

Tabell 3: Oversikt over artikler fra pilotsøket på Medline

Nøkkelord: Computed tomography, contrast media, reduction, kidney, liver, pancreas, ventricle og stomach					
Titell og Årstell.	Type IR (Basert på rådata eller FBP)	% Hybrid (Hvor stor andel av bildet baserer seg på IR)	Kontrastinjeksjonsparameter. Kontrastkonsentrasjon.(ml/kg)(hva sammenlignes?)	Sammenligning (Hva sammenlignes i artikkelen)	Organ (Foretrukket abdomen, ikke hjertet)
Computed tomography portography of patients with cirrhosis with normal body mass index: Comparison between low-tube-voltage CT with low contrast agent dose and conventional CT. (2018)			Kontrastmiddel - 1,2 ml/kg og 2,8 hastighet - A Og 1,5 ml/kg og 3,0 hastighet - B Gruppe A(kVp - 90 mAs - 395) Gruppe B (120 kVp og 200 mAs)		Lever
Can low-dose CT with iterative reconstruction reduce both the radiation dose and the amount of iodine contrast medium in a dynamic CT study of the liver? (2014)	ASIR		600/480 mg l/kg A= 120 kvp, ikke ASIR B= 100 kvp med 40% ASIR	Konvensjonell CT med og uten ASIR	lever
Low-voltage (80-kVp) abdominopelvic computed tomography allows 60% contrast dose reduction in patients at risk of contrast-induced nephropathy (2018)	Ja ADI R 3D		Protokol A -120-kVp -550–600 mgI/kg Protokol B - 60% -80-kVp -330–360 mgI/kg		Lever
Reduction of the radiation dose and the amount of contrast material in hepatic dynamic CT	Ja ADI R 3D		Protokol A -120 kVp -600mg I /kg -FBP	CNR, Støy, bildekvalitet	Lever

using low tube voltage and adaptive iterative dose reduction 3-dimensional. (2018)	Og FBP		Protokol B -100kVp -500mgI/kg -ADIR 3D		
CT follow-up in patients with neuroendocrine tumors (NETs): combined radiation and contrast dose reduction. (2018)	FBP ASIR				
Application of 80-kVp scan and raw data-based iterative reconstruction for reduced iodine load abdominal-pelvic CT in patients at risk of contrast-induced nephropathy referred for oncological assessment: effects on radiation dose, image quality and renal function. (2018)	Ja SAFIRE		80 kVp 120 kVp	Attenuation, støy og CNR	Abdominal–Bekken
Using 80 kVp on a 320-row scanner for hepatic multiphase CT reduces the contrast dose by 50 % in patients at risk for contrast-induced nephropathy. (2017)	AIDR 3D, (Toshiba Medical Systems, Otawara, Japan)		A: using 80-kVp and a CM dose of 300mgI/kg. B: 120-kVp protocol and the standard CM dose of 600mgI/kg (50% kontrastmengdereduksjon)	Støy, CNR, Visuell bildekvalitet	lever
Application of low concentration contrast medium in spectral CT imaging for CT portal venography.	Man gler hele teksten		A:350mgI/ml B:315mgI/ml C:280mgI/ml	Støy, CNR, visuell bildekvalitet.	Lever (portalvenografi)
Double-low protocol for hepatic dynamic CT scan: Effect of low tube voltage	FBP		A-”double low” protokoll med 100 kVp, 40% ASIR og iodixanol at 270mg I/mL	SNR, CNR og bildekvalitet	Lever

and low-dose iodine contrast agent on image quality. (2016)	ASIR 40%		B-120 kVp,FBP og iodixanol at 270mg I/ mL C-120 kVp, FBP og ioversol at 350mg I/ mL		
Impact of Knowledge-Based Iterative Model Reconstruction in Abdominal Dynamic CT With Low Tube Voltage and Low Contrast Dose.	IMR HIR FBP	ja	A -80-kV, 300 mg I/kg B - 120-kVp, 600 mg I/kg B - 120-kVp, 600 mg I/kg med FBP	ED, Støy, CNR	Lever
[Feasibility study on liver CT contrast-enhanced scan with low dose of radiation and contrast agent].			A - 270 mgI/mL, 120 kV, 300 mA B - 320 mgI/mL, 100 kV, 400 mA C - 100 kV, 300 mA		Lever
Low contrast dose protocol involving a 100 kVp tube voltage for hypervascular hepatocellular carcinoma in patients with renal dysfunction.			A : ≥60 ml/min/1.73 m ² , 120 kVp, 15 mAs 600 mgI/kg BW B : GFR 30–60 ml/min/1.73 m ² , 100 kVp, 30 mAs, 480 mgI/kg BW	Tumor-to liver contrast (TLC), støy, CNR, attenuasjon og dose	Lever
Reduction of Iodine Load in CT Imaging of Pancreas Acquired With Low Tube Voltage and an Adaptive Statistical Iterative Reconstruction Technique (2014)	ASIR		1. 600 mg/kg (600 mg -120 kv) 2. 500 mg/kg (500 mg - 80 kv) 3. 400 mg/kg (400 mg -80 kv)	Konvensjonell CT protocol med 120 kV(p) and 600-mg jod/kg	Pancreas
Shaped-bolus protocol reduces contrast medium volume in abdominal CT while maintaining image quality.			1. 120kv-100 ml jodkontrast 2,5ml/s i 40 sekunder 2. 120kv-75 ml via bolus shaping i 36 sekunder (1.7ml/s)	Ble sammenlignet gruppe 1 med gruppe 2	Abdomen

