

MSK PROTOCOLS

- [Patient Positioning](#)
- [Reformat Planes](#)
- Scan Parameters

UPPER EXTREMITY	LOWER EXTREMITY	DUAL ENERGY
Elbow	Ankle or Foot for Fracture	Lower Extremity IMAR
SC Joints	Ankle or Foot with Hardware	Lower Extremity - 30 FOV
Shoulder Arthrogram	Ankle/Hindfoot for Calcaneal Fracture	Lower Extremity - 50 FOV
Shoulder for Fracture	Anteversion	Gout
Wrist or Hand with Hardware	Hip with Hardware	Upper Extremity IMAR
Wrist or Hand for Fracture	Hip	Upper Extremity – 30 FOV
	Knee for Fracture	Upper Extremity – 50 FOV
	Knee with Hardware	Upper Extremity Arm by Side
	Pelvis for Bone	
	Conformis	Upper Extremity With (MSK)
		Lower Extremity With (MSK)

PATIENT POSITIONING:

REVISED: 4/27/20

UPPER EXTREMITIES:

SHOULDER

ELBOW – STRAIGHT

ELBOW - BENT

WRIST

HAND

LOWER EXTREMITIES:

HIP

KNEE

ANKLE

FOOT

SHOULDER PATIENT POSITIONING:

- SUPINE
- HEAD FIRST
- UNAFFECTED ARM UP
- AFFECTED ARM NEUTRAL POSITION



ELBOW STRAIGHT POSITIONING:

◆ Positioning

- Patient supine
- Arm by side or raised above head
- Palm up



Elbow of concern is above the head

ELBOW BENT POSITIONING:



Patient either supine or prone depending on patient comfort.

Try to get the elbow above the head.

Placing the patient in the scanner obliquely may help.

When scanning the elbow positioning of the forearm relative to the scan plane will have a large influence on scan quality.

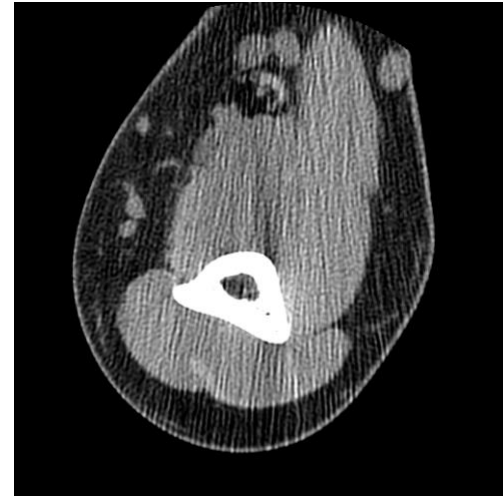
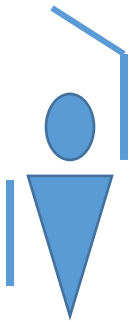


Placing the forearm parallel to the scan plane as in the example below results in a large amount of beam hardening due to the very large amount of bone the photons have to penetrate.

The resulting streak artifact degrades image quality as seen on the axial image below.

This can be avoided by either:

1. Extending the elbow or
2. Keeping the elbow at 90° and tilting the entire arm.



WRIST OR HAND PATIENT POSITIONING

- PRONE
- HEAD FIRST
- AFFECTED ARM UP
- ELBOW BENT AT 70*
- HAND IN NEUTRAL POSITION
- FINGERS FLAT ON TABLE

Positioning:

Arm extended over head as straight as possible.

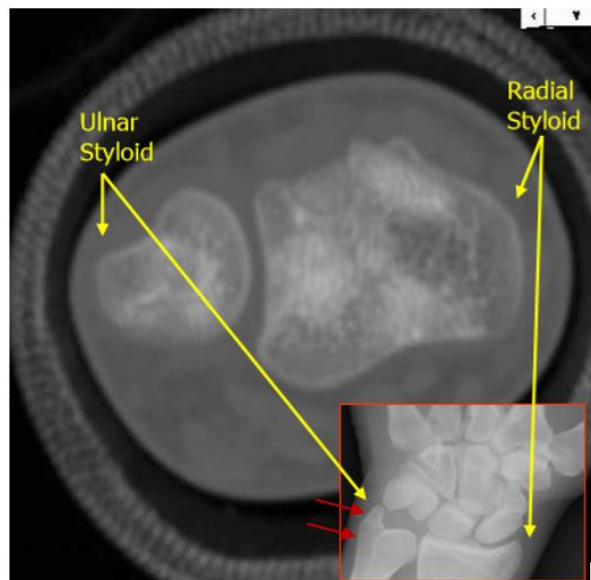
If the arm is not straight (perpendicular to the gantry) the axial will need to be reconstructed in a true axial plane before creating the sagittal and coronal reconstructions

Try to keep the arm, wrist, hand, and fingers parallel to the floor. This will make it easier to reconstruct.



In the neutral position (no supination or pronation) the ulnar styloid projects laterally (red arrows).

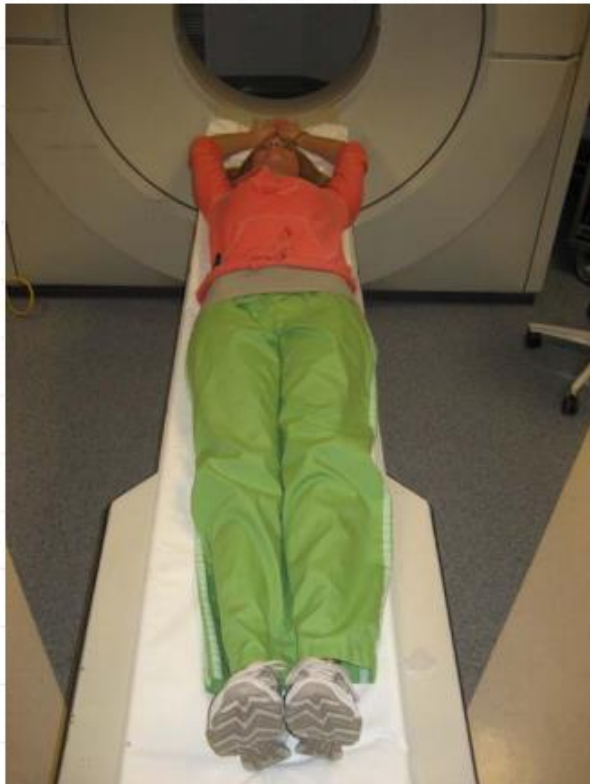
Wrist in neutral position – minimize pronation or supination of the wrist



HIP PATIENT POSITIONING:

- SUPINE
- FEET FIRST
- TOES TOGETHER

HIPS



KNEE PATIENT POSITIONING

University of Wisconsin CT Protocol Sheet

SCANNING TECHNIQUE

Positioning

- Patient Supine.
- Gantry straight up (0°).
- Slide patient over so that knee being imaged is centered in scanner.
- Tapping the toes together helps stabilize knees.
 - In most cases it is fine to leave the other knee straight and within the scanning field.
 - ***If the other knee is metal, try to bend it so it is NOT in the scanning field.***
- Plaster casts are not a problem.
- Scout in 2 planes

