Child Spine 1mm

Siemens 16 Slice

Application Examples: cervical fracture

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	110 kV / 60 mAs / 0.5 seconds
Care Dose 4D	On
Pitch	0.65
Typical CTDIvol	4.83 mGy

Topogram: AP & Lateral, 256 mm

Spine 1x1	Width / Increment	Kernel	Window	FOV	Series Description	Networking
Recon 1	1 x 1	B60s	Baby Spine	120	AXIAL BONE	PACS
Recon 2	1 x 1	B30s	Baby Abdomen	120	AXIAL STND	PACS
Recon 3	0.75 x 0.5	B60s	Baby Spine	120	AXIAL 0.75 x 0.5 BONE	MPR
Recon 4	0.75 x 0.5	B20s	Baby Spine	120	AXIAL 0.75 x 0.5 SMOOTH	TeraRecon

This protocol is used for cervical spines studies.

Patient Position: Patient lying in supine position, neck in neutral position with head secured.

Patient Instructions: Use immobilization devices to assure there will be no motion during the scan.

Scan Instructions: Take AP and lateral topograms to include enough vertebral bodies for counting levels. Scan area of interest.

Reformations: Post processing done in 3D card.

Series: Spine 1x1	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	2 x 2	Bone	COR	PACS
Recon 3	Sagittal MPR	2 x 2	Bone	SAG	PACS