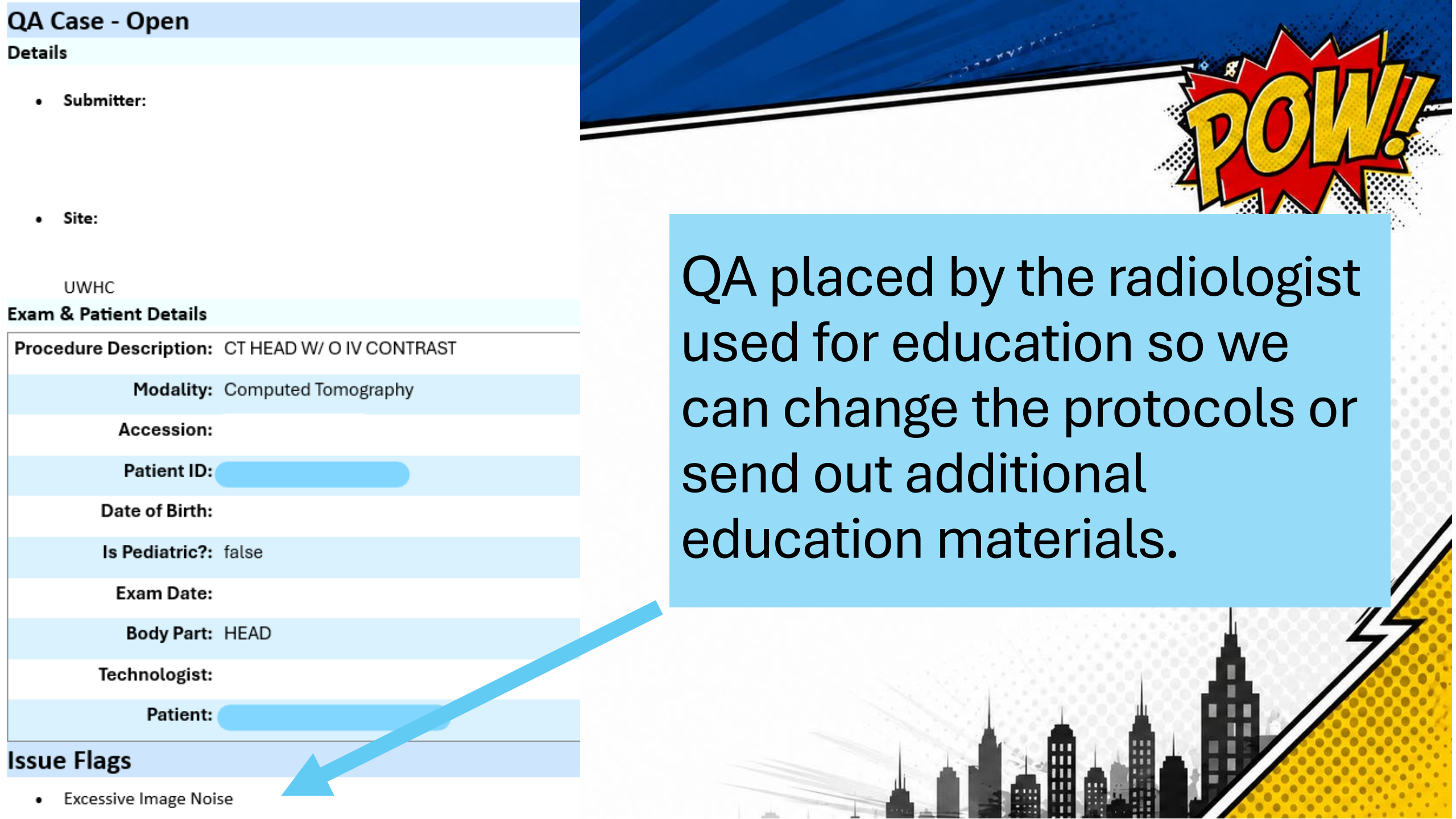
Body Part: HEAD

Technologist:

Patient:

Issue Flags

- Excessive Image Noise



QA placed by the radiologist used for education so we can change the protocols or send out additional education materials.