Scanning Field Of View (FOV)



- **The primary indication for a knee CT is to assess the alignment and degree of displacement of fracture fragments, particularly at the articular surfaces.**
 - For this reason, the FOV must include:
 - ✓ The entire patella
 - ✓ Both femoral condyles in their entirety
 - ✓ The proximal tibia through the level of the fibular head
 - *Unless specified, it is not necessary to image fractures along entire length of the femoral/tibial shafts*
 - **If scanning a metal knee prosthesis, it IS necessary to cover the entire length of both the femoral and tibial components!**

ANKLE PATIENT POSITIONING:

- SUPINE
- FEET FIRST
- UNAFFECTED KNEE BENT UP
- TOES STRAIGHT UP
- CENTERED IN GANTRY

ANKLE



FOOT

◆ Positioning

- Patient supine
- Center in scanner both feet or foot of interest
 - ◆ Use foot holder if available
 - ◆ If imaging both feet, bring them together
- Toes pointing straight up
- Foot inverted slightly

FOOT



REFORMATS:

REVISED: 4/27/20

UPPER EXTREMITIES:

SHOULDER

ELBOW

WRIST

HAND

LOWER EXTREMITIES:

HIP

KNEE

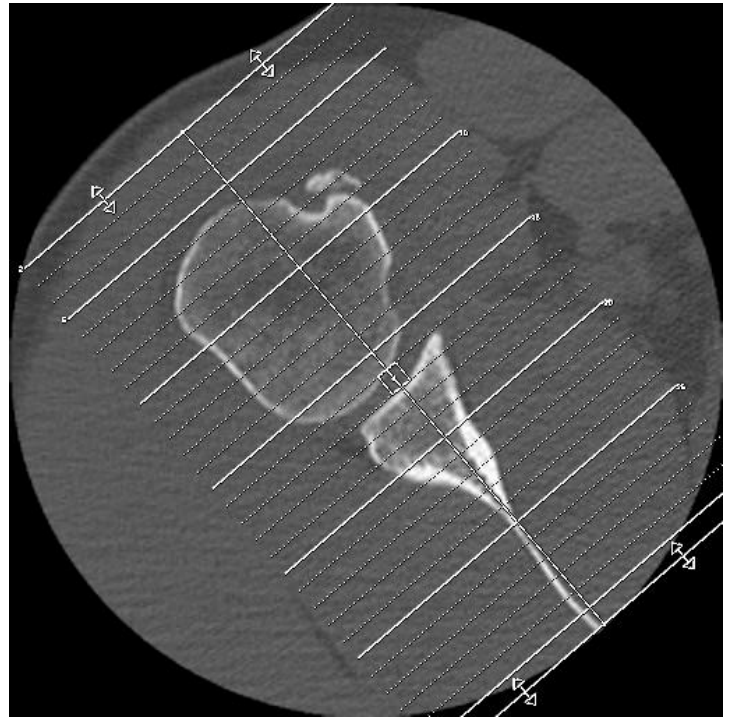
ANKLE

FOOT

SHOULDER REFORMATS:

CORONAL:

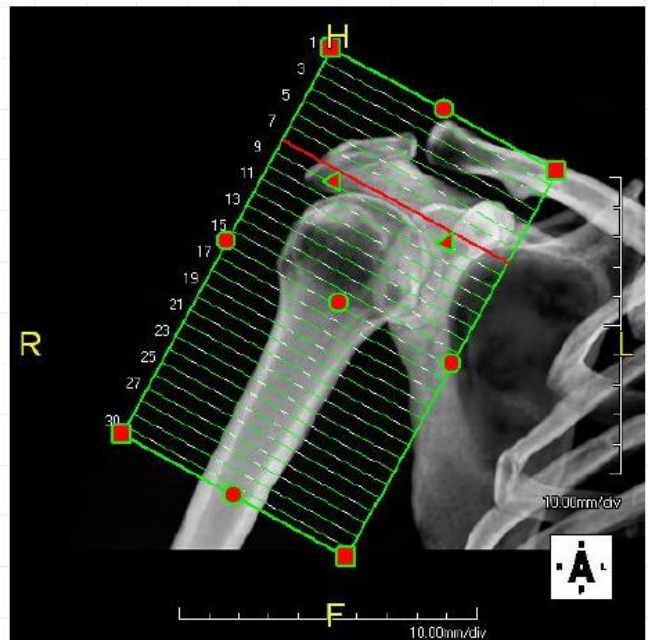
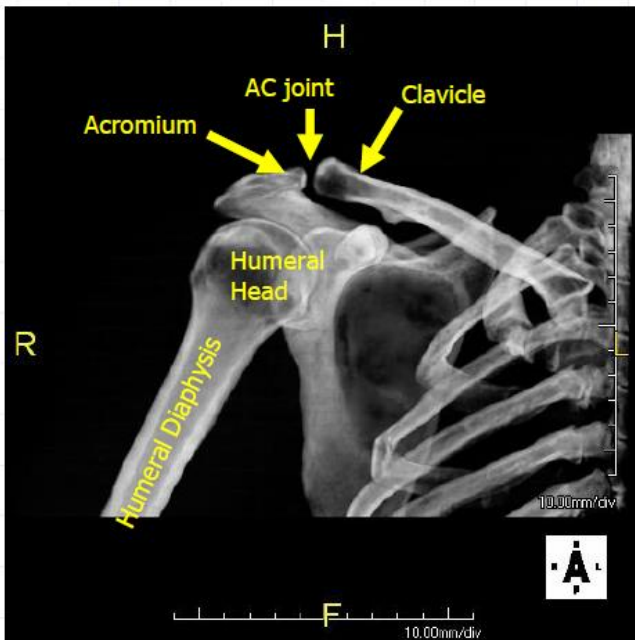
SAGITTAL:



Relevant Anatomy

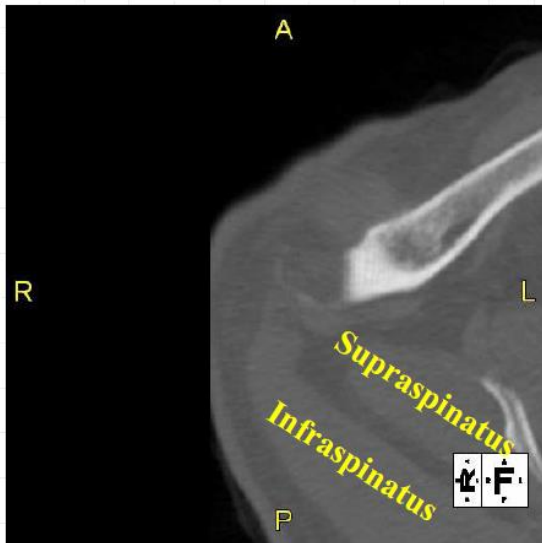
Scanning Plane (Axial)

- Prescribe plane parallel to humeral shaft.
- Cover from AC joint through proximal humeral diaphysis.



