Francesco Macri^{1,2*}, Elina Khasanova¹, Joel Greffier¹, Gianfranco Gualdi² and Jean Paul Beregi¹ $^1D^{} = k \ ^{\circ} [- \ddot{U} \otimes \mathring{a}i[|[*^{\circ}, D^{\circ}] \wedge \mathring{a}' \wedge U]i c^{\circ} + \mathring{b}^{\circ} H[\bullet]i \otimes |, T^{\mathring{a}i \otimes \omega}|I \otimes \mathring{a}' + G^{\circ} | D^{\circ} \wedge \mathring{a}' \wedge G^{\circ} | D^{\circ} \otimes \mathring{a}^{\circ} | D^$

radiologists were not thoroughly familiar with tube parameters and methods to optimize the radiation dose and image quality [13]. Working together with the medical physicist improved the radiologists'

- needed, it should be done with a higher dose than the previous and lower that the standard one (refer to your medical physicist).
- 6 Transforming some X-ray examinations into ULD CT will increase the workload. Yes, it is likely so. Keep in mind the patient's care as rst. e aim is to decrease for some indications the useless X-ray study due to its low sensitivity that can misleads, irradiates without information gain and delays the patient's care.

Conclusion

e acceptance to reduce the CT dose at the cost of a less pretty image but still diagnostic struggles to take hold for the majority of radiologists is cultural change should be the fruit of e ort at persuasion by evidences without an abrupt implementation of LD/ULD protocols in clinical practice. e promoter group of radiologists favourable to this change of gear should arouse the curiosity of the rest of colleagues with meetings and providing exempla. e progressive involvement of all the sta radiology members is the key to success for the radiation safety of the patients aiming to a diagnostic image rather than a beautiful image.

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