

# Head Spiral

Siemens Flash

Application Examples: headache, stroke, brain tumor, abscess

Oral Contrast	No
IV Contrast / Volume	*If requested, 80 ml Omnipaque 300
Injection Rate	1.5 mL/sec

*Technical Factors*

Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	*5 minutes if contrast given
Breath Hold	N/A

Scan Type	Spiral
Detector Collimator	Acq 64 x 0.6 mm
kV / mAs / Rotation Time (sec) / Pitch	Off 120 kV / Off 450 mAs / 1.0 / 0.55
Typical CTDIvol	68.93 mGy ± 50%

Topogram: Lateral, 256 mm

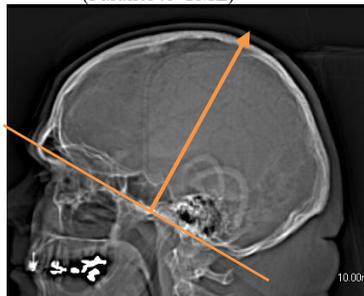
Head	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	J37s	2	Cerebrum	250	AXIAL	PACS	None
Recon 2	3D:Axial	5 x 5	J37s	2	Cerebrum	250	AXIAL MPR	PACS	Axial MPR
Recon 3	3D: COR	3 x 3	J37s	2	Cerebrum	200	COR	PACS	Coronal MPR
Recon 4	3D:SAG	3 x 3	J37s	2	Cerebrum	200	SAG	PACS	Sagittal MPR
Recon 5	Axial	0.6 x 0.6	J37s	3	Cerebrum	250	AXIAL 0.6 STND	TeraRecon	None

**Patient Position:** To reduce or avoid ocular lens exposure, the scan angle should be parallel to a line created by the supraorbital ridge and the inner table of the posterior margin of the foramen magnum. This may be accomplished by either tilting the patient's chin toward the chest ("tucked" position) or tilting the gantry. Position head in a symmetrical position (no rotation or tilt).

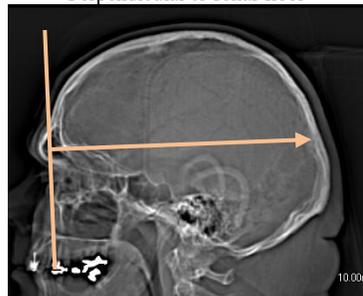
**Scan Range:** Scan from skull base through vertex in caudocranial direction.

**Recons and Reformations:** If patient is not scanned in an orthogonal plane to brain, an axial MPR (Recon 2) is made. Images are created in examination card using raw data and should be parallel to a line drawn from the base of the skull to the supraorbital ridge. Coronal MPR is perpendicular to hard palate and floor of sella.

Axial MPR  
(Parallel to GML)



Coronal MPR  
Perpendicular to sellar floor



\*If IV contrast enhancement is requested, inject contrast bolus 5 minutes prior to scanning. Enhancement application examples include: tumor, metastatic disease, abscess, or if an MRI cannot be done. Label first series—noncontrast, "AXIAL WITHOUT" and then second series—with contrast, "AXIAL." Only need coronal and sagittal MPRs from contrast enhanced data set if ordered with and without contrast. Send topograms, axial (both noncontrast and contrast), coronal and sagittal images to PACS.