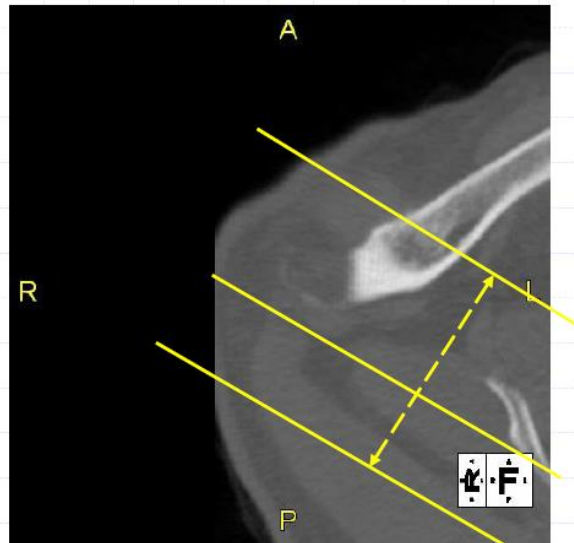
Coronal Imaging Plane

Relevant Anatomy



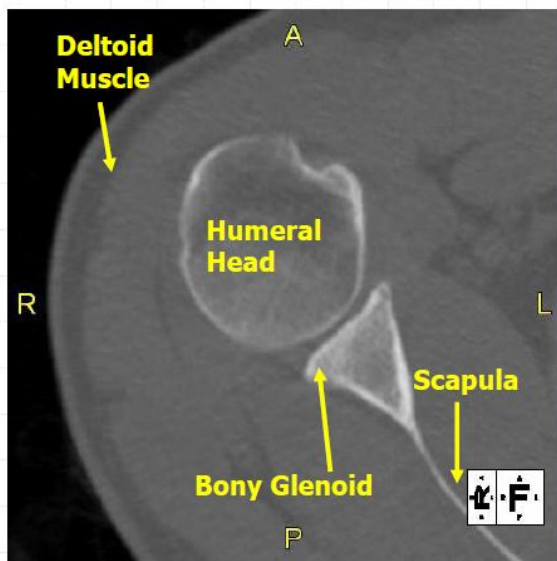
Coronal Imaging Plane

- Prescribe coronal plane off of axial images parallel to supraspinatus muscle.



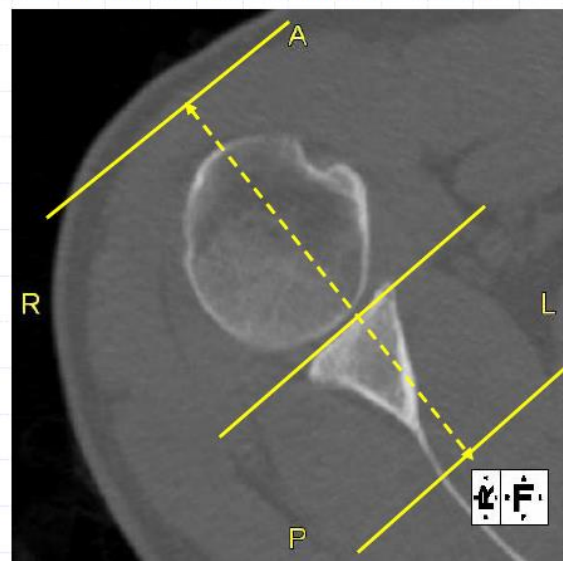
Sagittal Imaging Plane

Relevant Anatomy



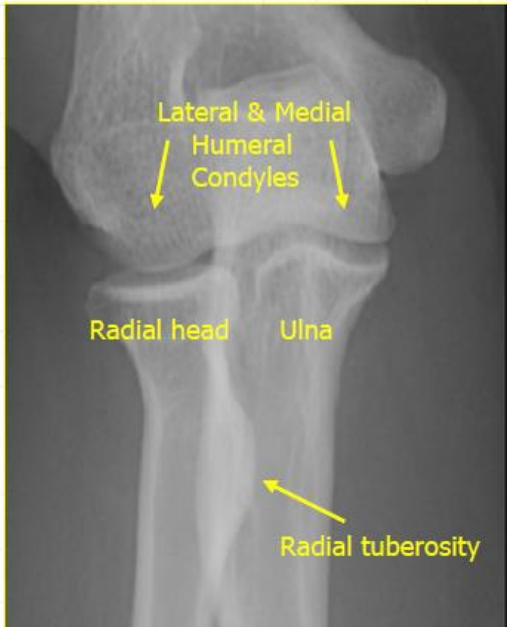
Sagittal Imaging Plane

- Prescribe sagittal plane off axial images with line parallel to bony glenoid.
- Image from scapular wing through deltoid muscle.



ELBOW REFORMATS – STRAIGHT POSITIONING:

Relevant Anatomy

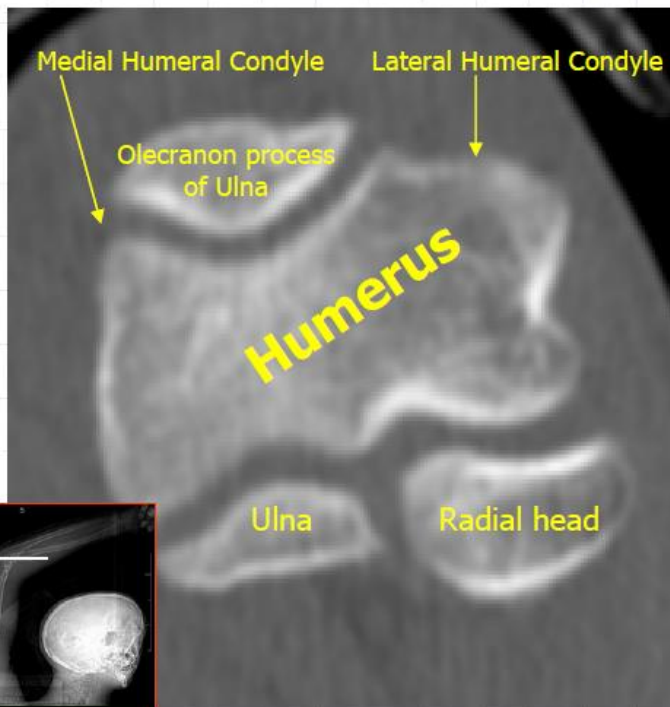


Scanning Plane (Axial)

- Prescribe plane perpendicular to coronal localizer plane.
- Scan from distal humeral shaft to just past radial tuberosity.

