

CT Acquisition Guidelines for SeleCT Portal

Quick Reference Guide

NOTE: To ensure an optimal QCT Analysis, please adhere to the following guidelines. It is important that the patient fully understands the breath hold and scanning procedure, and that any concerns are addressed prior to performing the CT scan. The technologist will ask women if they might be pregnant and will not scan them if they answer affirmatively.

CT Parameters

	SIEMENS	PHILIPS	TOSHIBA	GE
Breathhold at	TLC, Full Inspiration	TLC, Full Inspiration	TLC, Full Inspiration	TLC, Full Inspiration
Slice Thickness	≤1.5mm	≤1.5mm	≤1.5mm	≤1.5mm
Slice Spacing	Consistently spaced, no gaps			
Anatomic Coverage (For guidance see Scan Coverage section)	Full coverage of the lungs			
Smooth Kernel Reconstruction	≤ B45, ≤ I45, ≤ Br45	B, C	≤ FC08, FC18	Standard
Severe Motion Artifact	Absent	Absent	Absent	Absent
Contrast Enhanced	None	None	None	None
Image Orientation	Axial	Axial	Axial	Axial

Breath-Holding Instructions

- 1. For the static TLC scan**, the patient is told to “take your biggest breath in until you feel your lungs are completely full, in the same way you do in the lung function laboratory and hold the breath.”
- 2. Technologist should watch the chest to ensure that the breath hold maneuver is done properly and that the scanning only starts when the patient has reached breath hold and relaxed their body.**

Subject Positioning

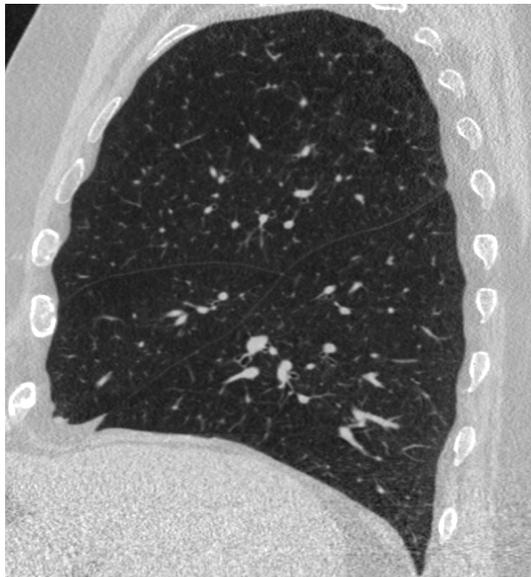
- 1.** The patient will lie in the **supine position** into the CT gantry.
- 2.** Place patient in a supine position, arms positioned comfortably above the head in a head-arm rest, lower legs supported. Using the laser positioning lights, line up the patient so the chest is at the iso-center (in the middle: left-right; up-down) of the CT gantry. Move the table so the patient is in the correct position for a chest CT scan.

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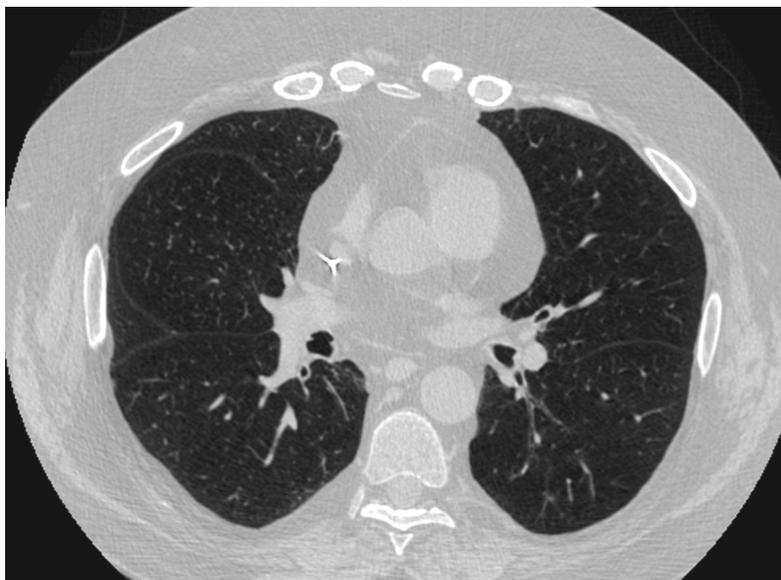
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Scan Coverage

1. CT scan must include the lungs, but **ONLY** the lungs. Start the scan precisely at the apex of the lungs and stop it once the scan is through the base of the lungs.



2. The DFOV should tightly fit the TLC lung (i.e. outer rib to outer rib at widest part of chest) for the QCT reconstruction.



Should you have any questions regarding the CT acquisition guidelines, please contact your Olympus Sales Representative or SeleCT by Imbio customer service at 844-247-4458.

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