

Child Pelvis

Siemens 16 Slice

Application Examples: abnormalities of urinary bladder or rectum

Oral Contrast	*Yes
IV Contrast / Volume	Omnipaque 300 / **see below

Technical Factors

Injection Rate	1-2 ml/sec
Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	60 seconds
Breath Hold	Inspiration, if appropriate

Scan Type	Spiral
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time	110 kV / 60 mAs / 0.6 seconds
Care Dose 4D	On
Pitch	1.2
Typical CTDIvol	4.33 mGy

Topogram: AP, 256 mm

Pelvis	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	3 x 3	B30s	Pelvis	-	AXIAL	PACS
Recon 2	1.5 x 0.7	B30s	Pelvis	-	AXIAL 1.5 x 0.7 STND	MPR / TeraRecon

This protocol is used for routine pelvic studies.

Oral Contrast: *Guidelines for oral contrast for children

Neonates- ordered per neonatologist
 < 1 year 120 ml
 1-5 years 240-350 ml
 6-12 years 350-500 ml
 > 12 years 600-900 ml

Patient Position: Patient lying supine with arms above head.

Scan Instructions: Bolus approximately 40% of total volume of IV contrast and wait 5 minutes. This will help fill bladder. Then, bolus remaining IV contrast using a scan delay which is dependent on injection rate.

Scan Range: Scan above IC through ischial tuberosities including entire bladder and rectum.

Recons: Adjust FoV to fit body contour or to previous FoV if available.

Reformations: Post processing done in 3D card.

Series: Pelvis	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	3 x 3	Pelvis	COR	PACS
Recon 2	Sagittal MPR	3 x 3	Pelvis	SAG	PACS

**Amount of contrast used is based on child's weight. Weight in pounds (lbs) x 0.62 = total IV contrast amount.