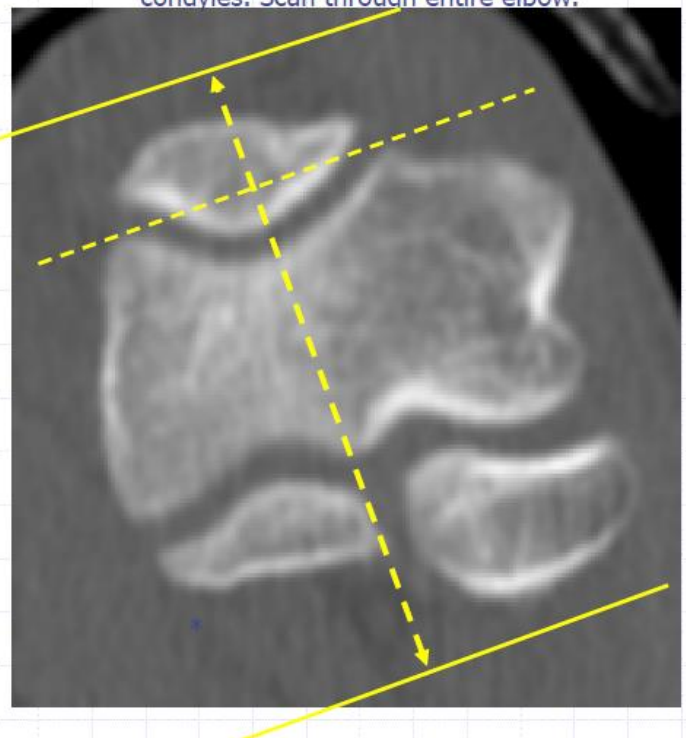


Relevant Anatomy

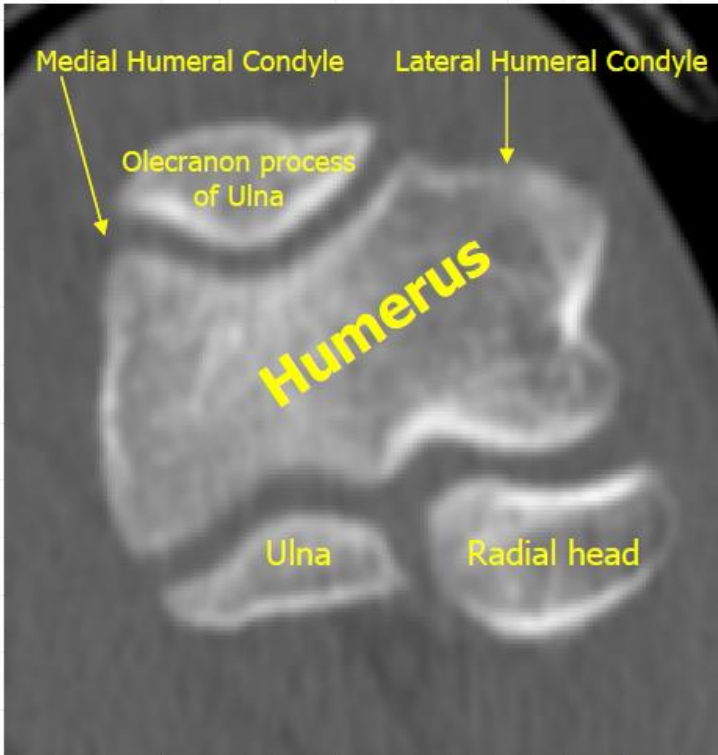


Coronal Imaging Plane

- Prescribe plane parallel to anterior humerus at condyles. Scan through entire elbow.

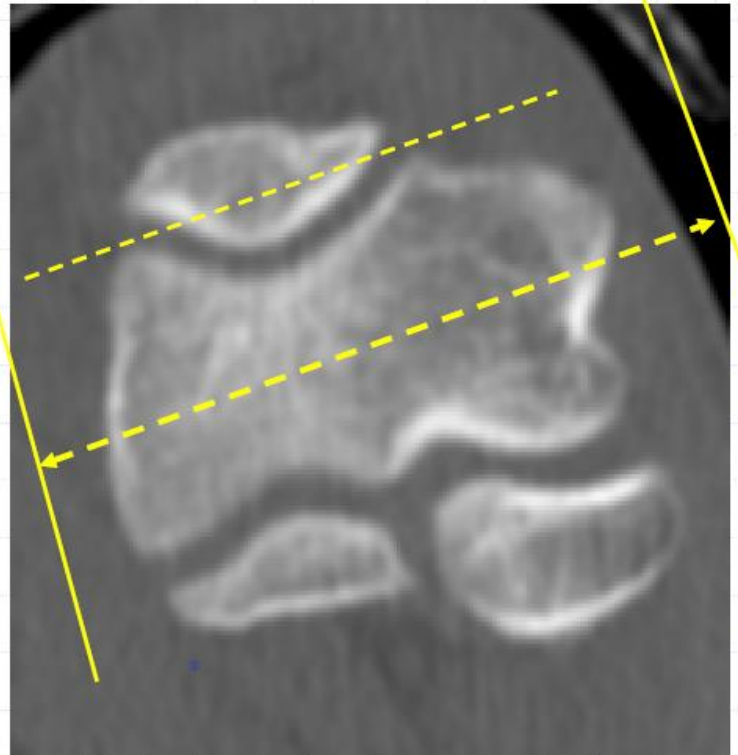


Relevant Anatomy



Sagittal Imaging Plane

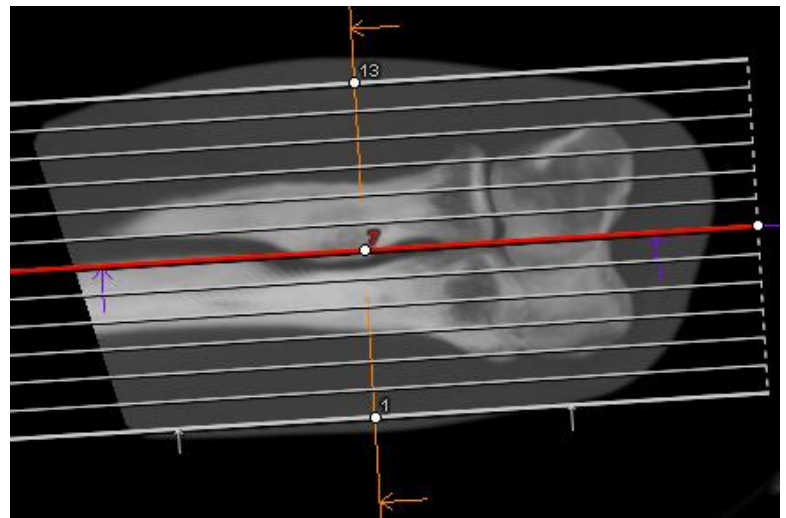
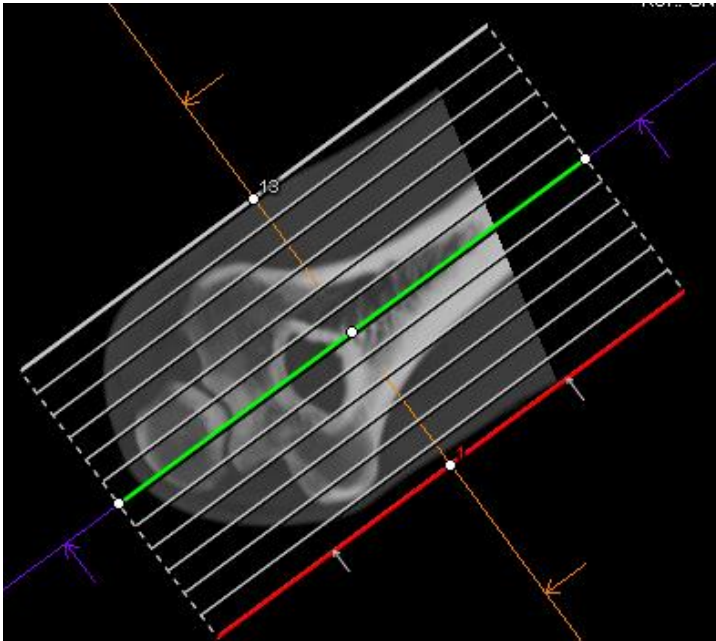
- Prescribe plane perpendicular to coronal plane.
- Scan through entire elbow.



