Gundersen Health System

Chest without Contrast

Siemens go.All

Application Examples: Pulmonary nodule

Technical Factors

Breath Hold	Inspiration

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
X-Care	On
Care kV	On / 120 kV
Care Dose 4D	On / 60 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	5.5 mGy ± 50%

Topogram: Lateral and AP, 512 mm

Chest	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Br40	2	Mediastinum	AXIAL	PACS	None
Recon 2	Axial	2 x 2	Br64	2	Lung	AXIAL LUNG	PACS	None
Recon 3	3D:COR	3 x 3	Br40	2	Mediastinum	COR	PACS	Coronal MPR
Recon 4	3D:SAG	3 x 3	Br40	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon 5	3D: COR	8 x 5	Br40	2	Lung	COR MIP	PACS	Coronal MIP
Recon 6	3D: AXIAL	8 x 5	Br40	2	Lung	AXIAL MIP	PACS	Axial MIP
Recon 7	Axial	1.0 x 0.8	Br36	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TeraRecon	None
Recon 8	Lung CAD	1.0 x 0.7	Br60	2	Lung	LUNG CAD	PACS	None

If pt is over 250lbs use CHEST WO over 250lbs on scanner.

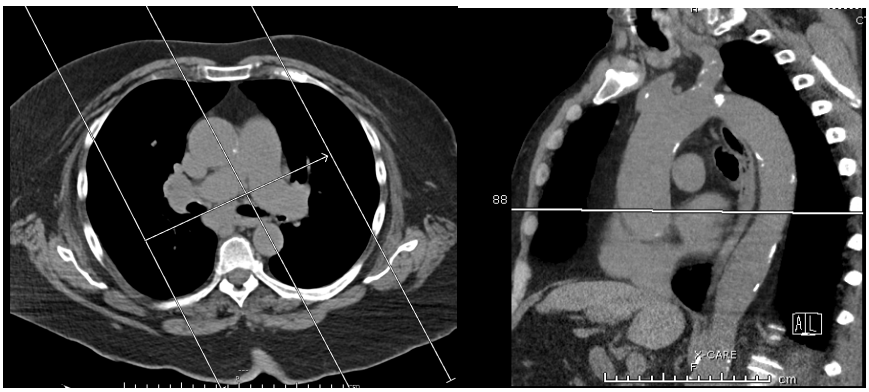
Patient Position: Patient lying supine with arms above head and lower legs supported.

Scan Range: Lung apices through adrenal glands.

Recons and Reformations: Set recon 2 begin and end points to include *lungs only*. If indication is for follow up aortic aneurysm, create oblique "candy cane" view.

Candy Cane View—Copy the AXIAL recon box, change Image Orientation to Sag, Image order Rt to Lt, Image Type-MPR

Chest	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 9	3D:OBL	3 x 3	Bv40	2	Mediastinum	OBL MPR	PACS	None



Set up End Result

If being done for TRAUMA use the appropriate protocol labeled TRAUMA or add 2 extra Recon boxes

1) **Radial Rib**
2) **Rib Parallel**