RIH – TEMPORAL BONES
GE LIGHTSPEED VCT PROTOCOL

Application: 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) / 0.5 sec 0.531:1 , 10.62mm 4.0 / 20 / 20%
Detector width x Rows = Beam Collimation	0.625mm x 32 = 20mm
Average Tube Output	ctdi – 51.1 mGy dlp – 472 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 **bilat axial temp bones** 2.5mm x 2.5mm standard pacs 2 left temporal bone .6mm x .3mm bone+ dmpr 3 right temporal bone .6mm x .3mm bone+ dmpr
Scan Start / End Locations **DFOV**	1cm inferior to mastoid tip 1cm superior to petrous bones bilat temp bones: 20 cm unilat temp bone: 10cm decrease appropriately
IV Contrast Volume / Type / Rate	70mL Iohexol (Omnipaque 350), 2mL/sec 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

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.

Mastoiditis: The adult patient mastoidits protocol is this protocol with iv contrast.

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

updated Jan 23, 2017