

CT SOFT TISSUE NECK

GE- 3001

Maximum CTDI 30

Note: All CT scans of the soft tissue neck should be performed with IV contrast. Except when the MD specifically requests otherwise. **If history is vocal cord paralysis, call referring MD for Chest CT order.**

PT Prep: Remove all metal objects from the neck to eliminate artifacts. Instruct the patient not to swallow during the scan. **Mark palpable mass(es) on patient's area of complaint when applicable.** Follow MCR IV contrast dosing guidelines.

Series 1: **Scout AP and LAT-Supine "0" at Sternal Notch S 250 to I 100**

Series 2: Helical scan of the neck from the anterior cranial fossa, about the level of the supra-orbital rim to include pharynx, down to the top of the aortic arch.

Acquisition #1: Display scout and the prescribed slices from the anterior cranial fossa through the apices to the top of the Aortic arch, 2.5mm spacing and 2.5mm thickness.

Enhanced Scan: IV contrast at 2-3cc sec (follow MCR IV contrast dosing guidelines). Scan delay of 45 sec.

Reconstruction: **STANDARD AND BONE ALGORITHM with a DFOV** large enough to include tip of the nose and all of the mandible, approx 23-25cm.

Technique:

	750 HD 128 (room 2)	Optima 660 (32) OVIC	Optima 660 (room 1)	VCT 64 (room 3)
Noise Level	9.50	9.50	9.50	9.50
Interval	2.5mm	2.5mm	2.5mm	0.625
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	1.25
Pitch	1.375:1	1.375:1	1.375:1	1.375:1
Speed mm/rotation	55.00	27.50	55.00	55.00
Detector Rows			N/A	N/A
Detector Configuration			N/A	N/A
Beam Collimation	20mm	20mm	40mm	40mm
KV/mA	120KV/400mA	120KV/250mA	120KV/300mA	120KV/300mA
Scan Type	Helical Full 0.6 sec	Helical Full 1.0 sec	Helical Full 1.0sec	Helical 1.0 sec

Networking/ PACs: Send scouts
Send series 2 Standard Algorithm
Recon and send series 2 in a Bone Algorithm
Recon and send lung images in Lung Algorithm
Reformat in Bone and Soft Tissue do sagittal and coronals and send to PACS.

Original Date: 4-8-04

Approved by: Dr. J. Campbell MCR

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