POWERED BY



CT PROTOCOL REFERENCE CARD

PATIENT POSITION

When positioning the patient, ensure the patient is in supine position (SFF: Supine, Feet First). Additionally, ensure the patient's shoulders and arms are in a natural position, with the arms lying alongside the body. The patient shall not move during the scan procedure.

ANATOMY TO SCAN

When scanning the patient, be certain the scan captures the entire scapula and proximal humerus, from the acromioclavicular joint to the bottom end of the scapula. The acromion and coracoid are also required for the scan.

SCAN PARAMETERS

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|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scan Type | CT Scan without contrast (no arthrography) |
| Axial Slice Thickness | Slice thickness: 0.5mm is preferred; 1.0mm is acceptable Slice increment: 0.0mm - 0.5 mm Slice increment should NOT be greater than the slice thickness |
| Field Of View (FOV) | FOV includes the whole scapula and the proximal humerus. It starts a few slices above the AC joint. |
| DO NOT | Inject contrast product Change the coordinates system during the acquisition Change the image parameters Merge several CT scan acquisitions into one |
| Matrix | 512 x 512 |
| Reconstruction Parameters | Standard algorithm without edge enhancement Bone filter is suitable Any filter beneficial to the diagnosis (e.g., metal artifact reduction) can be additionally calculated |

DATA FORMAT

The CT scan must be exported as a primary scan in DICOM format without compression, axial slices only.

No oblique reconstructions

ADDITIONAL REQUIREMENTS

The original data must be archived by the radiology center.

No gantry tilt

Anonymization of images is kept at the discretion of the hospital policy. Patient's data will be pseudonymized when fed into the software (first 3 letters of last name, first 3 letters of first name).