

**Temporal Bones UHR**

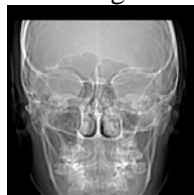
Siemens Flash

Application Examples: cholesteatoma, dehiscence	
IV Contrast / Volume	None
Injection Rate	N/A
<i>Technical Factors</i>	
Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
X-Care	Off
Care kV	Off / 120 kV
Care Dose 4D	Off / 250 mAs
Rotation Time	1.0
Pitch	0.75
Typical CTDIvol	54.37 mGy $\pm$ 50%

Topogram: PA and Lateral, 256 mm

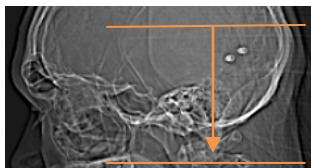
Temp Bones	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	0.6 x 0.3	V80u	1	Inner Ear	100	AXIAL RT	PACS	None
Recon 2	Axial	0.6 x 0.3	V80u	1	Inner Ear	100	AXIAL LT	PACS	None
Recon 3	3D:COR	0.6 x 0.6	V80u	1	Inner Ear	100	COR RT	PACS	Coronal MPR
Recon 4	3D:SAG	0.6 x 0.6	V80u	1	Inner Ear	100	SAG RT	PACS	Sagittal MPR
Recon 5	3D:COR	0.6 x 0.6	V80u	1	Inner Ear	100	COR LT	PACS	Coronal MPR
Recon 6	3D:SAG	0.6 x 0.6	V80u	1	Inner Ear	100	SAG LT	PACS	Sagittal MPR

**Patient Position:** Position head with chin slightly tucked and head in a symmetrical position (no rotation or tilt). Petrous ridges should be in the lower third of the orbits on PA topogram. Repeat PA topogram until positioning is accurate and before furthering with scan.

**Scan Range:**

**Routine:** Top of petrous ridges through mastoid process including ALL mastoid air cells.

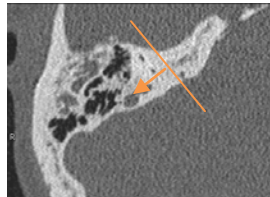
**Pre / Post Baha:** 3 cm above pins through mastoid process. If no pins placed yet, scan mid brain through mastoid process.



**Scan Instructions:** After acquiring data, reconstruct axial right and left temporal bone separately.

**Recons and Reformations:** Recons are pre-labeled on series description. Always start with the right side and then reconstruct left side. When making coronal and sagittal MPRs in the 4D workplace, it is important to choose the right or left planning base corresponding with the correct side. Check labeling and keep FoV consistent at 100. If for dehiscence, include oblique MPRs below.

Recon 7	3D:OBL	0.6 x 0.6	V80u	1	Inner Ear	100	OBL LT	PACS	Oblique MPR
Recon 8	3D:OBL	0.6 x 0.6	V80u	1	Inner Ear	100	OBL RT	PACS	Oblique MPR

**OBL RT MPR**

**Notes:** Smooth kernel recons and reformats are required if enhanced. If contrast ordered, use 80 mL Omnipaque 300 with a 60 second scan delay. Enhancement application examples include acoustic neuroma or glomus tumor. See CT Angio Temp Bone protocol for pulsatile tinnitus. If scanned on GE Discovery and soft tissue recons are required use HD STND kernel, SS20, IQ Enhance and WW400 at WL40.