

CTDI: 0-4yr: ≤ 15mGy 5-16: ≤30mGy

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. Scan from above the apices through the adrenal glands
 - If PT can tolerate, scan both inspiration & expiration. If not, only scan inspiration.

PACS SERIES

1. SCOUT
2. LUNG AX
3. ST AX
4. LUNG CORONAL 1X1
5. LUNG SAGITTAL 1X1
6. ST CORONAL 2X2
7. ST SAGITTAL 2X2
8. LUNG CORONAL EXP. 1X1 (if acquired)
9. LUNG SAGITTAL EXP. 1X1 (if acquired)
10. 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 (226.79 mm/s)	0.992:1 (79.38mm/s)
Detector Coverage	40	80	80	80
Thick	1.25	1.25	1.25	1.25
Speed	0.28	0.28	0.35	1.00
Noise Index	13.9	16.7	21	21.4
Scan FOV	PED BODY	SM BODY	MED BODY	LG BODY
Smart mA Range *smart mA + ODM*	10-525*	10-600*	10-600*	10-600*
kVp *Kv Assist*	80	100*	120*	120*

Reconstruction Parameters

RECON 1(Soft Tissue)	
Algorithm	STND
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	1.25
Increment	1.25
RECON 3 (thins for Reformats)	
Algorithm	STND
ASIR	50%
Recon Type	Full
Slice Thickness	0.625mm
Increment	0.3125mm
RECON 4 (thins for Reformats)	
Algorithm	LUNG
ASIR	50%
Recon Type	Helical Plus
Slice Thickness	0.625mm
Increment	0.3125mm