

Division of Nuclear Medicine Procedure / Protocol

CPT CODE: 78205

LIVER SPECT-SPLEEN WITH HEAT TREATED RED CELLS

UPDATED: December 2009 Liver SPECT

Indications: To determine the presence of splenic tissue. This test can be used to identify asplenia and

polysplenia.

Patient Prep: None.

Scheduling: Sixty (60) minutes for labeling process. The radiopharmacy must be given at least 24 hours notice

to stabilize the heating block to correct temperature.

Imaging can be done 2 hours post injection. Allow 60 minutes of camera time.

Radiopharmaceutical

& Dose: Tc-99m pertechnetate (TcO4) 5 mCi +/- 20% (4-6 mCi). Dose will be adjusted for patient weight

according to nomogram. Dose range from 2.5 mCi to 7.5 mCi.

 Organ
 Dosimetry

 Spleen
 2.1 rad/mCi

 Ovaries
 0.005 rad/mCi

 Testes
 0.0017 rad/mCi

Imaging Device: Multi-head camera with LEHR collimator with CT/AC.

Red Cell Prep:

1. Label the red blood cells using the in-vitro method (Ultratag).

- 2. Prepare the Ultratag kit with 2 ml of blood, and 5-10 mCi of Tc-99m sodium pertechnetate.
- 3. Place the Tc-99m RBC in a heating block.
- 4. The temperature needs to be 49-54° C.
- 5. The temperature is extremely important, and should not fluctuate out of range.
- 6. Heat the Tc-99m RBCs for 20-30 minutes, occasionally swirling gently.
- 7. Remove the kit from the heating block and prepare the patient's dose.
- 8. Let cool for 5 minutes, before injection.

Imaging Procedure: Obtain planar anterior and posterior images.

Planar-Ant/Post

Matrix: 256 x 256 Duration: 5 min/image

Liver Spleen - SPECT/Hawkeye

Matrix: 128 x 128

Acquisition: Contoured, 6°/30 sec/stop

CT/AC Range: Ful

Infinia Processing

Reconstruct using Volumetric for Hawkeye Oncology

Display: Display planar images by selecting study in image review, then selecting review.

Display SPECT/Fused images while in reconstruction.

Interpretation: The presence of a spleen will be documented by the increased uptake in an organ relative to the normal blood pool background of liver, etc. PACS: Planar and SPECT images, including raw data and screen saves, should be sent to PACS. For SPECT/CT acquisitions, the SPECT and CT axial image sets should be sent to PACS. Comments: A Nuclear Medicine staff or resident physician should be consulted to determine if additional views are indicated. Before the patient leaves, a Nuclear Medicine staff or resident physician should check scans to determine if format size needs to be changed. Reviewed By: S. Perlman, D. Fuerbringer, S. Knishka Scott B. Perlman, MD, MS Derek Fuerbringer, CNMT Scott Knishka, RPh, BCNP Chief, Nuclear Medicine Manager, Nuclear Medicine Radiopharmacist