

Health Technology Review

Portable CT for Use in the Hospital

Key Messages

What Is the Issue?

- Canada's Drug Agency (CDA-AMC) is examining the role of portable CT use in Canada.
- Conventional CT scanners are large, costly, and fixed installations that require specialized infrastructure, such as radiation shielding and high-voltage power.
- Patients often need to be transported from other parts of a health care facility — such as the intensive care unit (ICU) or emergency department — to centralized radiology units to access conventional CT. This process can be logistically complex, clinically risky, and resource-intensive, particularly for patients who are critically ill or immobilized.
- Portable CT addresses these challenges by enabling diagnostic imaging at the point of care (e.g., at the patient's bedside or in the operating room).
- While further evaluation is needed, portable CT may offer a more accessible and cost-effective imaging option in certain settings and clinical scenarios.
- The mobility and relatively lower infrastructure requirements for CT scanners suggest potential value in rural, remote, or underserved areas where conventional CT access is limited.

What Did We Do?

- CDA-AMC conducted a limited literature search to summarize information on the technical features, clinical uses, and operational considerations of portable CT in hospital settings. The goal was to describe CT technology and to identify the main uses of portable CT.

What Did We Find?

- Portable CT units most commonly used in ICUs, operating rooms, and emergency departments are compact and manoeuvrable and bring imaging to the patient.
- While portable CT units may have lower resolution compared to conventional units, it generally provides clinically sufficient image quality for use in critical care, emergency, and intraoperative settings, for some clinical indications.
- Radiation exposure levels are generally safe, especially with appropriate shielding, although studies have produced variable results depending on the clinical setting, shielding methods, and scanner models used.

Key Messages

- While portable CT imaging offers advantages, several potential risks and operational considerations may need to be considered including maintenance of acceptable radiation exposure, overuse of imaging, and possible infection control risks.
- Portable CT reduces the burden on ICU and transport staff as they no longer have to transport patients to the imaging suite, but this may increase the workload for radiology staff, particularly medical radiation technologists who may have to spend more time bringing the imaging to the patient.
- Portable CT may have the most clinical utility for patients who are critically ill, immobilized, in surgery, or infectious. Pediatric patients and patients in rural or remote communities may also benefit.
- Portable CT units cost less than fixed systems and require minimal setup, making them well-suited for hospitals with infrastructure or budget constraints.

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Context

CT technology was developed in the 1970s and has evolved since its introduction to medical imaging.¹ In the 1990s, CT scanners were broadly divided into 2 categories, fixed CT and portable CT.² Fixed CT scanners are large, heavy pieces of equipment that require a high-voltage power supply, radiation shielding, and cooling machinery.² Portable CT scanners are much smaller, lighter weight, and can be powered via a standard wall socket, making them easier to move from place to place.

Portable CT scanners are not intended to replace fixed CT scanners, rather they are intended to offer some advantages in specific circumstances. Portable CT scanners can be used at various locations within the hospital. For instance, the device may be kept in a central location within the hospital but can be relocated to different units depending on need. A portable CT scanner could be relocated to the intensive care unit (ICU), allowing ongoing treatments to continue uninterrupted, while enabling rapid diagnosis.³ This capability could be particularly crucial for patients who are critically ill and on life support, as it could negate the need for patient transportation from the ICU to the imaging suite for scanning purposes and consequently eliminate the associated risks.³ Transporting patients to a radiology department for CT exams takes time and requires several health care providers to travel with the patient to ensure they remain stable. In 1 study, adverse events occurred during 15% of CT transports, even with a well-trained team transporting the patient.⁴ Some patients require support and equipment, such as ventilation, IV medications, and monitoring equipment, that they cannot be safely transported in any way to receive imaging.⁵ Portable CT may provide an option for imaging that may not be attainable otherwise.

Objective

This report summarizes information on portable CT. The key objectives are to describe CT technology and to identify the main uses of portable CT.

About This Document

This document summarizes information identified through a limited literature search. The effectiveness of portable CT was not explicitly evaluated in this report.

Results

The Technology

CT scanners create 2-dimensional (2D) images by combining X-ray images taken from different angles into slices, or cross-sectional images, of the interior structures of the body such as bones, tissues, and blood vessels.² The 2D slices are then reconstructed using specialized computer software to produce detailed 3D images of the body.²

CT scanners are classified by the number of slices they produce simultaneously. To capture images with a standard CT, the patient is placed on a motorized table that passes through the fixed gantry of the scanner. The gantry is the frame of the scanner that contains the X-ray tube and radiation detectors.² The results of CT exams are typically ready for radiologist interpretation within 15 to 30 minutes.²

Most CT units are large, complex pieces of equipment that are fixed, and are housed in a specifically designed space that shields people from the radiation produced by the scanner to obtain images of the body's structure. As technology has advanced, 2 types of nonfixed CT have been developed, mobile and portable CT. While both types of scanners can be moved and used outside of the imaging suite, there are differences between them.

