

Upper Extremity with contrast

Siemens GO-ALL

Application Examples: infection / cellulitis

Oral Contrast	No
IV Contrast / Volume	Omnipaque 300/ 125ml

Breath Hold	Inspiration
-------------	-------------

Technical Factors

Detector Collimator	Acq 32x 0.7 mm
Care kV	On / 120 Kv
Care Dose 4D	On / 100 mAs
Scan Delay	120 seconds
Rotation Time (seconds)	1.0
Pitch	0.6
Typical CTDIvol	8.96 mGy

Shoulder	Recon Type	Width / Increment	Kernel	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	AXIAL FIXED	3 x 3	Br60	2	Shoulder	200	AXIAL BONE	PACS	None
Recon 2	AXIAL STND FIXED	3 x 3	Br40	2	Abdomen	200	AXIAL STND	PACS	None
Recon 3	COR	2 x 2	Br40	2	Abdomen	-	COR	PACS	None
Recon 4	SAG	2 x2	Br40	2	Abdomen	-	COR	PACS	None
Recon 5	AXIAL 0.6	0.6 x 0.6	Br36	2	Shoulder	-	AXIAL 0.6	TERRA	None

Topogram: Lateral and AP, 256 mm

This protocol is used for contrast exams of the upper extremity in venous phase.

Patient Position: Patient lying in supine position, head first, shoulders square with affected shoulder/arm slightly toward iso-center. Arms should be in neutral rotation unless Radiologist specifies otherwise.

Scan Range: Scan through entire area of interest.

Recons and Reformations: Coronal, & Sagittal (and oblique axial MPRs) should be made in orthogonal planes to area of interest. See specific anatomic protocols depending on area of interest.

3D: Only if requested.