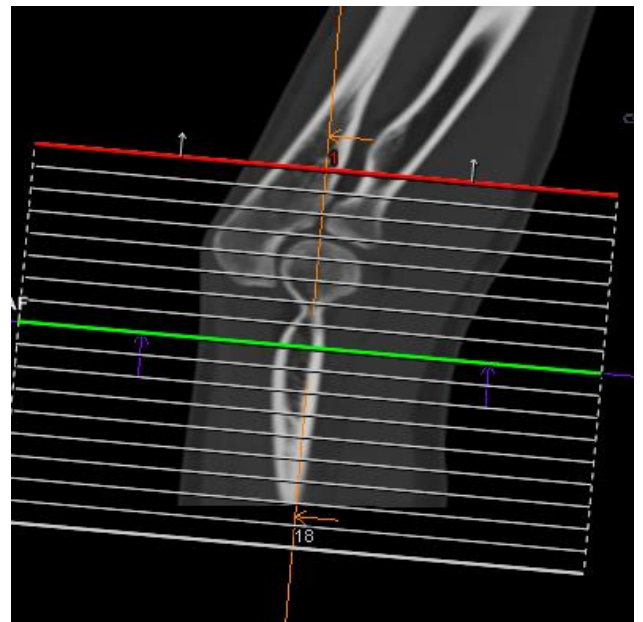
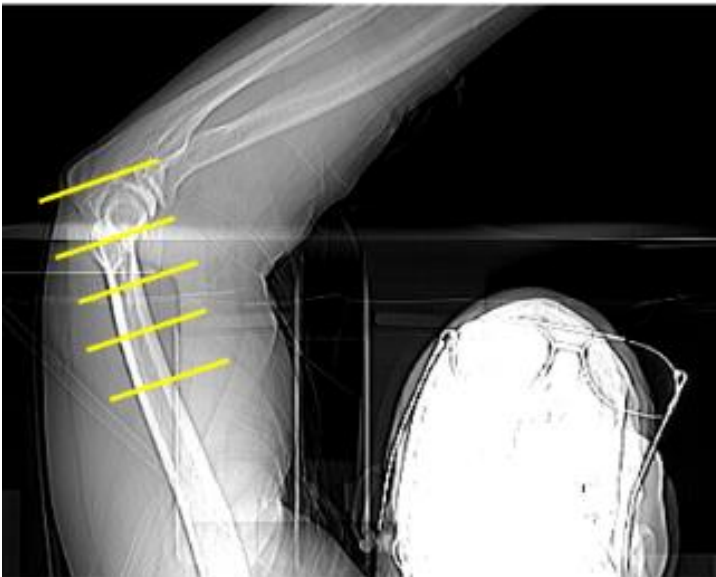
ELBOW REFORMATS - BENT POSITIONING:

Five reconstruction planes needed if the patient cannot straighten the elbow. Use the landmarks described above to define the sagittal and coronal planes

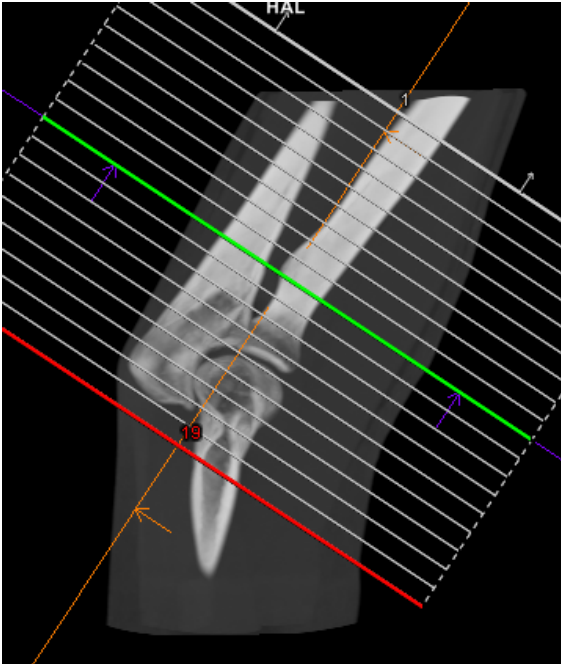
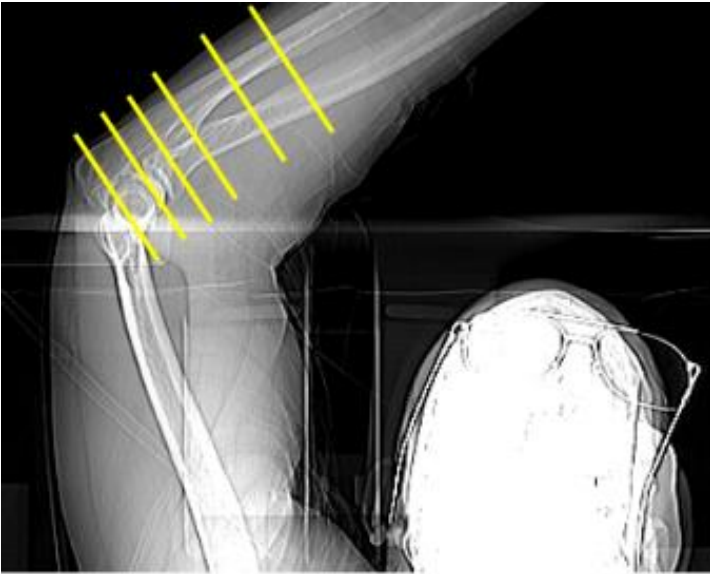
1. Sagittal



