

Imaging Protocol – CT Pedi IAC

CTDI: 0-4yr: ≤ 15mGy 5-16: ≤ 25mGy

PT Positioning:

- If possible, tilt the patient's head so that a line connecting the lateral canthus of the eye and the EAC is perpendicular to the CT tabletop.

Scan Parameters:

- Scan inferior to the skull base and scan through mastoid air cells

Setup: Supine, AP and LAT scouts, no gantry tilt.

DFOV: Preferred 15cm (range 14-22cm)

PACS SERIES

1. SCOUT
2. BONE AX
3. ST AX
4. BONE COR
5. RT MAG COR
6. LT MAG COR
7. RT MAG AX
8. LT MAG AX
9. ST COR
10. RT COR OBL (HEARING LOSS)
11. RT SAG OBL (HEARING LOSS)
12. LT COR OBL (HEARING LOSS)
13. RT COR OBL (HEARING LOSS)
14. DOSE REPORT

Acquisition Parameters

PT AGE	0-5mo	6-18m	19m-6y	7y-14y	15+
Scan Type	AXIAL	AXIAL	AXIAL	AXIAL	Helical
Scan FOV	PED HEAD	PED HEAD	SM HEAD	SM HEAD	HEAD
mA *Smart mA/ODM	150	185	255	220	135
kVp *kV assist	120	120	120	120	120
Pitch and Speed (mm/rot)	N/A	N/A	N/A	N/A	N/A

Detector Coverage *Smart Coverage	40mm	80mm	80mm	80mm	80mm
Thick	0.625mm	0.625mm	0.625mm	0.625mm	0.625mm
Speed	0.28	0.28	0.28	0.50	1.00

Reconstruction Parameters

RECON 1 (Bone AX)	3000/500
Algorithm	HD BONE PLUS
ASIR	50%
Recon Type	HD BONE PLUS
Slice Thickness	0.625
Increment	0.625
RECON 2 (ST AX)	400/40
Algorithm	HD STND
ASIR	50%
Recon Type	HD STND
Slice Thickness	1.25
Increment	1.25
RECON 3 (BONE REF)	3000/500
Algorithm	HD BONE PLUS
ASIR	50%
Recon Type	HD BONE PLUS
Slice Thickness	0.625z
Increment	0.625z
RECON 4 (ST AX)	400/40
Algorithm	HD STND
ASIR	50%
Recon Type	HD STND
Slice Thickness	0.625Z
Increment	0.625Z

PROTOCOL REVIEW 2025 01/df

Approval Imaging Council January 2025

PROTOCOL DESIGNED TO MINIMIZE THE AMOUNT OF RADIATION WHILE MAXIMIZING THE YIELD AND PRODUCE DIAGNOSTICALLY ACCEPTABLE IMAGE QUALITY.