

UT Southwestern Department of Radiology

Protocol Name: CT Maxillofacial - Routine

Orderable Name: CT MAXILLOFACIAL WO IV CONTRAST

Adult only

Protocol Epic Button: Max/Face Routine

CTDIvol < 80 mGy

Indications: Mucocele, frontal opacification, headache, infection, sinusitis, eye pain, trauma

Active Protocol

Acquisitions: 1

| | | | |
|----------------------------|--------------------------|-----------------------------|--|
| Oral Contrast: None | IV Contrast: None | Other Contrast: None | Airway: |
| | | | Other Notes: No habitus specific kVp adjustment. |

Last Change: 5/24/2022

Last Review: 2/7/2022

Links:

| | | |
|-----------------------------|---|---|
| Special Instructions | | Do not repeat CT scan, recon soft tissue from 1st acquisition |
| Acq # / Series Name | 1 Noncontrast | N/A Noncontrast |
| Phase Timing | | N/A |
| Acquisition Protocol | | Recon Only |
| Coverage | Above the frontal sinus thru the mandible | Same |
| FOV | All sinus to include nose | Same |
| Algorithm | Bone | Soft Tissue |
| Primary Axial Recon | 2 mm, Volume | 2 mm |
| Other Recons | 2 mm coronal and sagittal | 2mm coronal and sagittal |
| MIP Recons | | |
| *Dual Energy Philips | | |
| *Dual Energy Siemens | | |

* When dual energy or spectral CT is used

