

Spine 1x1 Cervical

Siemens 16 Slice

Application Examples: c-spine fracture, post-op

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	130 kV / 190 mAs / 1.0 seconds
Care Dose 4D	Yes
Pitch	0.9
Typical CTDIvol	23.86 mGy

Topogram: AP & Lateral, 512 mm

C-Spine	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	1 x 1	B60s	Bone	120	AXIAL BONE	PACS
Recon 2	1 x 1	B20s	Spine	120	AXIAL STND	PACS
Recon 3	0.75 x 0.5	B60s	Bone	120	AXIAL 0.75 x 0.5 BONE	MPR
Recon 4	0.75 x 0.5	B20s	Spine	120	AXIAL 0.75 x 0.5 SMOOTH	TeraRecon

This protocol is used for cervical spines studies.

Patient Position: Patient lying in supine position, hyperextend chin slightly so that the IOML is perpendicular to table, secure head well. Remove dentures if possible.

Patient Instructions: Do not breathe, do not swallow.

Scan Instructions: Take AP and lateral topograms to include enough vertebral bodies for counting levels. Scan area of interest.

Reformations: Post processing done in 3D card. **If spine is not in ideal position, create an axial MPR data set.**

Series: C-Spine	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	2 x 2	Bone	COR	PACS
Recon 3	Sagittal MPR	2 x 2	Bone	SAG	PACS
Recon 3	Axial MPR	1 x 1	Bone	AXIAL MPR	PACS

Coronal MPR



Sagittal MPR