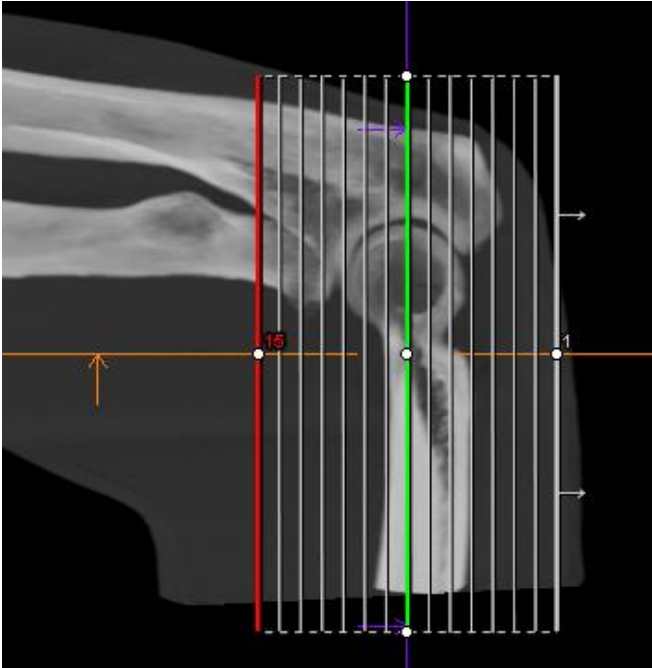
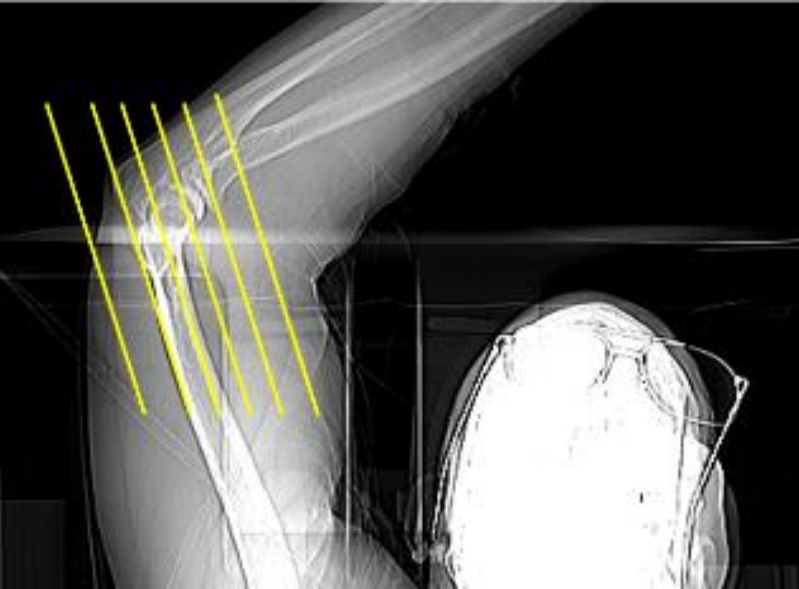
2. Axial to humerus



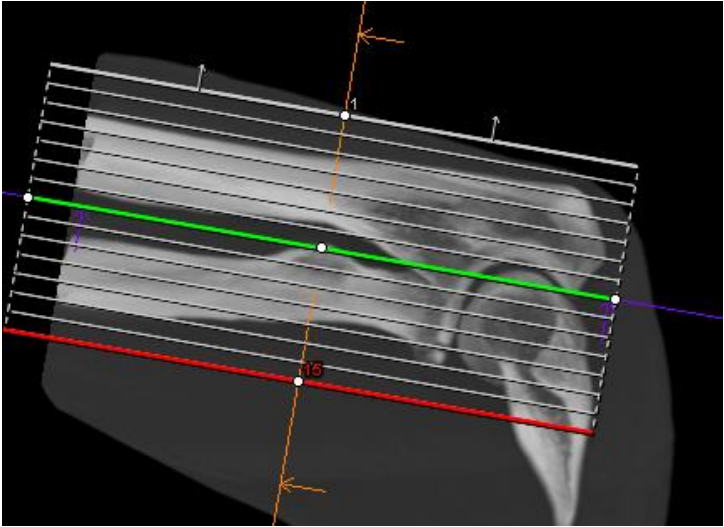
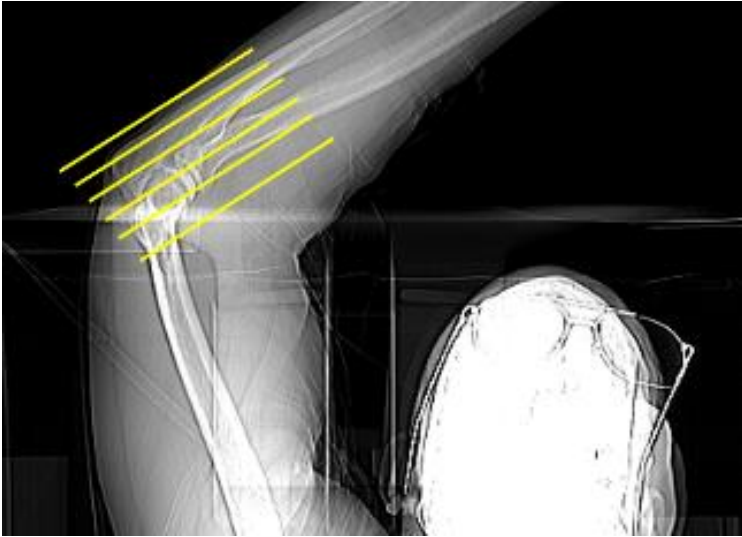
3. Axial to forearm



4. Coronal to humerus



5. Coronal to forearm



WRIST REFORMATS:

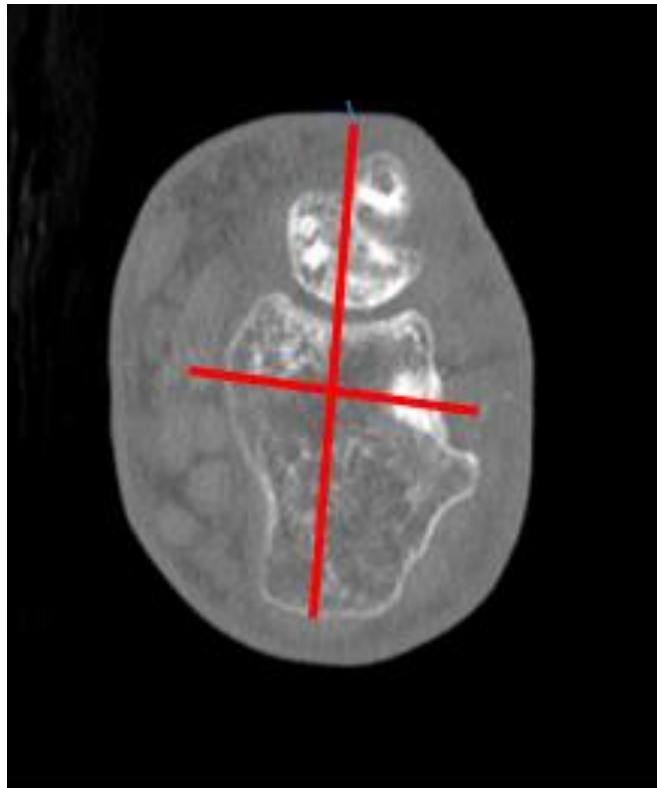
AXIAL PLANE: PROSCRIBE THE AXIAL PLANE ON THE SCOUT. IT SHOULD BE PERPENDICULAR TO THE DISTAL RADIO-ULNAR JOINT

(*HINT: USE THE DOUBLE OBLIQUE BUTTON ON THE REFORMATS*

PAGE )



CORONAL/SAGITTAL PLANES: IMAGES ARE DEFINED ON THE AXIAL IMAGES. THEY SHOULD BE PERPENDICULAR TO EACH OTHER.

