RADIONUCLIDE CYST UPDATED: APRIL 20	FOGRAM - NON-TX PTS 010	CPT CODE: 78740
Indications:	This examination is most commonly performed for patients with suspect the bladder into the ureters. The sensitivity of this examination and the ureteral reflux is equal to the radiographic equivalent with far less (ab the radiation burden of the radiologic evaluation.	he identification of
Patient Prep:	Catheterization is necessary. IP's can be catheterized on the ward. Of they routinely do so. OP pediatric patients should be catheterized by a Peds Specialty Clinic) who accompanies the patient.	
Scheduling:	Allow 60-90 minutes.	
Radiopharmaceutica & Dose:	al 2 doses, each 1.0 mCi <u>+</u> 20% (0.8-1.2) mCi Tc-99m-DTPA (or other Tc-9' available). Tc04 may be used only if a Tc-99m agent is not made. Dos patient weight per NMIS or weight table. Have Buretrol set up ready with 500 ml bag of saline running. Fill Bure	e will be adjusted for
Imaging Device:	GE camera with LEHRPH collimator.	en or with 150 million anne.
4. 5. 6.	Lay the patient supine with detector head below the table. Ensure that kidneys are in the FOV. Acquire a series of dynamic images for up to 6	0 min. Inject dose directly into acquisition. reflux is first seen and r than 200 ml) or when t to void for 2 min o void "around and through" ne catheter.
Acquisition Protoco	I: Set up two studies. DYN filling and emptying 1 128 x 128; 60 sec frames, 60 frames Static: Ant 128 x 128 Post 128 x 128 120 sec 120 sec	

DYN filling and emptying 2 128 x 128; 60 sec frames, 60 frames Post-emptying Static: Ant 128 x 128 Post 128 x 128 120 sec 130 sec

Display:	Since there is no set endpoint to the test, the display format should be as follows. <u>NOTE</u> : On <u>all</u> patients, note time and volume when reflux occurs as well as total volume instilled.	
	Also measures the volume of urine voided and calculate residual volume and reflux bladder volume according to worksheet.	
	Display each DYN at 1 min/frame. <u>NOTE</u> : You need to lower the upper window in order to identify a reflux or leak.	
PACS:	Send all dynamic images and save sets to PACS.	
Interpretation:	The study is very sensitive for detecting reflux with low radiation dose. The repeat test is required for maximum sensitivity. Any reflux is abnormal.	
Comments:	A Nuclear Medicine staff or resident physician should be consulted to determine if additional views are indicated.	

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RADIONUCLIDE CYSTOGRAM WORKSHEET UPDATED: APRIL 2010	CPT CODE: N/A
PATIENT NAME:	
Right Reflux at   Left Reflux at   Total   Urinary Bladder:	cc saline instilled         cc saline instilled         counts pre-void
Voided Volume of Urine:	ml
Residual Volume = <u>(voided volume) X (counts post-void)</u> (counts pre-void) - (counts post-void)	
Residual Volume = () X () = () - ()	
Residual Volume =	_
REFLUX BLADDER VOLUME: Total Bladder Volume = voided volume + residual volume Total Bladder Volume = +	=
Initial Volume = Total Bladder Volume - Total Volume Instil Initial Volume = =	
Reflux Volume = Initial Volume + Volume Instilled to Initiat Reflux Volume = R + L +	=
TECHNOLOGIST:	