Overview of Mobile CT

Mobile CT are full-sized imaging units mounted in trucks or trailers that can be transported to different locations. They are typically comparable to fixed CT scanners in terms of imaging capability.⁶

- They feature a rotating gantry similar to fixed CT scanners and are designed to be transported for onsite imaging.⁶
- They are typically used for specialized or complex imaging and are reported to provide high diagnostic accuracy and support a wide range of scan types.⁶
- Mobile CT units are often used in mobile diagnostic programs, bringing services to multiple communities, especially in rural or underserved areas.^{7,8}
- They may also serve as temporary imaging solutions during the installation or replacement of fixed CT scanners.^{7,8}

Overview of Portable CT

Portable CT scanners are compact units designed to bring imaging directly to the patient, especially in critical care settings. They can be manoeuvred to the patient's bedside, facilitating clinical examinations in environments with limited space.⁶

Some hospitals refer to these devices as “point-of-care CT” rather than “portable CT,” particularly when the units are stationed in departments like the emergency department or ICU. In such cases, the device remains in a fixed location within the department, and the patient is brought to the unit, even though it may technically be portable.⁶

Imaging Mechanism and Operation

Portable CT scanners use a streamlined design to generate diagnostic images while minimizing patient movement:

- They typically use a single X-ray source and detector to produce detailed internal images.²
- The X-ray source emits a narrow, focused beam directed at the area of interest, while the detector captures the attenuated rays after they pass through the body.²

- Unlike fixed CT scanners — where the patient moves through a fixed gantry — portable CT units keep the patient stationary and move the gantry around the patient to acquire the necessary imaging data.²

Image Quality

The image quality of portable CT scanners has been directly compared to traditional fixed CT systems, particularly in critical care settings.

Andersson et al.⁹ compared the image quality for patients who were examined by both fixed CT and portable CT scanners in the neurosurgical ICU setting. The images were graded on quantitative image quality parameters (attenuation, noise, and contrast-to-noise ratio between white and grey matter) and subjective image quality was rated on a 4-grade scale by 4 radiologists.⁹ There was a small, statistically significant difference in the subjective image quality as rated by the 4 radiologists favouring the fixed CT. There was also significantly more image noise from the portable CT scanner, primarily in the posterior fossa.⁹ Despite the lower image quality, the portable CT scanners were reported to be used successfully at the point of care in the neurosurgical ICU setting.⁹

Goertz et al.^{10,11} conducted 2 studies in the neurointensive care unit setting and found the image quality of a fixed CT scanner was significantly higher than portable CT scanners in terms of noise, signal-to-noise ratios, and contrast-to-noise ratios of grey and white matter. The subjective image quality was similar between the 2 radiologists who reviewed the scans. The authors concluded that the images produced by the portable CT scanner were of inferior quality to the fixed CT scanner but were of sufficient quality to be used in the clinical setting.^{10,11}

Although the image quality of portable CT scanners may be somewhat poorer than fixed systems, they are reported to be valuable tools in intensive care settings where rapid, bedside imaging is essential. However, the diagnostic performance and image quality reported in these studies may not be applicable to other clinical settings, such as outpatient imaging or detailed preoperative planning. As well, the effectiveness of portable CT scanners has been reported to vary depending on factors such as patient acuity, clinical objectives, and the technical specifications of the scanner.^{9,10}

Radiation Shielding Features

Portable CT scanners incorporate specific radiation shielding measures to protect both patients and health care providers during imaging:²

- Built-in lead shielding is integrated into the scanner to reduce radiation exposure to surrounding imaging staff and the patient.²
- Additional lead shields may be mounted on the workstation or control area to further protect imaging staff during scan operation.²

Radiation Exposure

Studies assessing radiation exposure from portable CT scanners have produced variable results, depending on the clinical setting, shielding methods, and scanner models used.

Kim et al.¹² found the radiation exposure at a 1.5 m distance from the centre of the portable CT scanner was 2.260 μ Sv.

