Child Upper Extremity

Siemens go.All

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 32 x 0.7
kV / mAs / Rotation Time	110 kV / 80 mAs / 0.5 seconds
Care Dose 4D	On
Pitch	1.0
Typical CTDIvol	

Topogram: AP, 128 mm

Extremity	Recon Type	Width / Increment	Algorithm	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	Br60	Baby Extremity	-	AXIAL	PACS	-
Recon 2	3D:COR	1 x 1	Br60	Baby Extremity	-	COR	PACS	COR MPR
Recon 3	3D:SAG	1 x 1	Br60	Baby Extremity	-	SAG	PACS	SAG MPR
Recon 4	Axial	0.6 x 0.3	Br36	Baby Extremity	-	AXIAL 0.6 STND	TeraRecon	-
Recon 5	3D VRT	Radial Ranges	Br56			RADIAL RANGES		

Notes: Extremity must be iso-center and fit within 25cm FOV. Usually elbows, wrists, hands & fingers can be scanned with this protocol. Carefully position the patient for correct anatomical orientation. See orthopedic protocols, for detailed instructions. See film for MPR examples. If there is hardware, increase technic to 140kv and 220mAs. Do special Oblique scaphoid views if needed.