Additional Information in PACS



DICOM Header Viewer

\\uwhis.hosp.wisc.edu\UNC1\ECI\Cache1\c110\IMG\20552\A2C618DF68304205AFBC356B794179D2...

Tag	Description	Value	Representation/Size
0008 0030	ID Study Time		TM/4
0008 0031	ID Series Time		TM/4
0008 0032	ID Acquisition Time		TM/4
0008 0033	ID Image Time		TM/4
0008 0050	ID Accession Number		SH/13
0008 0050	ID Accession Number		SH/13
0008 0060	ID Modality	CT	CS/3
0008 0070	ID Manufacturer	GE MEDICAL SYSTEMS	LO/19
0008 0080	ID Institution Name	UW Hospital and Clinics	LO/25
0008 0081	ID Institution Address	600 Highland Ave Madison, WI 53792	ST/35
0008 0090	ID Referring Physician's ...		PN/7
0008 0090	ID Referring Physician's ...		PN/7
0008 0090	ID Referring Physician's ...		PN/2
0008 0090	ID Referring Physician's ...		PN/2
0008 1010	ID Station Name	hdct4	SH/7
0008 1030	ID Study Description	CT ABDOMEN PELVIS W IV CONTRAST	LO/33
0008 103e	ID Series Description	ST	LO/3
0008 1090	ID Manufacturer's Model ...	Discovery CT750 HD	LO/19
0008 1110	ID Referenced Study Se...		SQ/1
0008 1110	ID Referenced Study Se...		SQ/1
0008 1140	ID Referenced Image Se...		SQ/1
0008 1150	ID Referenced SOP Clas...		UI/25

Close



C-TEC
CT Education
Collaboration



Results



Ordering Physician can select this option when they place the CT order.

Release to patient

Immediate

Manual release only

Will this patient be admitted post procedure?

Yes

No



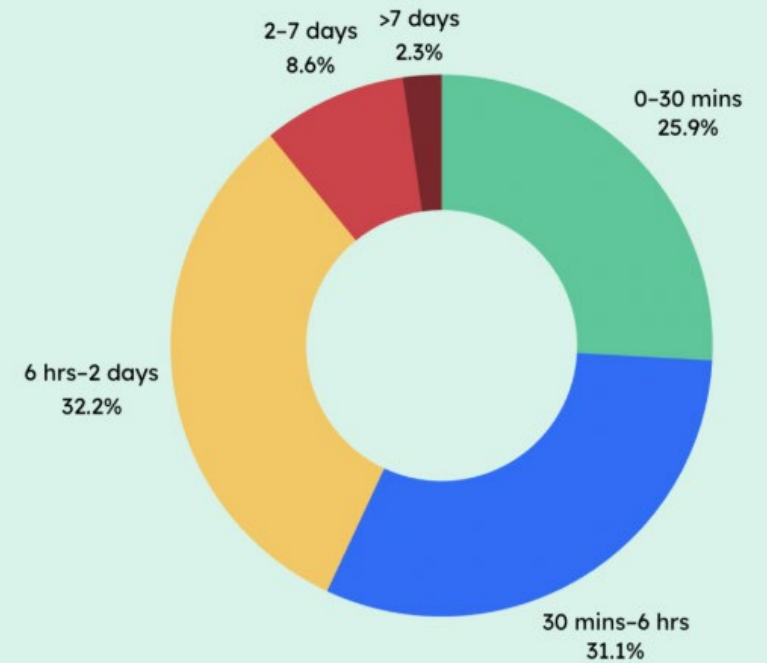
C-TECC

CT Education and
Collaboration Collective



How Long to Get Email Responses

Over half of the replies for link builders come in under 6 hours.



