

Shoulder MatchPoint

Siemens 16 Slice

Application Examples: fracture, dislocation

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Inspiration / Hold breath
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Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time (seconds)	130 kV / 262 mAs / 1.0
Care Dose	On
Pitch	0.8
Typical CTDIvol	32.57 mGy

Topogram: AP, 256 mm

Shoulder	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	3 x 3	B60s	Shoulder	200	AXIAL	PACS
Recon 2	0.75 x 0.5	B60s	Shoulder	200	AXIAL 0.75 x 0.5 BONE	MPR / Definition
Recon 3	0.75 x 0.5	B20s	Shoulder	200	AXIAL 0.75 x 0.5 SMOOTH	TeraRecon
Recon 4	1.0 x 0.5	B20s	Shoulder	200	MATCHPOINT	PACS

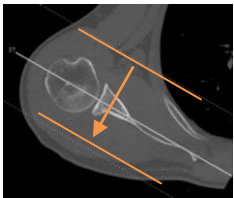
Patient Position: Patient lying in supine position, head first, shoulders square with affected shoulder slightly toward isocenter. Arms should be in neutral rotation unless Radiologist specifies otherwise.

Scan Range: Scan entire glenohumeral joint and through area of interest. If for scapula, include entire scapula in scan range.

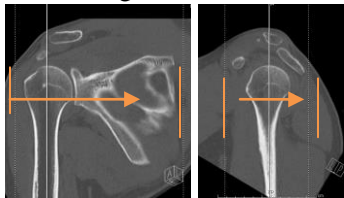
2D Reformations: Post processing done in 3D card. Coronal, sagittal and axial MPRs should be made in true orthogonal planes to glenohumeral joint or affected anatomy as depicted below.

Series: Shoulder	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	2 x 2	Shoulder	COR	PACS
Recon 2	Sagittal MPR	2 x 2	Shoulder	SAG	PACS
Recon 2	Axial MPR	2 x 2	Shoulder	AXIAL MPR	PACS

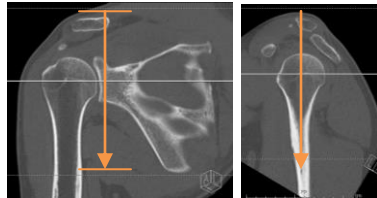
Coronal MPR



Sagittal MPR



Axial MPR



3D: VR. Contact LaCrosse Imaging.