

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT CISTERNOGRAM	(For CSF Leak)
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	PRONE WITH HEAD IN A TRUE CORONAL IF POSSIBLE ARMS DOWN BY SIDE, CENTER AT EAC; IF PATIENT UNABLE TO LAY PRONE OR EXTEND NECK, PATIENT CAN BE DONE SUPINE (THIS MAKES IT MORE DIFFICULT TO SEE AIR FLUID LEVELS)
SCOUT	S 150/ I 150, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - PRE&POST	HELICAL; 0.625 MM, BONE PLUS W3400/L600 140 KVP @SMART/AUTO 300 MA -30% ASIR SFOV - HEAD / DFOV - 16 CM SCAN THROUGH TEMPORAL BONE FROM MASTOID AIR CELLS TO TIP OF NOTE - CENTER AT EAC
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, BONE PLUS W3400/L600 140 KVP @SMART/AUTO 300 MA -30% ASIR SFOV - HEAD / DFOV - 16 CM SCAN THROUGH TEMPORAL BONE FROM MASTOID AIR CELLS TO TIP OF NOTE - CENTER AT EAC
RECONS	0.625 MM, BONE PLUS W3400/L600 - BOTH EAC FOV - 10 CM FOR RT AND LT EAC
REFORMATIONS	CORONAL & SAGITTAL - AVG 0.5 MM THICK/1.0 MM SPACE, W3400/L600 RECON INTO STD IMAGES 1.25 MM
PACS	SCOUT 0.625 MM – PRONE IAC WO 0.625 MM – PRONE IAC W RT IAC COR – BOTH WO & W LT IAC COR - BOTH WO & W
CHARGE	CT CISTERNOGRAM
REMARKS	PATIENT WILL BE SCANNED BEFORE GOING TO SCAN WO IN CT THEN SEND TO XRAY FOR A

	<p>LUMBAR PUNCTURE. AFTER LUMBAR PUNCTURE (WHERE CONTRAST IS PUT INTO THE SPINAL CANAL), THEN PT IS TILTED SO THAT THE CONTRAST WILL GO UP INTO THE VENTRICLES. CT WILL RESCAN THE IACS TO EVAL FOR CSF LEAK FROM NOSE OR EARS</p>
	<p>ALWAYS PROTOCOL WITH RADIOLOGIST OR PA</p>