## Gundersen Health System

## **Head Rapid Stroke**

Siemens go.All

Application Examples: headache, stroke, brain tumor, abscess

Oral Contrast	No							
IV Contrast / Volume	None							
Injection Rate								
Technical Factors								
Care Bolus ROI Location / HU	N/A							
Monitoring Delay	N/A							
Cycle Time	N/A							
Scan Delay	N/A							
Breath Hold	N/A							
Scan Type	Spiral							
Detector Collimator	Acq 32 x 0.7 mm							
X-Care	Off							
kV / mAs / Rotation Time (sec) / Pitch	OFF 120 kV / OFF 300 mAs / 1.0 / 0.55							
Typical CTDIvol	$59.76 \text{ mGy} \pm 50\%$							

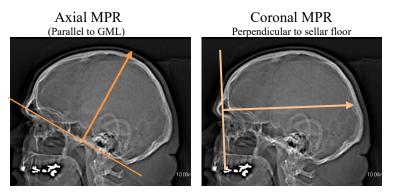
## Topogram: Lateral, 256 mm

Head	<b>Recon Type</b>	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Hr40	3	Cerebrum	250	AXIAL	PACS	None
Recon 2	3D:Axial	5 x 5	Hr40	3	Cerebrum	250	AXIAL MPR	PACS	Axial MPR
Recon 3	3D: COR	3 x 3	Hr40	3	Cerebrum	200	COR	PACS	Coronal MPR
Recon 4	3D:SAG	3 x 3	Hr40	3	Cerebrum	200	SAG	PACS	Sagittal MPR
Recon 5	3D:Axial	0.6 x 0.6	Hr40	3	Cerebrum	250	AXIAL NCCT	RAPID	Axial MPR

**Patient Position:** To reduce or avoid ocular lens exposure, the scan angle should be parallel to a line created by the supraorbital ridge and the inner table of the posterior margin of the foramen magnum. This may be accomplished by either tilting the patient's chin toward the chest ("tucked" position) or tilting the gantry. Position head in a symmetrical position (no rotation or tilt).

Scan Range: Scan from skull base through vertex in caudocranial direction.

**Recons and Reformations:** If patient is not scanned in an orthogonal plane to brain, an axial MPR (Recon 2) is made. Images are created in examination card using raw data and should be parallel to a line drawn from the base of the skull to the supraorbital ridge. Coronal MPR is perpendicular to hard palate and floor of sella.



\*If IV contrast enhancement is requested, inject contrast bolus 5 minutes prior to scanning. Enhancement application examples include: tumor, metastatic disease, abscess, or if an MRI cannot be done. Label first series—noncontrast, "AXIAL WITHOUT" and then second series—with contrast, "AXIAL." Only need coronal and sagittal MPRs from contrast enhanced data set if ordered with and without contrast. Send topograms, axial (both noncontrast and contrast), coronal and sagittal images to PACS.