Gundersen Health System

Clavicle

Siemens Flash

Application Examples: fracture

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%

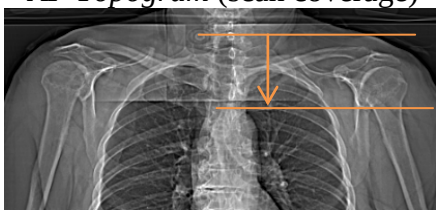
Topogram: Lateral and AP, 256 mm

Shoulder	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	2 x 2	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	PACS	Oblique Axial MPR
Recon 5	Axial	0.6 x 0.6	I26s	2	Shoulder	200	AXIAL 0.6 STND	TeraRecon	None

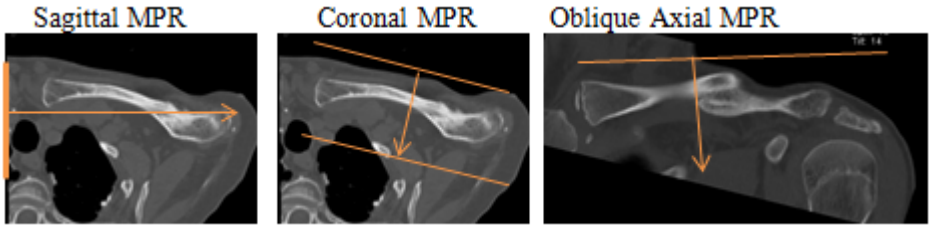
Patient Position: Patient supine, head first, with arms at sides.

Scan Range: Entire clavicle of interest as depicted below.

AP Topogram (scan coverage)



2D Reformations: 2x2 mm Coronal, Sagittal, and Oblique Axial MPRs. First image sagittal MPR by keeping positioning plane of body (do not tilt with clavicle) and use axial viewport. Next adjust lines orthogonal to clavicle and use the axial view to plan the coronal MPR. Then use coronal viewport to plan the oblique axial MPR.



3D: Upon request—see post processing protocol.