Gundersen Health System

Head Coil

Siemens go.All

Application Examples: aneurysm post coil study

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 **mm**
X-Care	Off
Care kV	Off/ 120 kV
Care Dose 4D	Off / 300 mAs
Rotation Time	1.0
Pitch	0.55
Typical CTDIvol	59.76 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	Hr36	2	Cerebrum	250	AXIAL	PACS	None
Recon 2	Axial	5 x 5 IMAR ON	Hr36	2	Cerebrum	250	AXIAL IMAR	PACS	None
Recon 3	3D:Axial	5 x 5	Hr40	2	Cerebrum	250	AXIAL MPR	PACS	Axial MPR
Recon4	3D: COR	3 x 3	Hr36	2	Cerebrum	250	COR	PACS	Coronal MPR
Recon 5	3D:SAG	3 x 3	Hr36	2	Cerebrum	250	SAG	PACS	Sagittal MPR
Recon 6	Axial	0.6 x 0.6	Hr36	2	Cerebrum	250	AXIAL 0.6 STND	TeraRecon	None

This scan protocol is built specifically to evaluate an aneurysm coil.

Patient Position: Position head as best as possible so the GML is perpendicular to the table in a symmetrical position (no rotation or tilt). Note gantry angle is not possible on the Definition. Axial MPR images should be parallel to a line drawn from the base of the skull to the glabella.

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 glabella. Create coronal MPR perpendicular to hard palate. Axial IMAR same as original Axial but recon range just through area with coil.

Axial MPR
(Parallel to GML)