Gundersen Health System

Angio Head & Temp Bones UHR (non DE) Siemens Flash

Application Examples: pulsitile tinnitus

Oral Contrast	No			
IV Contrast / Volume	75 mL Omnipaque 350			
Injection Rate	5 mL/sec			

Technical Factors					
Care Bolus ROI Location / HU	*see instructions below				
Monitoring Delay	10 seconds				
Cycle Time	1.5 seconds				
Scan Delay	2 seconds				
Breath Hold	N/A				
Detector Collimator	Acq 128 x 0.6 mm				
Care kV	Semi / 120				
Care Dose 4D	On / 165				
Rotation Time (seconds)	0.5				
Pitch	1.2				
Typical CTDIvol	$25.24\ mGy\pm50\%$				

Topogram: AP and Lateral, 256 mm

Angio Tbones	Recon Type	Width / Increment	Kernel	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	0.6 x 0.6	J30f	2	Angio	160	AXIAL	PACS & TR	Rotating MIP & VR
Recon 2	3D:COR	10 x 4	J30f	2	Angio	-	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	10 x 4	J30f	2	Angio	1	SAG MIP	PACS	Sagittal MIP
Recon 4	3D: AXIAL	10 x 4	J30f	2	Angio	-	AXIAL MIP	PACS	Axial MIP
Recon 5	Axial	<mark>0.6 x 0.6</mark>	J30f	2	<mark>Angio</mark>	<mark>160</mark>	AXIAL 0.6 STND	TR & PACS	3D
Recon 6	Axial	0.6 x 0.6	H60f	-	Inner Ear	100	AXIAL RT	PACS	None
Recon 7	Axial	0.6 x 0.6	H60f	-	Inner Ear	100	AXIAL LT	PACS	None
Recon 8	3D:COR	0.6 x 0.6	H60f	-	Inner Ear	100	COR RT	PACS	None

There should be two orders: (1) CT Angio Head and (2) CT Temp Bone with contrast. Register patient on the scanner using study split.

IV Placement: \geq 18 gauge, *preferably* in antecubital (AC) fossa.

Patient Preparation: Have patient remove any detachable dental work.

Patient Position: Position head with chin tucked and head in a symmetrical position (no rotation or tilt). Petrous ridges should be in the lower third of orbits on AP topogram. Repeat AP topogram until positioning is accurate and before furthering with scan.

Scan Instructions: Take pre-monitoring at level carotid bifurcations and place ROI in air. Manually trigger scan as soon as first blush of contrast is in carotid arteries.

Scan Range: Scan below carotid bifurcations (approximately C5 level) through circle of willis (COW) to top of head.

Recons and Reformations: After first 8 recons complete, delete two recons and make temporal bones reformations as listed below. It is important to choose the right or left planning base corresponding with the correct side. Check labeling and keep FoV consistent at 100.

Recon 7	3D:COR	<mark>0.6 x 0.6</mark>	H60f	Inner Ear	<mark>100</mark>	COR RT	PACS	MPR
Recon 8	3D:SAG	<mark>0.6 x 0.6</mark>	H60f	Inner Ear	<mark>100</mark>	<mark>SAG RT</mark>	PACS	MPR.
Recon 9	3D:COR	<mark>0.6 x 0.6</mark>	H60f	Inner Ear	<mark>100</mark>	COR LT	PACS	MPR
Recon 10	3D:SAG	<mark>0.6 x 0.6</mark>	H60f	Inner Ear	<mark>100</mark>	<mark>SAG LT</mark>	PACS	MPR

3D: Rotating MIP and VR of COW. See post processing protocol for more details.