Duodenitis (Case 1)

CONCLUSIONS
IMR superior to iDose to show duodenal lumen, mucosa and wall edema/fluid.
Scanning parameters and body size

<table>
<thead>
<tr>
<th>#</th>
<th>Scan Label</th>
<th>Scan Mode</th>
<th>mAs</th>
<th>kV</th>
<th>CTDIvol [mGy]</th>
<th>DLP [mGy*cm]</th>
<th>Phantom Type [cm]</th>
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<td>120</td>
<td>10.6</td>
<td>798.1</td>
<td>BODY 32 CM</td>
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</tbody>
</table>
Comparison between two reconstruction techniques. Question: which technique shows duodenitis the best?

IMR 3
Slice thickness = 1 mm

iDose 4
Slice thickness = 4 mm
Notice the extensive blurring of anatomy with iDose compared to IMR. The “blurring” is noise!

IMR 3
Slice thickness = 1 mm

iDose 4
Slice thickness = 4 mm

Structures are blurred by noise
Coronal – Compare duodenal wall edema using IMR vs. iDose

IMR 3
Slice thickness = 1 mm

iDose 4
Slice thickness = 4 mm
Compare visualization of mucosal outlining between IMR and iDose.

**IMR 3**
Slice thickness = 1 mm

**iDose 4**
Slice thickness = 4 mm

Noise degrades the image
Sagittal – evaluate ability to visualize lumen, mucosa, edema

**IMR 3**
Slice thickness = 1 mm

**iDose 4**
Slice thickness = 4 mm
With iDose – look at blurring between lumen, mucosa and wall edema!

IMR 3
Slice thickness = 1 mm

iDose 4
Slice thickness = 4 mm

It all blends into one noise!
Duodenitis

CONCLUSIONS

IMR superior to iDose to show duodenal lumen, mucosa and wall edema/fluid.