Based on the US National Council on Radiation Protection and Measurement's report, the 2.260 μ Sv measured in the study translated into a safe number of 9 CT scans per day for medical radiation technologists, assuming an average of 250 working days per year.¹²

When a 0.3 mm lead shielding partition was used, the radiation dose dropped to 0.399 μ Sv per scan, supporting the safe use of portable CT scanners in ICU settings with shielding.¹²

In another study, radiation dose from a portable CT scanner in the neurosurgical ICU was reported to be similar to that of a fixed CT scanner.⁹

Scarone et al. assessed the mean intraoperative radiation exposure for portable CT scanners compared to O-arm imaging and found exposure to be lower for portable CT scanners (15.82 mSv vs. 19.12 mSv; $P = 0.02$).¹³ The O-arm, a CT system specifically designed for use in the operating room, provides real-time imaging during surgery; however, it requires surgical staff to leave the room during image acquisition due to higher exposure levels.¹³

There are some inherent limitations to these study findings:

- Studies were conducted in specific clinical environments, primarily ICU and operating rooms, which may not reflect radiation exposure patterns in other clinical settings.^{9,12,13}
- Different imaging systems were used across studies, including various models of portable CT scanners and intraoperative imaging platforms, each with distinct technical specifications and shielding capabilities. The type of scanner used, shielding methods, room layout, and operator practices can all influence radiation dose.
- Long-term cumulative exposure, especially in high-use settings, remains a concern despite generally safe per-scan doses.
- Variations in patient size and imaging protocols limit the generalizability of the study findings across diverse health care environments.

Impact on Clinical Workflow

Portable CT scanners have been noted to affect clinical workflow in both beneficial and challenging ways across different health care roles.

The use of portable CT scanners can save time for the doctors and nurses, residents, respiratory therapists, and transfer personnel, who no longer need to accompany patients to the imaging department.^{11,12,14}

Conversely, the workload may be increased for the radiology staff, particularly medical radiation technologists, who must spend additional time transporting, and manoeuvring the portable CT scanner to the patient, often requiring more time and coordination than a fixed CT system.¹¹

Flexibility and Accessibility

Portable CT scanners offer advantages in adaptability and deployment, making advanced imaging more accessible across diverse clinical and geographic settings.

These scanners are compact, easily transportable, and can be used in remote locations or emergency situations.⁶

They can be used in various hospital areas, such as operating suites, emergency departments, and ICUs, allowing for immediate imaging without patient transportation.³

Their mobility and small footprint allow them to be used in places where traditional CT may not be accessible, such as areas where transport or installation may be difficult or impractical, such as rural areas or developing regions.⁶

Ease of Use and Training

Portable CT scanners are generally easier to operate and require less training than conventional CT systems. This is largely because they are typically used for targeted, less complex imaging scenarios.⁶

Installation and Set Up

Portable CT scanners are designed for quick deployment and minimal infrastructure requirements, making them highly adaptable to a variety of clinical environments.

- Portable CT scanners can be easily set up anywhere without the need for building modifications.²
- The scanners can be plugged into a standard electrical outlet and lead lining is built into the scanner, replacing the need for adding radiation shielding to the room itself.
- Lead shielding can be added to the workstation to provide further radiation protection, if needed.²

Clinical Uses

Portable CT scanners are used across several hospital departments and clinical situations where immediate imaging is required and transporting the patient is difficult or risky.³ Common settings include:

- Emergency departments: For example, rapid diagnostic imaging for trauma, stroke, or head injury.¹⁵
- ICUs: Studies have reported reduced complications during patient transport (e.g., intracerebral hemorrhage, hypoxemia, hypotension, or ventilator disconnections).^{12,14}
- Surgical suites: For example, during orthopedic surgeries,^{13,16-19} neurosurgeries,^{11,20} and kidney stone removal.²¹
- Infectious disease units: During the COVID-19 pandemic, in some settings portable CT scanners were repurposed for use in isolation units for chest imaging, reducing the risk of virus transmission.^{12,22}

Who Might Benefit?

Portable CT scanners may offer practical advantages in situations where moving a patient to a fixed CT scanner is challenging or could pose additional risks. By allowing imaging to take place closer to the point

of care, portable CT scanners could help reduce delays in diagnosis and minimize the physical and clinical impact of patient transport.

