

## CT PEDIATRIC NECK

Pediatric Routine ST Neck CT

Indications –Abscess, mass, lymphoma, adenopathy, mets.

### **Position/Landmark**

Supine-Head first / Sternal Notch (SN)

### **Scout direction**

Craniocaudal

### **Respiration**

None

### **Scan Type**

Helical / Full

### **Statistics**

**KV/ mA/ Rotation time (sec):** 120kv / Smart mA / 0.5

**Pitch/ Speed(mm/rotation):** 1.375:1 / 27.00

**Noise Index:** NI-9.00

**Detector width x rows = Beam Collimation**

0.625 X 32 = 20mm

### **Slice Thickness/Spacing Algorithm/Recon**

#### **Recon**

1. Thin cuts
2. ST Neck

#### **Thickness/spacing**

0.625mm X 0.625mm  
2.5mm X 2.5mm

#### **Algorithm**

Standard  
Standard

### **Angle**

None

Access our **Modality Protocols** site for all current protocols at:

[www.MIARAD.com](http://www.MIARAD.com)

INTEGRITY | TEAMWORK | EXCELLENCE | SERVICE | ACCOUNTABILITY

**Location/FOV**

**Start/End Location:** Approximately 2cm above Temp. Bone / Down to the Carina

**SFOV:** Small body

**DFOV:** 18cm (Adjust to patient size)

**IV Contrast Volume/Type/Rate**

1ml per lb / Isovue 370 / 2.0ml/sec or hand inject if necessary.

**Scan Delay**

40sec

**2D/3D**

Coronal and Sagittal reformations.

**Comments:**

If patient has fillings or unremovable metal in mouth, scan through area of artifacts w/ a superior Angle to avoid the metal.

**Images Required in PACS**

Scouts, Axial 2.5mm images, Coronal & Sagittal reformations and the Dose report.