CT PEDIATRIC CHEST

PEDIATRIC ROUTINE CHEST CT

Indication: Infection, pulmonary nodule, mass, effusion, empyema

Position/Landmark

Head or Feet first-Supine/ Sternal Notch

Scout direction

Craniocaudal

Respiratory Phase

Inspiraton

Scan Type

Helical

Rotation/Pitch/Index

KV/ mA/ Rotation time (sec): 120kv/Smart mA (100-750) 0.8 sec
Pitch/ Speed(mm/rotation): 1.375:1/27.50
Noise Index: NI-32.72

Detector width x rows = Beam Collimation

0.625mm X 32 = 20mm

Slice Thickness/Spacing Algorithm/Recon

Recon	Thickness/spacing	Algorithm
1. Thin Cuts	0.625mm X 0.625mm	Chest
2. Chest	5mm X 5mm	Chest

Location/FOV

Start/End Location: Above the apices down through the adrenals
SFOV:
DFOV: 28cm (Adjust for patient size)

*Access our **Modality Protocols** site for all current protocols at:*
www.MIARAD.com
INTEGRITY | TEAMWORK | EXCELLENCE | SERVICE | ACCOUNTABILITY

Reviewed 6-28-24

IV Contrast Volume/Type/Rate

1ml per lb / Isovue 370 @ 2.0ml/sec
Or hand inject if necessary.
*(Rate may be adjusted based on IV stability or patient criteria)

Scan Delay

40sec

2D/3D

Coronal reformations

Comments:

NA

Images Required in PACS

Scouts, 5mm X 5mm axial images, Coronal reformations and the Dose report

Images to Workstation

None

*Access our **Modality Protocols** site for all current protocols at:*
www.MIARAD.com
INTEGRITY | TEAMWORK | EXCELLENCE | SERVICE | ACCOUNTABILITY

Reviewed 6-28-24