Child Crainiosynostosis

Siemens go.All

Application Examples: suture evaluation

Oral Contrast	No
IV Contrast / Volume	No
Injection Rate	

Technical Factors

Detector Collimator	Acq 32 x 0.7mm
X-Care	On
Care kV	On / 120 kV
Care Dose 4D	On / 270 mAs
Rotation Time	0.5
Pitch	0.6
Typical CTDIvol	

Topogram: Lateral, 256 mm

Head	Recon Type	Width / Increment	Algorithm	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Hr60	-	Bone	200	AXIAL BONE	PACS	None
Recon 2	Axial	5 x 5	Hr40	2	Cerebrum	200	AXIAL STND	PACS	None
Recon 3	3D: Cor	3 x 3	Hr60	-	Bone	200	COR	PACS	Coronal MPR
Recon4	3D: Sag	3 x 3	Hr60	-	Bone	200	SAG	PACS	Sagittal MPR
Recon 5	Axial	0.6 x 0.6	Hr36	2	Base Orbita	200	AXIAL 0.6 STND	TeraRecon	None

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).

Scan Instructions: Most babies are sedated. Position the head carefully to avoid compromising the airway. Patient'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.

Scan requirements: Baby must remain motionless for entire scan.

Scan Range: Skull base **including orbits**, through vertex. Scan in caudocranial direction.

Recons and Reformations: Coronal and sagittal MPR done in examination card.

3D: VR and skull views. See Craniosynostosis post processing protocol for details.