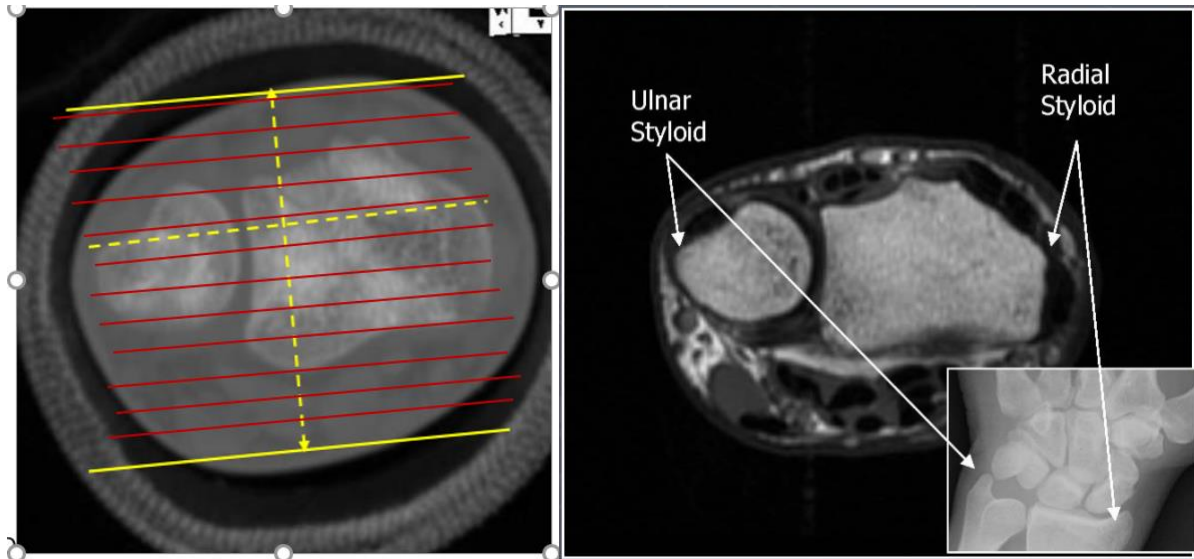


CORONAL PLANE:

Prescribe plane parallel to a line drawn from the ulnar styloid to the radial styloid.

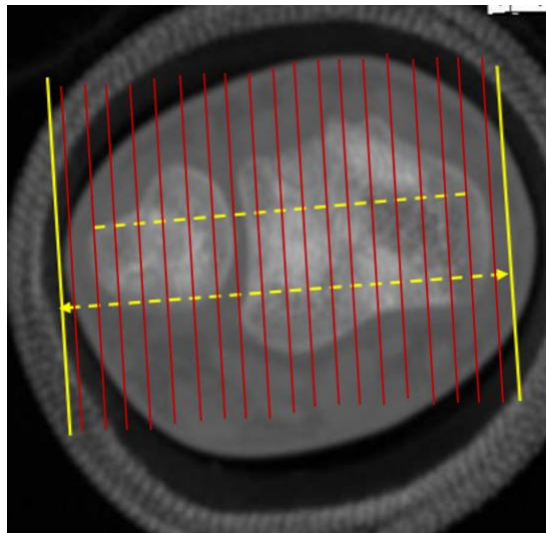
Scan through the entire wrists.

If the wrist is flexed or the forearm and wrist are not aligned parallel to the floor the coronal plane will be oblique. Please check sagittal plane or lateral scout image to be sure it is not oblique



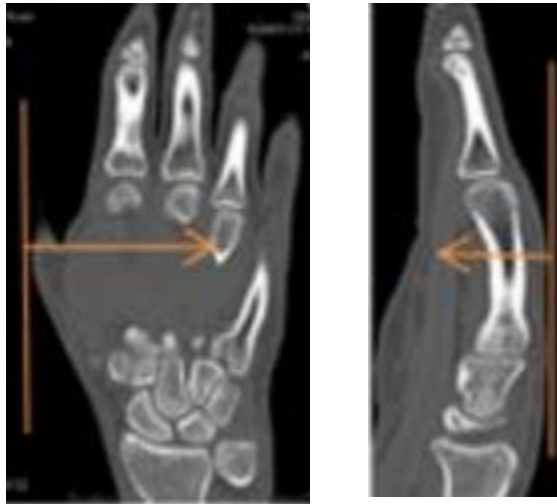
SAGITTAL PLANE:

Prescribe plane perpendicular to the coronal plane

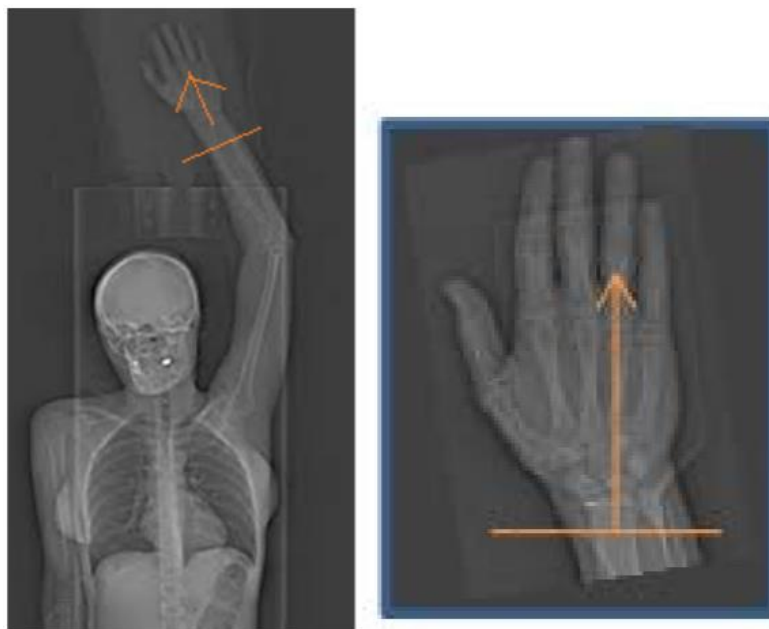


HAND REFORMATS:

