# Shoulder

Siemens 16 Slice

| Application Examples: fracture, dislocation | |
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| Oral Contrast | No |
| --- | --- |
| IV Contrast / Volume | No |

| Breath Hold | Inspiration / Hold breath |
| --- | --- |

*Technical Factors*

| Scan Type | Spiral |
| --- | --- |
| Detector Collimator | Acq 16 x 0.6 mm |
| kV / mAs / Rotation Time (seconds) | 130 kV /262 mAs / 1.0 |
| Care Dose | On |
| Pitch | 0.8 |
| Typical CTDIvol | 32.57 mGy |

Topogram: AP, 256 mm

| Shoulder | Width / Increment | Kernel | Window | FoV | Series Description | Networking |
| --- | --- | --- | --- | --- | --- | --- |
| Recon 1 | 3 x 3 | B60s | Shoulder | 200 | AXIAL | PACS |
| Recon 2 | 0.75 x 0.5 | B60s | Shoulder | 200 | AXIAL  0.75  x 0.5 BONE | MPR / Definition |
| Recon 3 | 0.75 x 0.5 | B20s | Shoulder | 200 | AXIAL  0.75  x 0.5 SMOOTH | TeraRecon |

**Patient Position:** Patient lying in supine position, head first, shoulders square with affected shoulder slightly toward isocenter. Arms should be in neutral rotation unless Radiologist specifies otherwise.

**Scan Range:** Scan entire glenohumeral joint and through area of interest. If for scapula, include entire scapula in scan range.
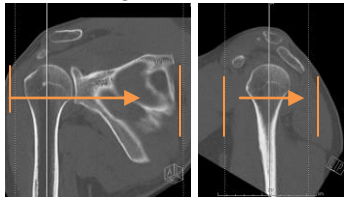
**2D Reformations:** Post processing done in 3D card.  Coronal, sagittal and axial MPRs should be made in true orthogonal planes to glenohumeral joint or affected anatomy as depicted below.

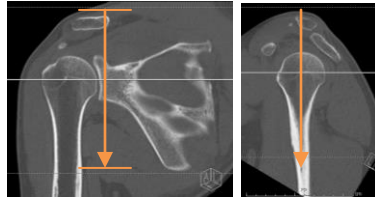| Series: Shoulder | Reformat Type | Width / Increment | Window | Series Description | Networking |
| --- | --- | --- | --- | --- | --- |
| Recon 2 | Coronal MPR | 2 x 2 | Shoulder | COR | PACS |
| Recon 2 | Sagittal MPR | 2 x 2 | Shoulder | SAG | PACS |
| Recon 2 | Axial MPR | 2 x 2 | Shoulder | AXIAL MPR | PACS |
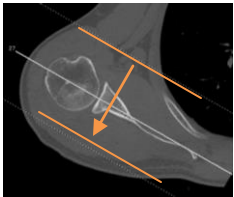
Coronal MPR        Sagittal MPR                Axial MPR



**3D:** Upon request.