

# Nuclear Medicine

## APPOINTMENT DETAILS

Date

Injection time

Scan time

## PATIENT

Name

Phone

DOB

## REQUEST

- |  |   |
|--|---|
| <input type="checkbox"/> Bone scan +/- SPECT CT                  | <input type="checkbox"/> Thyroid iodine therapy I-131               |
| <input type="checkbox"/> Gallium scan                            | <input type="checkbox"/> Thyroid scan                               |
| <input type="checkbox"/> White blood cell scan                   | <input type="checkbox"/> Parathyroid scan                           |
| <input type="checkbox"/> Gated heart pool scan (GHPS)            | <input type="checkbox"/> RBC liver scan                             |
| <input type="checkbox"/> Myocardial perfusion                    | <input type="checkbox"/> Hepatobiliary scan/HIDA                    |
| <input type="checkbox"/> V/Q lung scan                           | <input type="checkbox"/> GIT blood loss study                       |
| <input type="checkbox"/> Renal perfusion (MAG3/DTPA) – Captopril | <input type="checkbox"/> Gastric emptying study                     |
| <input type="checkbox"/> Renal perfusion (MAG3/DTPA) – Lasix     | <input type="checkbox"/> Colonic transit study                      |
| <input type="checkbox"/> Renal perfusion GFR (DTPA)              | <input type="checkbox"/> Meckel's study                             |
| <input type="checkbox"/> Renal parenchymal (DMSA)                | <input type="checkbox"/> Brain perfusion SPECT/CT                   |
| <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Lymphoscintigraphy – Breast/melanoma/other |

## CLINICAL HISTORY

## ALSO PROVIDE COPY OF REPORT TO

Name

Address/Location

## DOCTOR

Referrer name

Provider No.

Sign

Date

## OFFICE USE ONLY

Injection site

Injection dose

Administrator

Time

LISMORE

St Vincent's hospital  
20 Dalley Street

Nuclear Medicine  
Tel: 02 6625 9370  
Fax: 02 6625 9367

# Preparation

## IMPORTANT

Unless stated otherwise, please continue to take your usual medications on the day of the procedure. **For children and diabetics** please discuss preparation with radiology reception.

Bone scan 4 hours	No preparation. Osteomyelitis, Paget's disease, AVN, metabolic bone disease, stress fractures, prosthesis infection or loosening, sympathetic dystrophy, extent & activity of arthritis, radiologically difficult fractures, sports medicine injuries, secondary tumour spread
Biliary Scan 90 minutes	Fast 4 – 6 hours. May be given morphine, or CCK, to assess GB function.
Brain ECD SPECT 60 minutes	No preparation. Assessment of neurological disorders, cerebrovascular disease.
Lung Ventilation/ Perfusion 60 minutes	No preparation. Suspected pulmonary embolism.
Gallium scan Day 1 – 15 minutes Day 2 – 120 minutes	No preparation. Staging, restaging, outcome & response prediction in lymphoma; sarcoidosis & interstitial disease. Localisation of chronic abscess, bone infection, prosthesis infection.
Gated Heart Pool Scan 60 minutes	No preparation. Assess left ventricular ejection fraction (eg pre-chemotherapy assessment), chamber size, focal wall motion abnormalities (post infarct, ventricular aneurysm).
Gastric Emptying Scan 90 minutes	Fast from midnight. Check if on drug treatment for gastroparesis. Notify if patient is diabetic.
GI Bleed Scan 90 mins up to 6 hours	No preparation.
Liver-Spleen Scan 60 minutes	No preparation. Assess early cirrhosis, focal nodular hyperplasia vs adenoma, focal fatty change vs metastasis.
Liver Haemangioma 4 hours	No preparation. SPECT/CT. Assess haemangioma vs metastasis.
MCU 30 minutes	No preparation. Usually scanned after renal scan. Followup of ureteric reflux with lower radiation dose than x-rays.
Myocardial Perfusion Scan 4 – 5 hours	Fast after midnight. No caffeinated drinks or beta-blockers for 48hrs. Bring exercise clothes & shoes. Notify if patient is diabetic. Diagnosis/localisation of coronary artery disease – extent, severity, & risk assessment pre-operatively.
Meckel's Scan 45 minutes	Fast 6 hours. Assess chronic GI blood loss in children.
Parathyroid Scan 5 hours	No preparation. Detect parathyroid adenomas (Investigation for increased serum calcium), In conjunction with ultrasound & CT.
Renal Scan 60 minutes	Hydrate well with 1-2 litres of fluid before scan. No diuretics on day of scan. Differential renal function & presence of PUJ obstruction.
Renal Captopril Scan 4 hours	Hydrate well with 1-2 litres of fluid before scan. No diuretics on day of scan. Stop ACE inhibitors (Captopril, Renitec, etc) for 3 days before study if possible. For assessment of hypertension, to exclude renal artery stenosis.
Renal DMSA Scan 4 hours	No preparation. Detection of reflux scarring.
Thyroid Scan 60 minutes	No iodine x-ray contrast, amiodarone, iodine or kelp for 3 weeks. Stop thyroxine for 6 weeks & T3 for 2 weeks. Stop antithyroid drugs for 3-5 days. Functional status of nodule, thyroiditis, thyrotoxicosis.