## **ROUTINE NECK 16 GE**

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 sternal notch S250-I125				
Topogram	AP 120kV 10mA Lat 120kV 40mA				
kVp/Reference mass	120kv Auto mA (125-440)				
Rotation time/pitch	0.8/1.375:1				
Detector Configuration	16x0.625				
Table Speed/Increment	27.5				
Dose reduction	Noise Index 9.10				
Allowed CTDI ranges*	30mGy-80mGy				
XR29 Dose Notification valu	80mGy				
PRE INJECT	40ml at 1.5cc/sec wait 90sec				
Helical Set	body	thickness		recon	
60ML at 2.5cc/sec	recon part	spacing	algorithm	destination	
30second delay	1 neck	2.5mmx 2.5mm	standard	pacs	
	2 coronal neck	2mmx2mm	standard	pacs	
	3 sag neck	2mmx2mm	standard	pacs	
Helical Set(optional)	body	thickness		recon	
tilt gantry	recon part	spacing	algorithm	destination	
	1 neck	2.5mmx 2.5mm	standard	pacs	
	t causes artifact-angle away	from teeth			
Scan Start/end location	ROUTINE / VOICE CHANGE/ VOCAL CORD PARALYSIS				
	top of orbital roof	1	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.				