Gundersen Health System

Temporal Bones UHR

Siemens go.All

Application Examples: cholesteatoma, dehiscence

IV Contrast / Volume	None (if requested see below)
Injection Rate	N/A

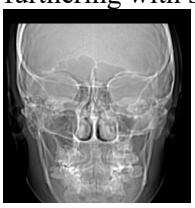
Technical Factors

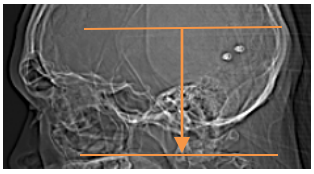
Scan Type	Spiral
Detector Collimator	Acq 32 X 0.7 mm
X-Care	OFF
Care kV	On/ 130 Sn
Care Dose 4D	On / 160 ref mAs
Rotation Time	1.0
Pitch	0.75
Typical CTDIvol	33.14 mGy ± 50%

Topogram: PA and Lateral, 256 mm

Temp Bones	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	0.6 x 0.3	Hr60	1	Inner Ear	100	AXIAL RT	PACS	None
Recon 2	Axial	0.6 x 0.3	Hr60	1	Inner Ear	100	AXIAL LT	PACS	None
Recon 3	3D:COR	0.8 x 0.5	Hr60	1	Inner Ear	100	COR RT	PACS	Coronal MPR
Recon 4	3D:SAG	0.8 x 0.5	Hr60	1	Inner Ear	100	SAG RT	PACS	Sagittal MPR
Recon 5	3D:COR	0.8 x 0.5	Hr60	1	Inner Ear	100	COR LT	PACS	Coronal MPR
Recon 6	3D:SAG	0.8 x 0.5	Hr60	1	Inner Ear	100	SAG LT	PACS	Sagittal MPR

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





Scan Range:

Routine: Top of petrous ridges through mastoid process including ALL mastoid air cells.

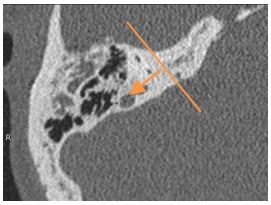
Pre / Post Baha: 3 cm above pins through mastoid process. If no pins placed yet, scan mid brain through mastoid process.

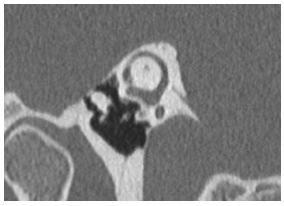
Scan Instructions: After acquiring data, reconstruct axial right and left temporal bone separately.

Recons and Reformations: Recons are pre-labeled on series description. Always start with the right side and then reconstruct left side. When making coronal and sagittal MPRs in the 4D workplace, it is important to choose the right or left planning base corresponding with the correct side. Check labeling and keep FoV consistent at 100. *** If for dehiscence, include oblique MPRs below**. Go parallel to semi-circle as depicted below and keep FoV small and limit range to semi-circular canal.

***Recon 7**	3D:OBL	0.8 x 0.5	Hr60	1	Inner Ear	50	OBL RT	PACS	Oblique MPR
***Recon 8**	3D:OBL	0.8 x 0.5	Hr60	1	Inner Ear	50	OBL LT	PACS	Oblique MPR

OBL RT MPR





Notes: Smooth kernel recons and reformats are required if enhanced. **If contrast ordered, use 80 mL Omnipaque 300 with a 60 second scan delay 2.5ml/sec**. Enhancement application examples include acoustic neuroma or glomus tumor. See CT Angio Temp Bone protocol for pulsatile tinnitus. If scanned with, soft tissue recons are required see below:

Temp Bones	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 7	Axial	1.0 x 1 .0	Hr44	1	Base Orbita	100	AXIAL RT W	PACS	None
Recon 8	Axial	1.0 x 1.0	Hr44	1	Baes Orbita	100	AXIAL LT W	PACS	None

Recon 9	3D:COR	1.0 x 1.0	Hr44	1	Base Orbita	100	COR RT W	PACS	Coronal MPR
Recon 10	3D:SAG	1.0 x 1.0	Hr44	1	Base Orbita	100	SAG RT W	PACS	Sagittal MPR
Recon 11	3D:COR	1.0 x 1.0	Hr44	1	Base Orbita	100	COR LT W	PACS	Coronal MPR
Recon 12	3D:SAG	1.0 x 1.0	Hr44	1	Base Orbita	100	SAG LT W	PACS	Sagittal MPR

End Product