Since portable CT scanners capture images while moving around the patient rather than moving the patient through the machine, they are often used to capture images of smaller portions of the body than fixed CT. Portable CT scanners are commonly used for imaging of the head and arteries and veins in the brain for stroke detection and during neurosurgical procedures.³

Patients who may benefit from portable CT include:

- Patients who are critically ill or immobilized:
 - Some studies have demonstrated that patients on life support who could not be safely moved benefited from bedside imaging without the risks of disconnection or instability.^{12,14,15}
 - Patients who have experienced trauma may benefit from faster work-up times with mobile CT scanners.¹⁵
- Patients undergoing surgery:
 - Portable CT scanners can be used in the operating room during surgery to provide imaging to guide the procedure or confirm the results without having to interrupt the procedure.
- Patients with infectious diseases:
 - The ability to bring the scanner to the patient has also been reported to reduce the risk of infectious disease transmission to other patients and staff throughout the hospital.^{12,22}
- Pediatrics:
 - The ability to move the scanner to the patient allows for pediatric imaging to be conducted in settings that are more comfortable for the patient and to thereby reduce stress and discomfort associated with transport.^{23,24}
 - Reduced time required for patient positioning and preparation combined with shorter scanning times may improve the imaging experience for some children.²³
 - Specific pediatric protocols exist to limit radiation exposure for infants and children.²⁴
- Patients in remote or underserved locations:
 - In hospitals located in rural or developing regions, portable CT scanners may offer access to imaging when fixed installations are not feasible due to infrastructure or cost limitations.⁶

Potential Harms

While portable CT imaging offers advantages, several potential risks and operational factors may need to be considered:

- Radiation exposure is generally reported to be within safe limits, especially when shielding is used, although exposure levels may vary depending on the clinical setting, scanner model, room configuration, and protective measures used.^{9,12,13}

- New radiation safety protocols will need to be developed and implemented, and staff will need to be trained to ensure proper use and adherence.
- There is the potential for overuse. When imaging is convenient, clinicians might request a portable CT exam even when it is not clinically justified, leading to low value imaging and unnecessary radiation exposure.
- Some patients who are critically ill may struggle to remain still for the duration of the exam, increasing the risk of low-quality images.
- There may be infection control risks since the unit can be moved between patient rooms. Disinfection protocols will need to be developed and applied.²²

Health Canada Authorization

NeuroLogica's CereTom 8-slice head and neck CT scanner is registered with the FDA and is manufactured under a quality management system certified to International Organization for Standardization 13485:2003 and International Organization for Standardization 9001:2008 standards. These certifications include compliance with Canadian Medical Device Amendments, and the device is licensed for use in Canada.^{25,26}

NeuroLogica's BodyTom 32 slice full-body portable CT scanner received Health Canada authorization in 2012.²⁶

It is currently unclear whether other portable CT scanner models have received Health Canada approval, as publicly available information is limited.

Use in Canada

The first portable CT scanner in Canada was used at the Montreal Neurological Institute and Hospital at McGill University in 2008.³

Three publicly funded portable CT scanners have been identified across Canada, 1 each in Alberta, Ontario, and Quebec, as part of the 2022–2023 Canadian Medical Imaging Inventory.²⁷

Cost

Information on the cost of portable CT scanners is limited, but the available data include:

- A 2022 study reported the total cost of an Airo CT system at their institution as approximately €1.2 million.²⁰
 - The original reported cost of €1.2 million (2022) was converted to US dollars using an approximate historical exchange rate of €1 = US\$1.10, yielding approximately US\$1.32 million.
 - This is a rough estimate and does not account for regional pricing, taxes, installation, or service contract differences.
- In 2012, the NeuroLogica BodyTom scanner was priced around US\$450,000, with additional attachment packages for hospital beds costing about US\$7,000.⁵

- The cost-effectiveness of portable CT scanners depends on factors such as their frequency of use and maintenance requirements.¹¹
- For comparison, the price of fixed CT units can range from around US\$265,000 to more than US\$2 million depending on the number of slices, speed of image reconstruction, included software, and any specialized add-ons.²⁸ There are many additional costs to consider when determining the total cost of a fixed CT scanner including:
 - installation of the unit and construction of specialized rooms to accommodate the power needs of the machine and reinforced walls to block radiation²⁹
 - maintenance contracts that typically amount to 5% to 10% of the cost of the machine²⁹
 - deinstallation and removal of any existing CT units²⁹
 - ongoing costs which may include electricity, repairs, and eventual X-ray tube replacement (can cost more than \$200,000).²⁹

Conclusion

Portable CT scanners can provide a rapid and flexible imaging solution that can be used at the point of care to reduce the need to transport patients and put them at risk of adverse events. Additionally, their compact size and minimal infrastructure requirements enable them to be easily relocated to different areas of a hospital or health care setting, such as rural, remote, and underserved environments.

