

Child Neck S.T.

Siemens go.All

Application Examples: Trauma, abscess or neck swelling

Oral Contrast	No
IV Contrast / Volume	0.62 ml Omnipaque 300 per pound
Injection Rate	0.5-2 ml/sec

Technical Factors

Scan Delay	60 sec.
Patient Instructions	Do not breathe, do not swallow

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 110 kV
Care Dose 4D	On / 120 mAs
Rotation Time	1.0
Pitch	1.20
Typical CTDIvol	

Topogram: AP, Lateral, 256 mm

Neck	Recon Type	Width / Increment	Algorithm	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br40	2	Baby Neck	150	AXIAL	PACS	-
Recon 2	3D:COR	3 x 3	Br40	2	Baby Neck	-	COR	PACS	COR MPR
Recon 3	3D:SAG	3 x 3	Br40	2	Baby Neck	-	SAG	PACS	SAG MPR
Recon 4	3D:AXIAL	1.0 x 1.0	Br44	3	Baby Neck	150	AXIAL MPR	PACS	AXIAL MPR
Recon 5	Axial	0.6 x 0.6	Br36	2	Baby Neck	150	AXIAL 0.6 STD	TeraRecon	-

Patient Position: Most babies are sedated. Position the head carefully to avoid compromising the airway. Patient's body may need to be elevated with a sponge or blanket to assure that the area being scanned is in isocenter. Place patient in supine position with neck hyper extended slightly and head secured. IOML should be perpendicular to table.

Scan Instructions: Instruct patient not to swallow during scan if possible. Motion around the larynx can be mistaken for a tumor.

Scan Range: For most indications, scan from sellar floor to top of aortic arch. For hoarseness, voice weakness or vocal cord paralysis, scan sellar floor to carina.

Recons and Reformations: Coronal, Sagittal and Axial MPRs done in examination card using raw data.

Lateral & AP Topogram
(scan coverage)

