Gundersen Health System

CT Finger UHR   Siemens go.All

Application Examples: digit fracture

Technical Factors

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / Sn110
Care Dose 4D	On / 80 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	6.45 mGy ± 50%

Topogram: Lateral & AP, 256 mm

| Extremity	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	Br64	Off	Extremity	100	AXIAL	PACS	None
Recon 2	3D:COR	1 x 1	Br64	Off	Extremity	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	1 x 1	Br64	Off	Extremity	-	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.8 x 0.3	Br56	Off	Extremity	100	AXIAL 0.8 STND	TeraRecon	None

This protocol scans in high resolution mode and should only be used when scanning a small range such as a distal digit only to get the best resolution possible. If patient arrives in cast or splint, check with ordering provider if scan should be done in or out of cast.

Patient Position: Dependent on affected digit. In general, patient lying in prone or decubitus position, with affected arm extended above head. Place body off-centered in effort to set affected hand in isocenter. Hand is pronated with fingers straight and close together. Emphasis is acquiring area of interest in true axial position. If 1st digit requested, position lateral thumb with hand cupped as depicted below.

Example of 1st digit positioning

Example of 3rd digit positioning
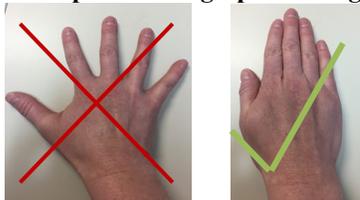
Scan Range: Through entire digit (head of metacarpal through distal phalanx) or area of interest only.

2D Reformations: Coronal and sagittal MPRs. If patient is unable to place affected digit in true axial position, create axial MPR data set.

Coronal Digit MPR
1x1 mm

Sagittal Digit MPR
1x1 mm
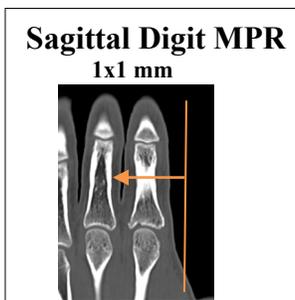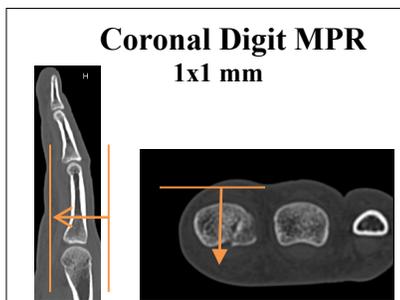
3D: Upon request. See post processing protocol.