T-Spine

Siemens go.All

Application Examples: fracture

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 / 220 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	20.68 mGy ± 50%

Topogram: AP and Lateral, 768 mm

T-Spine	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br64	1	Bone	150	AXIAL BONE	PACS	None
Recon 2	Axial	3 x 3	Br40	1	Spine	150	AXIAL STND	PACS	None
Recon 3	3D:AXIAL	3 x 3	Br40	1	Bone	-	AXIAL MPR	PACS	Axial MPR
Recon 4	3D:COR	2 x 2	Br40	1	Bone	-	COR	PACS	Coronal MPR
Recon 5	3D:SAG	2 x 2	Br40	1	Bone	-	SAG	PACS	Sagittal MPR

This protocol is intended for thoracic spines.

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, arms positioned comfortably above the head, lower legs supported. Place a cushion under the patient's knees—this will reduce the curve in the spine and make the patient more comfortable.

Scan Instructions: Zero the gantry above area of interest to include enough vertebral bodies for counting levels. Scan area of interest.

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.