Gundersen Health System

Hand / Wrist Supinated

Siemens go.All

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 32 x 0.7 mm
Care kV	Off / Sn110
Care Dose 4D	On / 80 mAs
Rotation Time (seconds)	0.5
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	Br60	Off	Extremity	100	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	Br60	Off	Extremity	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	Br60	Off	Extremity	-	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	Br56	Off	Extremity	100	AXIAL 0.6 STND	TeraRecon	None

This protocol is only to be used when patient is unable to lie in prone or decubitus position. If patient arrives in cast or splint, check with ordering provider if scan should be done in or out of cast.

Patient Position: Patient's body in supine position with hand above head. Place affected hand as close to isocenter as possible. Note, although the patient is physically in supine position, scanner orientation is prone head first. This scanner orientation is only used on unilateral studies.

Recons & Reformations: Coronal and sagittal MRPs. Axial MPR if not scanned in true orthogonal plane. See specific post processing protocols for further detail.