## TMH - LOWER EXTREMITY CT TOSHIBA AQUILION 16 PROTOCOL

## Indication: fracture, dislocation, osteomyelitis, bone injury, bone tumor.

Position/Landmark		Supine, feet first				
Topogram Direction	Craniocaudal					
Respiratory Phase	Any					
Scan Type	Helical					
	120km / Serve Frances (100, 450) / 75					
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation)	120 kV / Sure Exposure (100-450) / ./5 sec					
SD		.938:1 /.5mm				
	Standard 12.50					
Collimation	.5mm x 16 = 8mm					
Helical Set	+	body	thickness/		recon	
Slice Thickness/ Spacing	recon	part	spacing	kernel	destination .	
Kernel	vol	thin lower ext	.5mm x .3mm	FC30	for multiview	
Recon Destination	1	lower ext bone	3mm x 3mm	FC30	pacs	
	2	lower ext soft tissue	3mm x 3mm	FC04	pacs	
Scan Start / End Locations	determined by technologist or radiologist to include the anatomy of interest					
DFOV	18cm					
NV Constant Values / True / Data	decrease appropriately					
IV Contrast Volume / Type / Rate		/Ucc omni 350 / 2cc per second				
Seen Deley	11 needed					
Scan Delay	os seconds					
Archiving to MOD	Only thin data will be archived: thin volume recon					
2D/3D Technique Used	3mm x 3mm coronal and sagittal lower extremity series, average mode,					
	transf	terred to PACS				
<b>Comments:</b> The volume recon is a single thin belical group of the lower extremity for mor. Recon 1 is the 3 mm v						
3 mm lower extremity hone algorithm of going to PACS Recon 2 is the 3 mm v 3 mm lower extremity standard						
algorithm ct going to PACS.						
Images required in PACS	Scouts, 3.mm x 3.mm axial lower extremity bone, 3.mm x 3.mm axial lower					
	extremity standard, 3mm x 3mm sagittal lower extremity, 3mm x 3mm coronal					
	lower extremity					