However, their portability is not without its limitations. Compared to fixed CT, image quality may be lower, and while radiation exposure is typically within safe limits, this is due to the development of protocols and proper shielding to ensure staff and patient safety. There is also the risk of inappropriate use due to its convenience, as well as operational challenges such as increased workload for radiology staff and infection control concerns tied to the unit's portability.

As technology continues to evolve and accessibility improve, portable CT scanners may play an increasing role in supporting efficient, patient-centred care across diverse health care settings. Further research, particularly on cost-effectiveness, diagnostic accuracy in varied settings, and long-term impacts on workflow and safety, will be important to guide informed adoption and use across health care facilities in Canada.

References

1. Taschetta-Millane M. <https://www.itnonline.com/article/advancements-computed-tomography-technology>Advancements in Computed Tomography Technology. *Imaging Technology News*. 2023;.
2. Khedri R. *Portable CT Scanner: An Overview for RTs*. Medical Professionals; 2022. Accessed April 16, 2025. <https://www.medical-professionals.com/en/portable-ct-scanner/>
3. McGill. *First portable CT scan in Canada at the Montreal Neurological Institute*. 2008. Accessed April 16, 2025. <https://www.mcgill.ca/channels/news/first-portable-ct-scan-canada-montreal-neurological-institute-101280>
4. Rumboldt Z, Huda W, All JW. Review of portable CT with assessment of a dedicated head CT scanner. *AJNR Am J Neuroradiol*. 2009;30(9):1630-6. doi: <https://dx.doi.org/10.3174/ajnr.A1603> PubMed
5. Portable CT Scanning For Trauma Patients. The Trauma Pro. 2011. Accessed May 08, 2025. <https://thetraumapro.com/tag/portable/>
6. Catalina Imaging. Mobile CT Scanners vs. Portable CT Units: What's the Difference? [no date][no date]. Accessed April 16, 2025. <https://catalinaimaging.com/mobile-ct-scanners-vs-portable-ct-units-whats-the-difference/>
7. Niagara Health. *A mobile CT solution in Welland*. 2009. Accessed May 02, 2025. <https://www.niagarahealth.on.ca/site/news/2009/07/22/a-mobile-ct-solution-in-welland>
8. Provincial Health Services Authority. *New mobile MRI, CT scanner enhance access to medical imaging in the province*. 2025. Accessed May 02, 2025. <http://www.phsa.ca/about/news-stories/news-releases/2025-news/new-mobile-mri-ct-scanner-enhance-access-to-medical-imaging-in-the-province>
9. Andersson H, Tamaddon A, Malekian M, et al. Comparison of image quality between a novel mobile CT scanner and current generation stationary CT scanners. *Neuroradiology*. 2023;65(3):503-512. doi: <https://dx.doi.org/10.1007/s00234-022-03089-3> PubMed
10. Goertz L, Al-Sewaidi Y, Habib M, et al. State-of-the-art mobile head CT scanner delivers nearly the same image quality as a conventional stationary CT scanner. *Sci Rep*. 2024;14(1):. doi: <https://dx.doi.org/10.1038/s41598-024-56089-z> PubMed
11. Goertz L, Al-Sewaidi Y, Habib M, et al. Initial experience with a state-of-the-art mobile head CT scanner for use in neurointensive care units. *Radiologie (Heidelb)*. 2024;64(Suppl 1):93-101. doi: <https://dx.doi.org/10.1007/s00117-024-01304-1> PubMed
12. Kim E, Choi Y, Park H, et al. Assessment of Radiation Dose of Mobile Computed Tomography in Intensive Care Units. *Radiat Prot Dosimetry*. 2021;196(1-2):60-70. doi: <https://dx.doi.org/10.1093/rpd/ncab131> PubMed
13. Scarone P, Vincenzo G, Distefano D, et al. Use of the Airo mobile intraoperative CT system versus the O-arm for transpedicular screw fixation in the thoracic and lumbar spine: a retrospective cohort study of 263 patients. *Journal of Neurosurgery Spine*. 2018;29(4):397-406. doi: <https://dx.doi.org/10.3171/2018.1.SPINE17927> PubMed
14. Yoann L, Clément M, François E, et al. Implementation of portable head CT imaging in patients with severe acute brain injury in a French ICU: a prospective before-after design pilot study. *Sci Rep*. 2022;12(1):. doi: [10.1038/s41598-022-25263-6](https://dx.doi.org/10.1038/s41598-022-25263-6) PubMed
15. Wulffeld S, Rasmussen LS, Hojlund Bech B, Steinmetz J. The effect of CT scanners in the trauma room - an observational study. *Acta Anaesthesiol Scand*. 2017;61(7):832-840. doi: <https://dx.doi.org/10.1111/aas.12927> PubMed
16. Keil H, Beisemann N, Schnetzke M, Vetter SY, Grutzner PA, Franke J. First experiences with the Airo mobile intraoperative CT scanner in acetabular surgery-An analysis of 10 cases. *The International Journal Of Medical Robotics + Computer Assisted Surgery: MRCAS*. 2019;15(2):e1986. doi: <https://dx.doi.org/10.1002/rcs.1986> PubMed
17. Shu W, Zhu H, Liu R, et al. Posterior percutaneous endoscopic cervical foraminotomy and discectomy for degenerative cervical radiculopathy using intraoperative O-arm imaging. *Wideochir Inne Tech Maloinwazyjne*. 2019;14(4):551-559. doi: <https://dx.doi.org/10.5114/wiitm.2019.88660> PubMed
18. Navarro-Ramirez R, Lang G, Lian X, et al. Total Navigation in Spine Surgery; A Concise Guide to Eliminate Fluoroscopy Using a Portable Intraoperative Computed Tomography 3-Dimensional Navigation System. *World Neurosurg*. 2017;100:325-335. doi: <https://dx.doi.org/10.1016/j.wneu.2017.01.025> PubMed

