RADIOLOGY ASSOCIATES OF NORTH TEXAS, P.A.

General Reference:
Practice Guideline for the Performance of Scintigraphy for Inflammation or Infection

Common Indications:
Gallium-67 scintigraphy is indicated for the evaluation of fever of unknown origin, sepsis, musculoskeletal infection (particularly of the spine, and for chronic osteomyelitis), cardiovascular graft/ prosthetic infections, and other conditions

Pre-scan Clinical History:
Determine history related to stated clinical history. Locate any pertinent imaging results which describe related findings.

Patient Preparation:
None

Relative Contraindications (if present, consult with nuclear medicine physician prior to scan):
1. Recent nuclear medicine studies
2. Pregnancy
3. Dialysis dependency

Radiopharmaceutical and Route of Administration:
8 mCi Gallium-67 citrate through IV line or butterfly. **NEVER inject the isotope through port, PICC, or other central venous access lines without prior approval of the nuclear medicine physician.**

Procedure:
Anterior/ posterior whole body imaging should be acquired early the day following the injection of the isotope, 256x1024 matrix, 10 cm/ minute scan rate. Ask the nuclear medicine physician to review these first images, to determine the need for (24 or 48 hour) SPECT/CT, for (24 or 48 hour) static spot images, and for 48 hour whole body imaging. You may be asked for additional image review before discharging patient at 48 hours.

Review:
Prepare images and documents for clinical review as per **Nuclear Imaging Acquisition and Presentation Guidelines**.

Dr. Barr | Date Implemented: 2007 | Date Revised: 11/2018 | Date Reviewed: 7/2025