Child Lower Extremity

Siemens 16 Slice

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	110 kV / 25 mAs / 1.0 seconds
Care Dose 4D	On
Pitch	1.5
Typical CTDIvol	2.03 mGy

Topogram: Lateral, 256 mm

Extremity	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Baby Extremity	150	AXIAL	PACS
Recon 2	0.75 x 0.5	B70s	Baby Extremity	150	AXIAL 0.75 x 0.5 BONE	MPR / DEFINITION
Recon 3	0.75 x 0.5	B20s	Baby Extremity	150	AXIAL 0.75 x 0.5 SMOOTH	TERARECON

This protocol is used to image the distal tibia, ankle, or foot.

Patient Position: Patient lying in supine position, feet first. Lower extremity of interest extended on foot holder with foot perpendicular to table (toes pointed straight up). Unless, imaging bilateral lower extremities, opposite leg should be bent at knee and placed out of scan range.

See individual protocols for further details.

2D Reformations: Post processing done in 3D card. Provide three orthogonal planes according to area of interest.

Series: Extremity	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	2 x 2	Extremity	COR	PACS
Recon 2	Sagittal MPR	2 x 2	Extremity	SAG	PACS

3D: Upon request.