Gundersen Health System

Shoulder Match Point

Siemens Flash

Application Examples: fracture, dislocation

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Inspiration

Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 200 mAs
Rotation Time (seconds)	1.0
Pitch	0.6
Typical CTDIvol	13.52 mGy ± 50%

Topogram: Lateral and AP, 256 mm

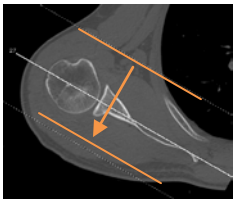
Shoulder	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I70h	2	Shoulder	200	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	I70h	2	Shoulder	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	I70h	2	Shoulder	-	SAG	PACS	Sagittal MPR
Recon 4	3D:AXIAL	2 x 2	I70h	2	Shoulder	200	AXIAL OBL MPR	PACS	Oblique Axial MPR
Recon 5	Axial	0.6 x 0.6	I26s	2	Shoulder	200	AXIAL 0.6 STND	TeraRecon	None
Recon 6	Axial	1.0 x 0.5	B30	2	Shoulder	200	MATCHPOINT	PACS	None

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

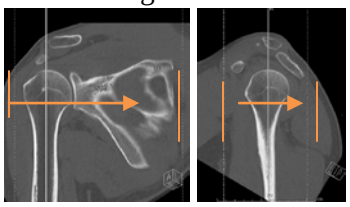
Scan Range: Scan entire gleno-humeral joint, proximal humeral head and entire scapula.

Recons and Reformations: Coronal, sagittal and oblique axial MPRs should be made in orthogonal planes to gleno-humeral joint as depicted below.

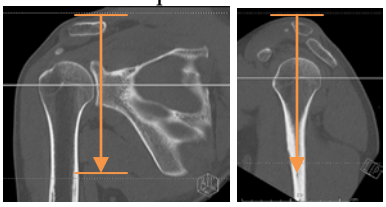
Coronal MPR



Sagittal MPR



Oblique Axial MPR



3D: If requested, VR. See post processing protocol.