Lower Extremity

Siemens 16 Slice

Application Examples: fracture

Technical Factors

San Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	130 kV / 95 mAs / 1.0 seconds
Care Dose	Off
Pitch	0.9
Typical CTDIvol	12.0 mGy

Topogram: Lateral, 256 mm

Extremity	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Extremity	150	AXIAL	PACS
Recon 2	0.75 x 0.5	B70s	Extremity	150	AXIAL 0.75 x 0.5 BONE	MPR / Definition
Recon 3	0.75 x 0.5	B20s	Bone	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 extremities, opposite leg should be bent at knee and placed out of scan range.

Scan Range: See individual protocols for details.

2D Reformations: Post processing done in 3D card. 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.