

Neck Soft Tissue

Siemens go.All

Application Examples: tumor, swelling, abscess, lymphoma, hoarseness, vocal cord paralysis

IV Contrast / Volume	80 mL Omnipaque 300
Injection Rate	2.5 mL / sec

Technical Factors

Scan Delay	60 seconds
Patient Instructions	Do Not Swallow

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
X-Care	Off
Care kV	On / 120 kV
Care Dose 4D	On / 120 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	11.28 mGy ± 50%

Topogram: AP and Lateral, 512 mm

Neck	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br36	2	Larynx	200	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br36	2	Larynx	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	Br36	2	Larynx	-	SAG	PACS	Sagittal MPR
Recon 4	3D: AXIAL	1 x 1	Br44	3	Larynx	200	AXIAL MPR	PACS	Axial MPR

Topogram: Lateral, 512 mm

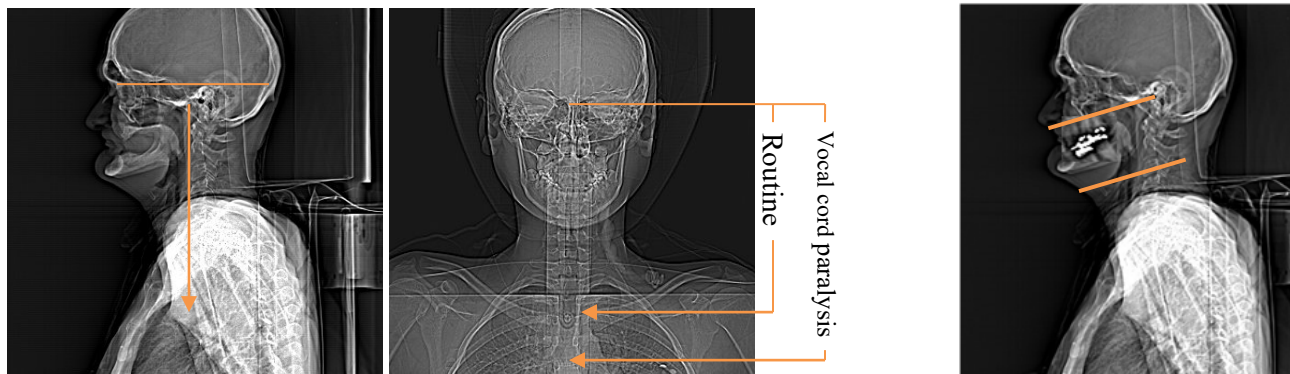
Neck	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br36	2	Larynx	200	AXIAL ANGLE	PACS	None

Patient Position: Patient lying in supine position, neck hyperextended slightly and head secured. IOML should be perpendicular to table. If pt has big shoulders use a sheet and put around bottom of feet and stretch legs out while they are holding onto both ends to try and bring down shoulders. This will help with streaking though the lower neck on the images.

Scan Instructions: Remove dentures, retainers, or piercings if applicable and instruct patient not to swallow during scan—motion around the larynx can be mistaken for a tumor. **If patient has a palpable neck mass, mark it with an acidophilus caplet.** Note there is no gantry tilt possible on the GO ALL and therefore if the patient has fillings, then reposition head with the chin tilted upward. Do a lateral scout and scan hard palate to hyoid (C3-4 disc space) to include entire oral cavity.

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.**

Lateral & AP Topogram (scan coverage)



Recons and Reformations: Make 1x1 mm Axial MPR data set parallel to vocal cords through entire data set . Create coronal MPR parallel to vocal cords.

Gundersen Health System

*If Dental artifact- add an additional Axial recon with IMAR on and set start and end just through area of dental work and artifact.