

T-Spine

Siemens Flash

Application Examples: fracture

Oral Contrast	No
IV Contrast / Volume	120 ml Omnipaque 300
Injection Rate	2.5 ml/sec
Scan Delay (If IV contrast used)	60 seconds

Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 260 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	17.55 mGy ± 50%

Topogram: AP and Lateral, 768 mm

T-Spine	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I70h	1	Bone	150	AXIAL BONE	PACS	None
Recon 2	Axial	3 x 3	I30s	1	Spine	150	AXIAL STND	PACS	None
Recon 3	3D:AXIAL	3 x 3	I70h	1	Bone	-	AXIAL MPR	PACS	Axial MPR
Recon 4	3D:COR	2 x 2	I30s	1	Bone	-	COR	PACS	Coronal MPR
Recon 5	3D:SAG	2 x 2	I30s	1	Bone	-	SAG	PACS	Sagittal MPR
Recon 6	Axial	0.6 x 0.6	I26s	1	Bone	150	AXIAL 0.6 STND	TeraRecon	None

This protocol is intended for thoracic spines.

Myelogram Instructions: Have patient slowly roll two times, pausing for 30 seconds at each 90 degree turn so the contrast has more time to stop layering and mix up.

Patient Position: Patient lying in supine position, arms positioned comfortably above the head, lower legs supported. Place a cushion under the patient's knees—this will reduce the curve in the spine and also make the patient more comfortable.

Scan Instructions: Zero the gantry above area of interest to include enough vertebral bodies for counting levels. Scan area of interest.

Recons and Reformations: This protocol utilizes Fast Spine software which does the MPRs in 3 planes after the technologist checks and approves the angles for accuracy.

3D: Upon request. See post processing protocol.