

"Low dose" CT (140 keV, 2,5 mA) Hawkeye produces significantly lower intensity of the beam than x-ray diagnostic CT. However, growing interest in hybrid SPECT/CT and the number of examinations require monitoring of additional dose in order to keep patients radiation burden as low as possible. Effective (E) and equivalent (HT) doses in several types of SPECT/CT examinations performed on scintillation camera Infinia/Hawkeye were calculated using "ImPACT CT Patient Dosimetry Calculator". The doses from "low-dose" CT have been compared with those from radionuclides used in SPECT. E values mean±SD (min-max) from "low-dose" CT was 1,86±0,13 (1,73-2,04) mSv in SPECT/CT of myocardial perfusion (^{99m}Tc - Myoview), 0,26±0,04 (0,20-0,37) mSv in SPECT/CT of parathyroid glands (^{99m}Tc-MIBI) and 0,83±0,52 (0,21-1,73) mSv in SPECT/CT of bone ^{99m}Tc-MDP). In oncology SPECT/CT examinations, E from "low-dose" CT was 1,07±0,51 (0,45-2,25) mSv using ¹¹¹In-Octreoscan and 1,16±0,48 (0,54-2,40) mSv using ¹²³I-MIBG. The maximum E from "low-dose" CT was 11% of E from 2200 MBq ^{99m}Tc-Myoview, 6% of E from 700 MBq ^{99m}Tc-MIBI and 43% of E from 700 MBq ^{99m}Tc-MDP. In oncology examinations E from "low-dose" CT was 21% of E from 200 MBq ¹¹¹In-Octreoscan and 92% of E from 200 MBq ¹²³I-MIBG. "Low-dose" CT does not increase effective doses of staff.