

Child CAP

Siemens go.All

Application Examples: tumor evaluation, restaging

Oral Contrast	Yes
IV Contrast / Volume	0.62 ml Omnipaque 300 per pound or P3T
Injection Rate	Based on IV size and patients' weight

Technical Factors

Scan Delay	70 seconds
Breath Hold	Inspiration if possible

Detector Collimator	Acq 32 x 0.7mm
Care kV	On / 110 kV
Care Dose 4D	On / 135 mAs
Rotation Time	0.5
Pitch	1.4
Typical CTDIvol	

Topogram: Lateral, AP, 512 mm

Neck	Recon Type	Width / Increment	Algorithm	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br40	2	Abdomen	-	AXIAL	PACS	-
Recon 2	Axial	3 x 3	Br64	2	Lung	-	AXIAL LUNG	PACS	-
Recon 3	3D: COR	3 x 3	Br40	2	Abdomen	-	COR	PACS	COR MPR
Recon 4	3D: SAG	3 x 3	Br40	2	Abdomen	-	SAG	PACS	SAG MPR

IV Placement: ≥ 22 gauge, *preferably* in antecubital (AC) fossa

Patient Preparation: Give oral contrast per peds protocol 45 minutes prior to scan.

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

Scan Range: Lung apices through ischium.

Recons and Reformations: Set begin and end points on Recon 2 (AXIAL LUNG) include lungs (apices through costophrenic angles). Coronal & Sagittal MPRs in examination card using raw data.