Gundersen Health System

C-Spine

Siemens go.All

Application Examples: fracture, post myelogram

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

Technical Factors

Detector Collimator	Acq 32 X 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 150 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	14.10 mGy± 50%

Topogram: AP & Lateral 256 mm

C Spine	Recon Type	Width/Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	Br64	1	Bone	120	AXIAL BONE	PACS	None
Recon 2	Axial	1 x 1	Br36	1	Spine	120	AXIAL STND	PACS	None
Recon 3	3D: AXIAL	1 x 1	Br64	1	Bone	120	AXIAL MPR	PACS	Axial MPR
Recon 4	3D:COR	2 x 2	Br64	1	Bone	-	COR	PACS	Coronal MPR
Recon 5	3D:SAG	2 x 2	Br64	1	Bone	-	SAG	PACS	Sagittal MPR
Recon 6	3D:SAG	2 x 2	Br36	1	Spine	-	SAG STND	PACS	Sagittal MPR

This protocol is used for cervical spines studies.

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, hyperextend neck slightly so that the IOML is perpendicular to table, secure head well. Remove dental work if possible.

Patient Instructions: Do not swallow during scan.

Scan Instructions: Take AP and lateral topograms to include enough vertebral bodies for counting levels.

Scan Range: Scan area of interest. If entire cervical spine requested, scan cervical spine and ENTIRETY of T1.

Recons and Reformations: If patient condition does not allow ideal positioning, create true Cor/Sag MPR data set by using Spine Ranges if requested. (These are considered Curved MPR's)

3D: Upon request. See post processing protocol.