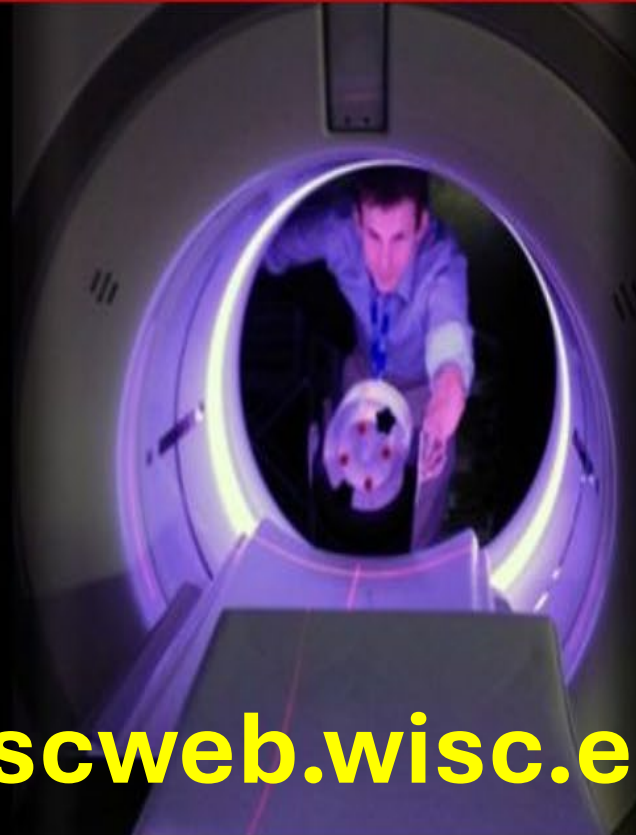


UW GE CT Protocol Partnership

Department of Radiology

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Standardizing CT protocols worldwide...



...to image *gently* and image *well*.

<https://uwgect.wiscweb.wisc.edu>

The University of Wisconsin-Madison (UW) CT protocols were created so that you not only image *gently*, but you also image *well*. This effort combines the expertise of UW radiologists, physicists, and CT technologists with ISO quality consultants, GE CT engineers and their application specialists.



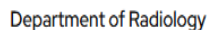
General Resources

Radiologist and Technologist

[UW Quick Protocolling Guide →](#)[Positioning Guidance →](#)[Reducing Streak Artifact in the Torso →](#)[UW Protocol Sizing \(S/M/L\) Instructions →](#)[Metal Artifact Reduction Guidance →](#)[Avoiding Eye Lens on Head CT →](#)[Pediatric Patients and Hyperdrive →](#)[CT Education →](#)[GSI Tips and Tricks →](#)[GSI Head Post Process AW Instructions →](#)[GSI Head Post Process Scanner Instructions →](#)

Scanner Programming

[UW Dose Check Manual →](#)[UW Vendor Neutral Series Naming/Description Manual →](#)[Scout Ranges and Anatomical Reference Guide →](#)[Scout Parameters →](#)[Direct Multi-Planar Reformat \(DMPR\) Protocols →](#)[ASiR, ASiR-V, and DLIR compatibility of UW CT Protocols →](#)[Saving old protocols and loading new protocols: A how-to manual →](#)[Work around for Trialing Multiple UW Protocols →](#)



Q Search

Protocol Manuals

Note, to properly program the "scout" phase of our CT protocols, please refer to this manual [Scout Ranges And Anatomical Landmarks](#).

Scanner Manual Title	Version 2 (2016)	Version 3 (2017)	Version 4 (2018)	Version 5 (2019)	Version 6 (2020)	Version 7 (2021)	Version 8 (2022)	Version 9 (2023)	Version 10 (2024)	Version 11 (2025)
Revolution Frontier ES, Revolution Discovery CT, Revolution HD, Discovery CT, Discovery CT750 HD										
Revolution EVO 64 ch with ASiR- V										
Revolution EVO 64 ch with ASiR, Optima 660										
Revolution EVO 32 ch with ASiR, Optima 660S										
LightSpeed VCT										
Optima CT580W										
Discovery IQ PET-CT										

Thank you for joining!

POW!!



<https://uwgect.wiscweb.wisc.edu>

