

RIH – TEMPORAL BONES GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications: Cholesteatoma, Hearing Loss, Fracture, Mastoiditis

Position/Landmark	Supine head first or feet first Zero at outer canthus of eye.			
Topogram Direction	Craniocaudal			
Respiratory Phase	Any			
Scan Type	Helical			
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	120kv / smart mA (80-350) / 0.8 sec 0.531:1 , 10.62mm 4.0 / 20 / 20%			
Detector width x Rows = Beam Collimation	0.625mm x 16 = 10mm			
Average Tube Output	ctdi – 51.1 mGy dlp – 472 mGy.cm			
Helical Set	body	thickness/		recon
Slice Thickness/ Spacing	recon part	spacing	algorithm	destination .
Algorithm	1 bilat axial temp bones	2.5mm x 2.5mm	standard	pacs
Recon Destination	2 left temporal bone	.6mm x .3mm	bone+	dmpr
	3 right temporal bone	.6mm x .3mm	bone+	dmpr
Scan Start / End Locations	1cm inferior to mastoid tip 1cm superior to petrous bones			
DFOV	bilat temp bones: 20 cm unilat temp bone: 10cm decrease appropriately			
IV Contrast Volume / Type / Rate	70cc omni 350 / 2cc per second or hand inject if needed			
Scan Delay	65 seconds			
2D/3D Technique Used	DMPR: axial and coronal reformats 0.7 mm x 0.7mm, average mode, from recons 2 and 3			
<p>Comments: Recon 1 is bilateral standard algorithm temporal bones. Recon 2 is a bone+ algorithm targeted at the left side. Recon 3 is a bone+ algorithm targeted at the right side. Coronal and axial reformats, 0.7mm x 0.7mm, average mode from recons 2 and 3 are routine for this protocol. The patient's head should be positioned as symmetrical as possible.</p> <p>Mastoiditis: The adult patient mastoiditis protocol is this protocol with iv contrast.</p>				
Images required in PACS	Scouts, 2.5mm x 2.5mm standard bilat temporal bones, .7mm x .7mm sharp axial left temporal bone, .7mm x .7mm sharp axial right temporal bone, .7mm x .7mm sharp coronal left temporal bone, .7mm x .7mm sharp coronal right temporal bone, Dose Report			