Gundersen Health System

Face

Siemens go.All

Application Examples: facial trauma, fracture, *abscess, *infection, *tumor, *mass

Oral Contrast	No
IV Contrast / Volume	*If requested, 80cc Omnipaque300
Injection Rate	*2.5 mL / sec

Technical Factors

Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	*60 seconds if contrast given
Breath Hold	N/A

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
X-Care	On
Care kV	On / Sn110
Care Dose 4D	On/ 85 mAs
Rotation Time	1.0
Pitch	0.55
Typical CTDIvol	15.57 mGy ± 50%

Topogram: Lateral, 256 mm

Face	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	Hr64	2	BONE	170	AXIAL BONE	PACS	None
Recon 2	Axial	1 x 1	Hr44	2	Larynx	170	AXIAL STND	PACS	None
Recon 3	3D:COR	2 x 2	Hr64	2	BONE	170	COR	PACS	Coronal MPR
Recon 4	3D:SAG	2 x 2	Hr64	2	BONE	170	SAG	PACS	Sagittal MPR
Recon 5	Axial	0.6 x 0.6	Hr36	2	BONE	170	AXIAL 0.6 STND	TeraRecon	None

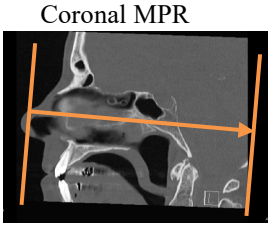
Patient Position: Position patient so IOML is perpendicular to table and head is in a symmetrical position (no rotation or tilt).

Scan Range: Frontal sinus through maxilla. Scan through mandible only if requested.

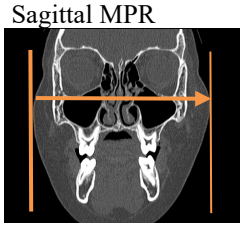
Recons and Reformations: Coronal and sagittal MPRs are done in examination card and reconstructed perpendicular to hard palate. Extend coronal MPR (recon 3) through cervical spine. If unable to place patient in ideal position, make an axial MPR data set parallel to hard palate using technical factors below. If contrast is given, create additional coronal and sagittal MPR in soft tissue kernel.

Recon 6	3D: Axial	1 x 1	Hr64	Off	BONE	170	AXIAL MPR	PACS	Axial MPR

Coronal MPR



Sagittal MPR



**Extend through c-spine*