

Child Pelvis

Siemens go.All

Application Examples: abnormalities of the urinary bladder, rectum, or masses
Weight ≤110 pounds

Oral Contrast	120-900 mL
IV Contrast / Volume	0.62 mL Omnipaque 300 per pound or P3T

Technical Factors

Injection Rate	≤ 2.2 mL / sec
Care Bolus ROI Location / HU	NA
Monitoring Delay	NA
Cycle Time	NA
Scan Delay	30 seconds
Breath Hold	None

Detector Collimator	Acq 32 x 0.7mm
Care kV	On / 110 kV
Care Dose 4D	On / 150 mAs
Rotation Time	0.5
Pitch	0.8
Typical CTDIvol	

Topogram: Lateral, AP, 256 mm

Abdomen	Recon Type	Width / Increment	Algorithm	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br40	2	Abdomen	-	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br40	2	Abdomen	-	COR	PACS	COR MPR
Recon 3	3D:SAG	3 x 3	Br40	2	Abdomen	-	SAG	PACS	SAG MPR

This protocol is used for routine pelvic studies.

Patient Preparation: Give patient entire amount of oral contrast to drink then wait 45 minutes before scanning.

Patient Position: Patient lying supine with arms above head.

Scan Instructions: Bolus 40 % of total volume of IV contrast and wait 5 minutes. This will help fill bladder. Then, bolus remaining IV contrast using 30 second scan delay depending on the injection rate.

Scan Range: Scan above IC through SP including bladder and rectum.

Recons and Reformations: Adjust FOV to fit body contour. Coronal and Sagittal MPRs in examination card using raw data.

Notes: Guidelines for oral contrast for children

1. Neonates- ordered per neonatologist
2. < 1 year 120 ml
3. 1-5 years 240-350 ml
4. 6-12 years 350-500 ml
5. > 12 years 600-900 ml