Lung ca Synoptic Reporting CT -NCG

PROTOCOL :

Patient Instructions *:*

- *4 hours fasting, but water intake is encouraged prior to the scan.*
- *Patient is asked to void 30 minutes prior to the scan.*
- *Serum Creatinine to be in check, ideally <1.2 mg/dl, above which, the eGFR is calculated. Contrast enhanced scan can be performed for eGFR>30mL/min.*

- ***Contrast Agent*** *:*
- *Intravenous : At the time of scan, approximately 80 to 120 ml of non-ionic contrast is injected at the rate of 2 ml/sec. Iso-osmolar contrast agent used if eGFR is on the lower side.*
- ***Scan area*** *: supraclavicular fossa to upper abdomen.*
- *Section thickness : 5mm. Isotropic multiplanar post processing reconstruction at 1 mm interval.*

Lung Cancer Staging CT Scan:

CT SCAN OF CHEST AND ABDOMEN

Contrast Enhanced CT scan performed on a 16 slice MDCT.

Indication:

Primary - -Size
-Involved lobe
-Any other lobe involved
-Vessel / bronchus infiltration
-Involvement of pleura, mediastinal structures.
-Involvement of ribs and pleura.
-Proximity to bronchus and carina.

Lymph node- Hilar, mediastinal N2/N3, Supraclavicular.
Non regional adenopathy- axillary, retroperitoneal, internal mammary.
Node characteristics- Size, round/oval, necrosis, calcification, perinodal fat stranding, fatty hilum, enhancement patterns.

Metastatic disease - Lung, liver, adrenal, skeletal.
Any ground glass opacity like nodules

Other info required -
-Condition of the lung - COPD, Emphysema, Infective changes, ILD
-Anomalous vessel or bronchi
-Any other anomaly / infiltration in the chest wall.
-Cardiac size, chamber enlargement, any thrombus, any cardiac chamber or pulmonary arteries.

In case of large lesions - infiltration of mediastinal structures/ chest wall
In case of small lesions - Info which will help in deciding segmental resection like segmental vessel, bronchial involvement