CTV Neck

GE Revolution

Approval: N. Matos rev:1 05/12/2026

INDICATION	Venous thrombosis, venous stenosis
POSITION / LANDMARK	Supine / SN
START/END LOCATIONS	Just below Sella Turcica through top of right ventricle Supine – Head First Scan direction - Caudal/Cranial
CONTRAST PARAMETERS	100cc Isovue 300 (80cc I370) - 4cc per second with saline flush
RESPIRATORY PHASE	Scan with patient holding breath. Do not swallow during scan.
SCAN DELAY	60 sec
SCAN TYPE	Helical

	KV	mA	Rot Time (sec)	Pitch	Speed (mm/rot)	Noise Index	ASiR	Dose Reduction
	120	Smart mA	0.5	1			30%	

TECHNIQUE	Using automated exposure control and adjustment of the mA and/or kV according to patient size, radiation dose to be kept as low as reasonably achievable to obtain optimal diagnostic quality images.

Scans

Series #	Series	Body Part	DFOV	Thick/Space	Algorithm	Notes
1	Loc					AP/Lat
2	Source data	Neck	25	0.625x0.625	STND	

Recons

Recon source Series #	Recon	Body Part	Thick / Space	Algorithm	W/L	Notes
2	AX	Neck	1.25X0.625	STND		
2	COR	Neck	2x2	STND		
2	SAG	Neck	2x2	STND		

*Please note, recons are displayed as thickness X spacing

2	AX MIP	Neck	20x2	STND		
2	COR MIP	Neck	20X2	STND		
2	SAG MIP	Neck	20x2	STND		

2D / 3D Processing

Thins to 3D

CTV Juglar

Source: Axial with 0.625x0.625 standard window

1. Left internal jugular Centerline rotation (full jugular S to I) – rotate 360 with 36 images
2. Right internal jugular Centerline rotation (full jugular S to I) – rotate 360 with 36 images
3. Left external jugular Centerline rotation (full jugular S to I) – rotate 360 with 36 images
4. Right external jugular Centerline rotation (full jugular S to I) – rotate 360 with 36 images

Series required in PACS

Loc, Dose Report, source, ALL recons, ALL 3D post processed

Series required in PACS

Loc, Dose Report, source data, ALL recons, ALL 3D post processing

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ADDITIONAL INSTRUCTIONS:

If source does not display venous phase, rerun series and recon off venous phase

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