Foot / Ankle   Siemens Flash

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
kV	120 kV
Care Dose	On / 100 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	6.75 mGy ± 50%

Topogram: Lateral & AP, 256 mm

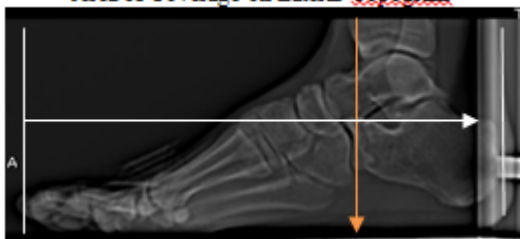| Extremity	Recon Type	Width / Increment	Agorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	B70s	Off	Extremity	150	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	B70s	Off	Extremity	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	B70s	Off	Extremity	-	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	B20s	Off	Extremity	150	AXIAL 0.6 STND	TeraRecon	None

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: Scan range will be depending on affected anatomy.
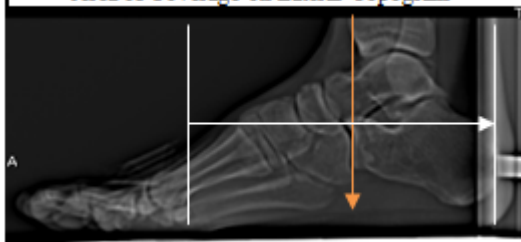　　　*Foot:* Above tibia/fibula joint through entire foot including entire fracture, if applicable.

Area of Coverage on Lateral Topogram

　　　Ankle/Hindfoot: Above tibia/fibula joint through hind foot including entire fracture, if applicable.

Area of Coverage on Lateral Topogram

Recons and Reformations: Three orthogonal planes according to area of interest.