University Health™	POLICY #: Rad Proc 14. 15. 13
SUBJECT: : ENTEROGRAPHY	Effective: 10/1/2013 Revised: 2/2015: 10/2017
APPROVED BY Eduardo Gonzalez-Toledo, MD Phd	Page 1 of 2

ORIENTATION: FEET FIRST/SUPINE COIL: HD BODYFULL

PLANE	3 PLN	CALIB.	AX SSFSE	COR SSFSE	COR 2D	COR LAVA	COR	Cor 2D	COR	COR	Cor 2D	CALIB
	LOC		RTR	ВН	FIESTA FS	C+	CINE	Fiesta	LAVA	CINE	Fiesta FS	SCAN BH
						PRE, 20, 70,	SSDSE	FS	C20,70,	SSFSE 40	CINE	
						5 MIN	40 4		5 MIN	4		
SEQ	SPIN	GRE	SPIN ECH	SPIN ECHO	FIESTA	LAVA	Spin	Fiesta	LAVA	SPIN	FIESTA	GRE
	E						Echo			ECHO		
MODE	2D	2D	2D	2D	2D	3D	2D	2D	3D	2D	2D	2D
IMAGING	SEQ/	FAST/C	FAST/SS/	FAST/SS	SEQ/FAST/	FAST/ZIP2/	FAST/SS	Seq/Faa	FAST/	FAST/	Seq/Fast	FAST/CA
OPTIONS	FAST/	ALIB	RT		ASSET	ASSET	/RT	st/Asset	ZIP2/	RT/SS	/MPh,	LIB
	SS								ASSET		Asset	
									MPhvA			
TE	80		80 ms +	80 ms+	MIN FULL		80 ms+			80 ms+	Min Full	
	ms+											
TR	MIN		MIN	MIN								
FLIP					75	12		75	12		75	
ANGLE												
ETL												
BW	83.33		83.33	83.33	100	62.50	83.33	100	62.50	83.33	100	
FOV	44	48	42	42	42	42	42	42	42	42	42	48
SLICE	8	15	8	8	8	5	40	8	5	40	4	15
THICKNE												
SS												
SLICE	10	0	2	2	2	48 LOCS/SL	4	2	48	4	1	0
SPACING									LOCS/SL			
Frequenc	320		384	384	224	320	384	224	320	384	224	
У												
Phase	192		224	224	320	192	224	320	192	224	320	
NEX						1		1			1	

University Health™	POLICY #: Rad Proc 14. 15. 13
SUBJECT: : ENTEROGRAPHY	Effective: 10/1/2013 Revised: 2/2015: 10/2017
APPROVED BY Eduardo Gonzalez-Toledo, MD Phd	Page 1 of 2

PHASE FOV	1		1	1	1	0.9	1	1	0.9	1	1	
FREQ DIR	UNS WAP	A/P	UNSWAP	UNSWAP	S/I	A/P						
FLOW COMP DIR												
SHIM	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO
PHASE CORRECT	OFF	OFF	OFF	OFF	OFF	OFF	OFF		OFF	OFF	OFF	OFF

NOTES: The patient should have eaten NO solid food 6-8 hours prior to imaging. The patient may have clear liquids. When the patient arrives, have the patient change into scrubs and then establish IV access. The patient will drink 3 bottles of VoLumen, if possible. If the patient desires, you may mix a packet of Crystal Light with the VoLumen. The VoLumen should be dosed as follows: 0 minutes (first bottle), 30 minutes (second bottle), 60 minutes (third bottle). Immediately after the patient finishes the third bottle, begin scanning. Call the Radiologist after the 3 plane localizer to verify that the oral contrast has opacified the bowel as desired. After completing the 3 plane localizer, the calibration scan, and receiving approval from the Radiologist, inject 0.5 mg of Glucagon. Before acquiring the pre contrast COR LAVA, inject 0.5 mg of Glucagon. Pt will receive a total of 1 mg of Glucagon. Repeats must be kept to a minimum because Glucagon has a very short duration. Inject Gad. Via power injection (2 cc/sec). Multihance should be utilized for this exam, per Dr. Sangster. Complete the post contrast images. Inject at 0, image at 20 sec, 70 sec, and 5 min. The mask will be acquired first, then the scanner will pause and the green light will appear. Inject contrast and wait 20 seconds, then start the scan. At 70 seconds, the green light will not appear again. Just click on scan to start this scan. Then hit scan again at 5 minutes. Send the mask, each phase, and the subtractions for each phase to pacs. OP COR CINE: Angle 1 slice through the small bowel. RTR should be applied. Acquire 20 images.