

Shoulder Post Arthrogram

Siemens Flash

Application Examples: post arthrogram

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Inspiration
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Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 200 mAs
Rotation Time (seconds)	1.0
Pitch	0.6
Typical CTDIvol	13.52 mGy ± 50%

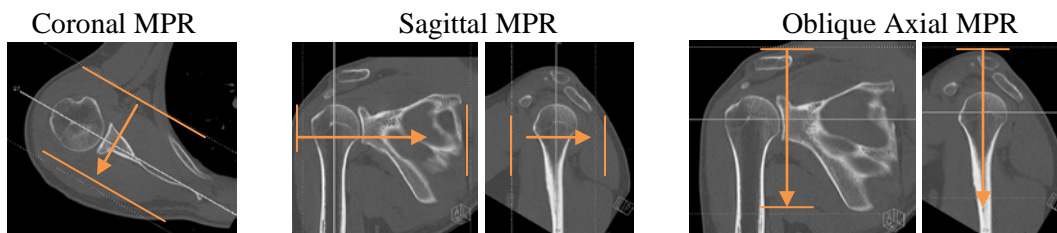
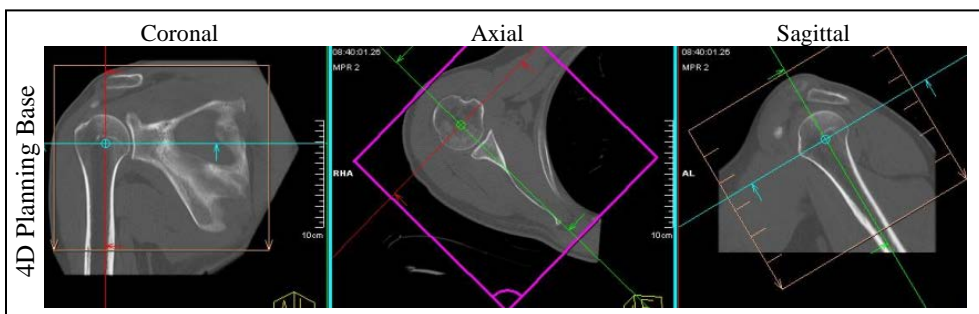
Topogram: Lateral and AP, 256 mm

Shoulder	Recon Type	Width / Increment	Kernel	Safire	Window	FOV	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I70h	2	Shoulder	200	AXIAL BONE	PACS	None
Recon 2	Axial	3 x 3	I40s	2	Spine	200	AXIAL STND	PACS	None
Recon 3	3D: COR	2 x 2	I70h	2	Shoulder	-	COR BONE	PACS	None
Recon 4	3D:COR	2 x 2	I40s	2	Spine	-	COR STND	PACS	None
Recon 5	3D:SAG	2 x 2	I70h	2	Shoulder	-	SAG BONE	PACS	None
Recon 6	3D:SAG	2 x 2	I40s	2	Spine	-	SAG STND	PACS	None
Recon7	3D:AXIAL	2 x 2	I70h	2	Shoulder	200	AXIAL MPR BONE	PACS	None
Recon 8	3D:AXIAL	2 x 2	I40s	2	Spine	200	AXIAL MPR STND	PACS	None

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

Scan Range: Scan entire gleno-humeral joint and through area of interest.

Recons and Reformations: Coronal, sagittal and oblique axial MPRs should be made in orthogonal planes to gleno-humeral joint as depicted below.



3D: No.