

PEDIATRIC CHEST GE REVOLUTION 256

CTDI: 0-4yr: ≤ 15mGy 5-16: ≤30mGy

PT Prep:

- IV contrast at the discretion of the Radiologist.
 - 2cc per kg of 300 mg iodine/non-ionic @ 1-2ml/s, not to exceed 100ml unless otherwise determined by Radiologist.

PT Positioning:

- Both arms should be raised above head for optimal image quality.
- If PT cannot raise one arm, one arm down is preferred over both arms down.
- If both arms are unable to be raised, this information should be documented in tech notes for the radiologist.

Setup: Supine, AP/LAT scout from above apices through the adrenal glands/mid T1.

DFOV: Appropriate for patient's body habitus.

Scan Parameters:

1. 50 second delay from start of injection of contrast
2. Scan from above the apices through the adrenal glands

PACS SERIES

1. SCOUT
2. ST AX
3. LUNG AX
4. ST CORONAL 2X2
5. ST SAGITTAL 2X2
6. DOSE REPORT

Acquisition Parameters

Scan Type	HELICAL	HELICAL	HELICAL	HELICAL
PT Weight (lbs)	1-20.9	20.9-49.6	49.6-89.1	89.1-199.1
Pitch and Speed (mm/rot)	0.984:1 (140.63 mm/s)	0.992:1 (283.48mm/s)	0.992:1 (226.49 mm/s)	0.992:1 (79.35mm/s)
Detector Coverage	40	80	80	80
Thick	2.5	2.5	2.5	2.5
Speed	0.28	0.28	0.35	1.00
Noise Index	11.9	10.4	13.4	15.4

PT Weight (lbs)	1-20.9	20.9-49.6	49.6-69.5	69.5-89.1	89.1-199.1
Scan FOV	PED BODY	SM BODY	MED BODY	MED BODY	LG BODY
Smart mA Range	10-525	10-600	10-600	10-600	10-550
kVp *Kv Assist*	80	100*	120*	120*	120*

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Reconstruction Parameters

RECON 1(Soft Tissue)	
Algorithm	Std
ASIR	50%
Recon Type	Helical Full
Slice Thickness	2.5
Increment	2.5
RECON 2 (Lung)	
Algorithm	Lung
ASIR	50%
Recon Type	Helical Full
Slice Thickness	2.5
Increment	2.5
RECON 3 (thins for Reformats)	
Algorithm	STND
ASIR	50%
Recon Type	Full
Slice Thickness	0.625mm
Increment	0.3125mm