

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT SHOULDER WITH	Indication: SWELLING, INFECTION
CONSENT FORMS	Consent to Contrast Material
ORAL CONTRAST	NONE
IV CONTRAST	YES -2.5 CC/SEC FOR 100 CC - MAKE SURE ALL OF CONTRAST IS IN BEFORE SCANNING”
POSITIONING	SUPINE; HEAD FIRST OR FEET FIRST; AFFECTED ARM DOWN BY PT'S SIDE WITH PALM AGAINST THIGH AND THUMB UP. UNAFFECTED ARM UP & OUT OF WAY; CENTER AT SHOULDER INSPIRATION BREATH HOLD
SCOUT	S60 / I200, 120 KVP @ 10 MA, AP S60 / I200, 120 KVP @ 80 MA, LAT BREATH HOLD
TECHNIQUE - 16 SLICE	HELICAL; 1.25 MM, STD W400/L40 120 KVP @ AUTO/SMART MA, 30% ASIR FOV - 25 CM BREATH HOLD SCAN FROM TOP OF SHOULDER TO BOTTOM OF SCAPULA
TECHNIQUE - 64 SLICE	HELICAL; 2.5 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA, 30% ASIR FOV-25 CM, BREATH HOLD SCAN FROM TOP OF SHOULDER TO BOTTOM OF SCAPULA
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE-0.625 MM STD W400/L40 (DMPR) 16 SLICE-1.25 MM BONE PLUS W2500/L250 (if metal implant use BONE instead) 64 SLICE-1.25 MM, BONE PLUS W2500/L250 64 SLICE-1.25 MM STD W400/L40 64 SLICE- 0.625 MM BONE PLUS W2500/L250 (DMPR)
REFORMATIONS	OBL CORONALS & OBL SAGITTAL TO THE HUMERAL GLENOID JOINT, AVG 0.6 MM THICK / 1.5 MM SPACING STD W400/L40
PACS	SCOUT

	1.25 MM – SHOULDER W 1.25 MM - STD EXT COR & EXT SAG – BONE AND STD
CHARGE	CT SHOULDER WITH CONTRAST
REMARKS	If Metal implant, use Bone algorithm.