19. Habib N, Filardo G, Distefano D, Candrian C, Reinert M, Scarone P. Use of Intraoperative CT Improves Accuracy of Spinal Navigation During Screw Fixation in Cervico-thoracic Region. *Spine (Phila Pa 1976)*. 2021;46(8):530-537. doi: <https://dx.doi.org/10.1097/BRS.0000000000003827> PubMed
20. Servello D, Saleh C, Zekaj E. Intraoperative mobile computed tomography in deep brain stimulation: Comparison between Airo CT and O-arm CT. *Surg Neurol Int*. 2022;13:258. doi: https://dx.doi.org/10.25259/SNI_349_2022 PubMed
21. Patel PM, Kandabarow AM, Chuang E, et al. Using Intraoperative Portable CT Scan to Minimize Reintervention Rates in Percutaneous Nephrolithotomy: A Prospective Trial. *J Endourol*. 2022;36(10):1382-1387. doi: <https://dx.doi.org/10.1089/end.2022.0049> PubMed
22. Bates DDB, Vintonyak A, Mohabir R, et al. Use of a portable computed tomography scanner for chest imaging of COVID-19 patients in the urgent care at a tertiary cancer center. *Emerg Radiol*. 2020;27(6):597-600. doi: <https://dx.doi.org/10.1007/s10140-020-01801-5> PubMed
23. Catalina Imaging. *Revolutionizing Pediatric Healthcare: The Transformative Impact of Mobile CT Scanners*. 2021. Accessed May 08, 2025. <https://catalinaimaging.com/revolutionizing-pediatric-healthcare-the-transformative-impact-of-mobile-ct-scanners/>
24. NeuroLogica. *The Power of Imaging Without the Risk of Transfer*. Accessed May 08, 2025. <https://www.neurologica.com/medical-specialty/pediatrics>
25. Fierce Biotech Author. *NeuroLogica Receives COFEPRIS Clearance for CereTom®*. 2012. Accessed May 08, 2025. <https://www.fiercebiotech.com/biotech/neurologica-receives-cofepris-clearance-for-ceretom%C2%AE>
26. Staff Writer. *Health Canada clears NeuroLogica portable 32-slice full body scanner*. NS Medical Devices; 2012. Accessed May 08, 2025. <https://www.nsmedicaldevices.com/news/health-canada-clears-neurologica-portable-32-slice-full-body-scanner-141112/?cf-view>
27. CADTH. Canadian Medical Imaging Inventory 2022-2023: CT. *Can J Health Technol*. 2024;4(4).
28. Excedr. *How Much Does a CT Scanner Cost in 2024?* 2024. Accessed July 29, 2025. <https://www.excedr.com/blog/ct-scanner-cost>
29. Block Imaging. *2025 CT Scanner Price Guide*. 2025. Accessed July 29, 2025. <https://www.blockimaging.com/how-much-does-a-ct-scanner-cost>



Canada's Drug Agency
L'Agence des médicaments du Canada
Drugs. Health Technologies and Systems. Médicaments, technologies de la santé et systèmes.

ISSN: 2563-6596

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