

CT IACs - TEMPORAL BONE PEDIATRIC	Indication: Hearing loss. Inner ear anomalies, fractures, cholesteatoma, and monding dysplasia
CONSENT FORM	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER; ARMS DOWN BY SIDE, CENTER PERPENDICULAR TO INFRAORBITAL BASELINE
SCOUT	S 100-150/I100- 150, 80-100 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 0.625 MM, BONE PLUS W3000/L300 PITCH 0.562 SEE TECHNIQUE CHART BELOW SCAN THROUGH TOP TO BOTTOM OF TEMPORAL BONE - CENTER AT EAC
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, BONE PLUS W3000/L300 PITCH 0.531 SEE TECHNIQUE CHART BELOW SCAN THROUGH TOP TO BOTTOM OF TEMPORAL BONE - CENTER AT EAC
TECHNIQUE – 128 SLICE	
TECHNIQUE - SIEMENS	HELICAL; MM, BONE PLUS W3000/L300 PITCH SEE TECHNIQUE CHART BELOW SCAN THROUGH TOP TO BOTTOM OF TEMPORAL BONE - CENTER AT EAC
RECONS	0.625 MM; BONE PLUS W3000/L300 - BOTH EAC FOV - 10 CM FOR RT AND LT EAC 0.625 MM/INT 0.25 MM, BONE PLUS W3000/L300 (DMPR)
REFORMATIONS	CORONAL - AVG 0.5 MM THICK / 1.0 MM SPACE W3400/L600
PACS	SCOUT 0.625 MM –IAC WO 0.625 MM – RT IAC WO 0.625 MM – LT IAC WO RT & LT IAC COR
CHARGE	CT IACs WITHOUT

REMARKS

CT INTERNAL AUDITORY CANAL										
AGE	SCANO LENGTH A/P	kV	mA	SCAN TIME	* Noise Index	AUTO MA	SFOV	DFOV	AUTO- VOICE	CTDI
< 8 year	200	100	70	0.5 sec	none	none	Head	16	NO	
> 8 year	250	100	100	0.5 sec	none	none	Head	16	NO	