

Child Pectus Excavatum

Siemens 16 Slice

Application Examples: evaluate thoracic bony anatomy

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time < 100 lbs	80 kV / 30 mAs / 0.6 seconds
kV / mAs / Rotation Time > 100 lbs	80 kV / 60 mAs / 0.6 seconds
Care Dose 4D	Off
Pitch	1.2
Breath Hold	Inspiration
Typical CTDIvol < 100 lbs	0.87 mGy
Typical CTDIvol > 100 lbs	1.74 mGy

Topogram: PA, 512 mm

Chest	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	5 x 5	B30s	Mediastinum	-	AXIAL	PACS
Recon 2	3 x 3	B70s	Lung	-	AXIAL LUNG	PACS
Recon 3	1.5 x 0.7	B20s	Mediastinum	-	AXIAL 1.5 x 0.7 SMOOTH	MPR / TERARECON

This protocol is used to assess for pectus excavatum which is a deformity of the anterior wall of the chest involving several ribs and the sternum. The abnormality produces a caved-in or sunken appearance of the chest.

Patient Position: Position patient supine with arms above head and lower legs supported.

Scan Range: Entire bony thoracic anatomy.

Recons: Adjust FoV to fit body contour or to previous FoV if available. On Recon 2, set beginning and end points to include *lungs only* (apices to costophrenic angles).

2D Reformations: Post processing done in 3D card.

Series: Chest	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	3 x 3	Mediastinum	COR	PACS
Recon 3	Sagittal MPR	3 x 3	Mediastinum	SAG	PACS

3D: VR Spin. Contact the La Crosse Imaging Lab.

