

Mediastinal Tumors 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.*

Mediastinal Tumors Staging CT Scan:

CT SCAN OF CHEST AND ABDOMEN

Contrast Enhanced CT scan performed on a 16 slice MDCT.

Indication:

Primary Lesion-

- Location- Anterior, middle and posterior mediastinum.
- Size
- Lesion characteristics- Fluid / calcification / fatty areas / enhancement patterns / necrosis
- Vessel / bronchus infiltration
- Involvement of pleura, mediastinal structures.
- Cardiac involvement
- Nerve involvement - phrenic nerve palsy
- Vertebral foramina/ intradural extension

Lymph node- Hilar, mediastinal, Supraclavicular.

Axillary, retroperitoneal, internal mammary.

Node characteristics- Size, round/oval, necrosis, calcification, perinodal fat stranding, fatty hilum, enhancement patterns.

Metastatic disease - Lung, liver, adrenal, skeletal and pleural.

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.