

ROUTINE NECK GO UP

Indications	Sore throat, neck mass, difficulty swallowing, hoarseness					
Diagnostic Task	Detect lymphoma, cancer, neck abscess, lymphoma, vocal cord paralysis					
Scan Mode	Helical					
Position/Landmark	Head first supine 1cm superior to skull vertex-Craniocaudal					
Topogram	Lat 130kV 30mA					
kVp/Reference mass	130kv 112mAs					
Rotation time/pitch	1.0/0.8					
Detector Configuration	32x0.7					
Table Speed/Increment	17.92					
Dose reduction	Care Dose 4D					
Allowed CTDI ranges*	30mGy-80mGy					
XR29 Dose Notification value	80mGy					
PRE INJECT	40ml at 1.5cc/sec wait 90sec					
Helical Set	body		thickness		recon	
60ML at 2.5cc/sec	recon	part	spacing	kernel	window	destination
30second delay	1	neck	2mmx 2mm	Br40	mediastinum	pacs
	2	sag neck	2mmx2mm	Br40	mediastinum	pacs
	3	cor neck	2mmx2mm	Br40	mediastinum	pacs
Scan Start/end location	ROUTINE		/ VOICE CHANGE/ VOCAL CORD PARALYSIS			
	top of orbital roof		/ top of orbital roof			
	sternoclavicular junction		/ down to the carina			
DFOV	20cm-include area of interest do not clip nose					
IV contrast volume/type	40ml at 1.5cc/sec wait 90sec					
Scan delay	60ml at 2.5ml/sec at a 30sec delay					
	note: Please place a BB on any palpable mass					
Note:	The Diagnostic Reference Dose (CTDI vol) is 75mGy(with 16cm CTDI phantom). The pass/fail limit (ACR and Washington state) is 80mGy. Most routine head scans on modern scanners have CTDIvol ranges between 40 and 60mGy.					
	*The AAPM recommended NEXA XR29 Dose Notification Value for an adult head is 80mGy. The maximum CTDIvol should match the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless approved by a radiologist.					