Finger UHR

Siemens 16 Slice

Application Examples: digit fracture

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 4 x 0.6 mm
kV / mAs / Rotation Time	100 kV / 125 mAs / 1.0 seconds
Care Dose 4D	Off
Pitch	0.9
Typical CTDIvol	11.59 mGy

Topogram: AP, 256 mm

Extremity	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	1 x 1	B70s	Extremity	100	AXIAL	PACS
Recon 2	0.6 x 0.3	B70s	Extremity	100	AXIAL 0.6 x 0.3 BONE	Definition
Recon 3	0.6 x 0.3	B20s	Extremity	100	AXIAL 0.6 x 0.3 SMOOTH	TeraRecon

This extremity ultra-high resolution (UHR) scan protocol should be used when scanning a small range such as a digit in effort to get best possible resolution.

Patient Position: Patient lying in prone or decubitus position, with affected arm extended above head. Place body off-centered in effort to set affected hand in isocenter. Hand is positioned pronated with fingers straight and close together. Emphasis is acquiring area of interest in true axial position.

Scan Range: Through entire digit (head of metacarpal through distal phalanx) or specified area of interest.

2D Reformations: Post processing done in 3D card. Three orthogonal planes according to area of interest. If patient is not scanned in ideal position, create an axial MPR data set, 1x1mm.

Series: Extremity	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	1 x 1	Extremity	COR	PACS
Recon 2	Sagittal MPR	1 x 1	Extremity	SAG	PACS

3D: Upon request.