

# UT Southwestern Department of Radiology

**Protocol Name:** CT Cystogram

**Orderable Name:** CT CYSTOGRAM PELVIS W AND/OR WO IV CONTRAST

Adult Only

**Epic Button:** CT Cysto

CTDIvol < 60 mGy  
DLP < 5000 mGycm

**Indications:** Bladder mass, injury, fistula

**# Acquisitions:** 2

Active Protocol

<b>Oral Contrast:</b> None	<b>IV Contrast:</b> None	<b>Other Contrast:</b> <b>UTSW:</b> Omnipaque 350  <b>Volume(mL):</b> 30 mL in 500 mL saline <b>Route:</b> Foley or Suprapubic catheter  <b>Notes:</b> Instill by gravity (don't squeeze bag) Fill bladder to patient tolerance <ul style="list-style-type: none"> <li>• Postop bladder or prostate, neobladder - max 250 mL unless otherwise specified.</li> <li>• Other indications (including trauma) - max 350 mL unless otherwise specified.</li> </ul>	<b>Airway</b> Full inspiration  <b>Other Notes</b> Consult body habitus kVp selection chart.  Will need a Foley catheter (placed by ordering service for ED or IP exams), technologist to notify radiology nursing for placement on OP exams if not present on arrival (place while on CT scanner after noncontrast phase)
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Last Change: 8/4/2021

Last Review: 1/17/2024

Links: [kVp Body Chart](#) [General Statements](#)

<b>Special Instructions</b>	Pre bladder contrast. Do not perform in Trauma.	Post bladder contrast
<b>Acq # / Series Name</b>	<b>1</b> Noncontrast	<b>2</b> Bladder contrast
<b>Phase Timing</b>		
<b>Acquisition Protocol</b>	<a href="#">Abdominal Standard 5mm</a>	<a href="#">Abdominal Standard 5mm</a>
<b>Coverage</b>	Iliac crest thru pubic symphysis	Iliac crest thru pubis symphysis
<b>FOV</b>	Whole body	Whole body
<b>Algorithm</b>	Soft Tissue	Soft Tissue
<b>Axial Recons</b>	5 mm	5 mm
<b>Other Planar Recons</b>	4 mm coronal and sagittal	4 mm coronal and sagittal
<b>MIP Recons</b>		
<b>†DECT Philips</b>		
<b>†DECT Siemens</b>		
<b>†PC-CT Siemens</b>		

† When dual energy (DE) or photon counting (PC) CT is used

