Child Craniosynostosis

Siemens 16 Slice

Application Examples: suture evaluation

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6
kV / mAs / Rotation Time (seconds)	110kV / 150 mAs / 1.0
Care Dose 4D	Off
Pitch	0.8
Typical CTDIvol	26.63 mGy

Topogram: Lateral, 256 mm

Head	Width / Increment	Kernel	Window	FOV	Series Description	Networking
Recon 1	3 x 3	C60s	Bone	200	AXIAL BONE	PACS
Recon 2	5 x 5	C30s	Cerebrum	200	AXIAL STND	PACS
Recon 3	0.75 x 0.5	C60s	Bone	200	AXIAL 0.75 x 0.5 BONE	MPR
Recon 4	0.75 x 0.5	C20s	Base Orbita	200	AXIAL 0.75 x 0.5 SMOOTH	TERARECON

This protocol is used for routine craniosynostosis studies.

Patient Position: Position head so the GML is perpendicular to the table in a symmetrical position (no rotation or tilt). Note no gantry angle with spiral acquisition. Axial images should be acquired parallel to a line drawn from the base of the skull to the glabella.

Scan Instructions: Position the head carefully to avoid compromising the airway. Baby's body may need to be elevated with a sponge or blanket to assure the head is in isocenter of the gantry. Use sponges to immobilize head in the head holder.

Scan requirements: Baby must remain motionless for entire scan. If sedation is needed, exam must be done in La Crosse CT.

Scan Range: Skull base through vertex. Scan in caudocranial direction.

2D Reformations: Post processing done in 3D card.

Series: Craniosynostosis	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	3 x 3	BONE	COR	PACS
Recon 3	Sagittal MPR	3 x 3	BONE	SAG	PACS

3D: VR and skull views. Contact La Crosse Imaging Lab.