Gundersen Health System

Shoulder

Siemens go.All

Application Examples: fracture, dislocation

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Inspiration

Technical Factors

Detector Collimator	Acq 32 X 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 100 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	9.40 mGy ± 50%

Topogram: Lateral and AP, 256 mm

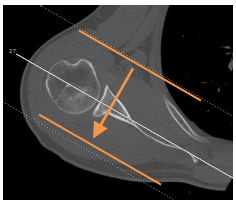
Shoulder	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br60	2	Shoulder	200	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	Br60	2	Shoulder	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	Br60	2	Shoulder	-	SAG	PACS	Sagittal MPR
Recon 4	3D:AXIAL	2 x 2	Br60	2	Shoulder	200	OBL AXIAL	PACS	Oblique Axial MPR
Recon 5	Axial	0.6 x 0.6	Br36	2	Shoulder	200	AXIAL 0.6 STND	TeraRecon	None

Patient Position: Patient lying in supine position, head first, shoulders square with affected shoulder slightly toward iso-center. Affected arms should be in neutral rotation. Unaffected arm positioned above head on large patients.

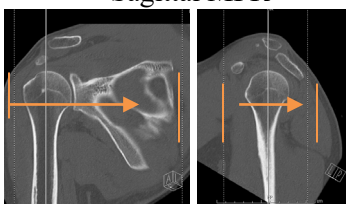
Scan Range: Scan entire gleno-humeral joint and through area of interest. If for scapula, include entire scapula in scan range.

Recons and Reformations: Coronal, sagittal and oblique axial MPRs should be made in orthogonal planes to gleno-humeral joint as depicted below.

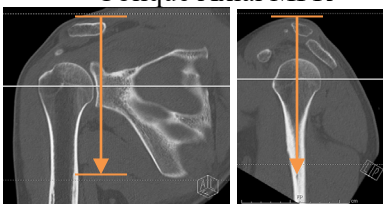
Coronal MPR



Sagittal MPR



Oblique Axial MPR



3D: Upon request. See post processing protocol.