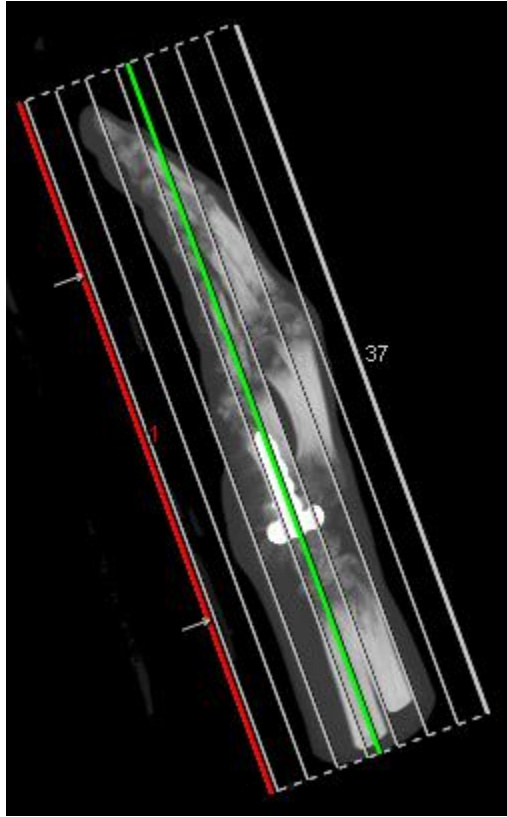
Coronal and sagittal MPRs along the long axis of the hand (using the Metacarpal Third Digit). Use smallest FOV possible to show area of interest. Minimize surrounding space on reformatted images.



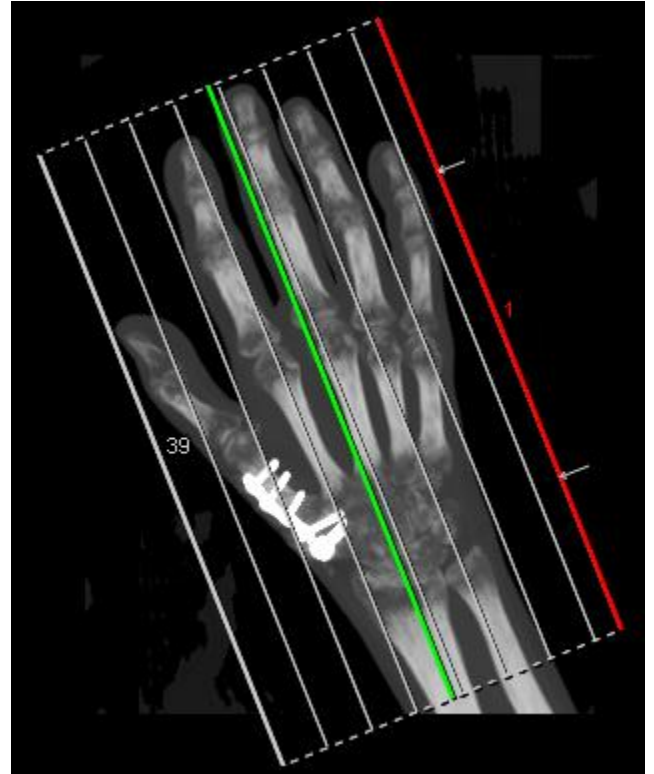
If patient is not in ideal position (hand parallel to the gantry), create an axial reformatted data set perpendicular to the long axis of the hand.



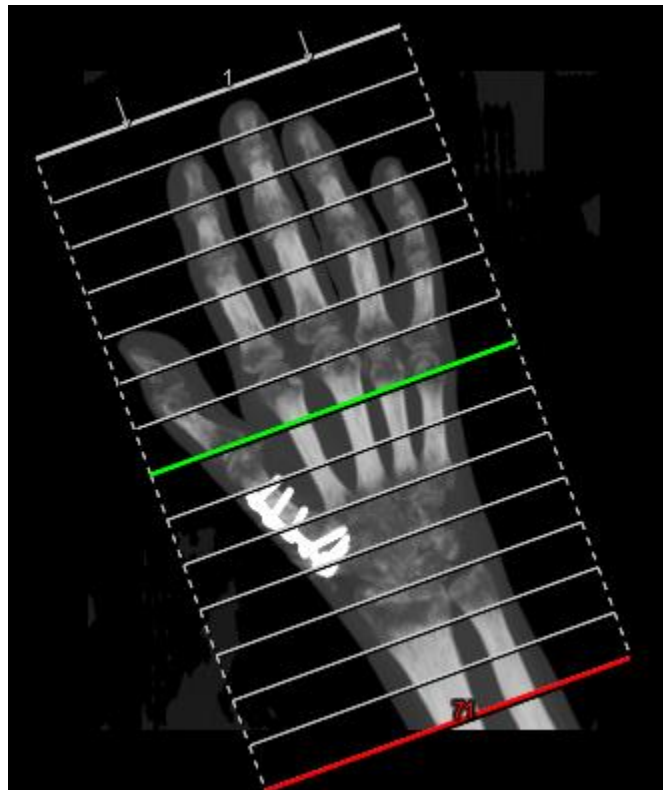
Coronal:



Sagittal:



True Axial Hand:

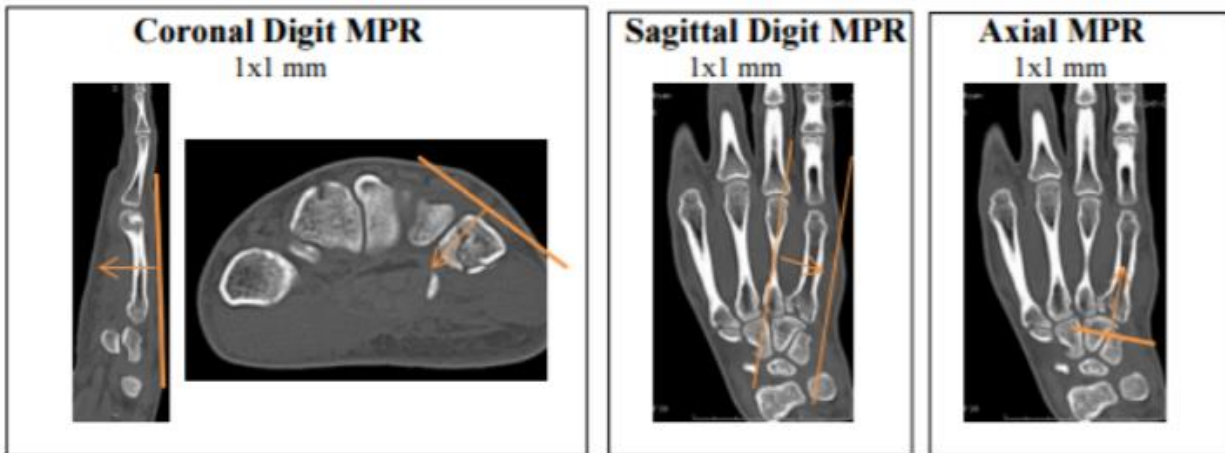


If specific digit is the area of interest, align reformations along that axis. (Below is an example of 5th metacarpal reformations)

Coronal – Parallel to long axis of targeted Metacarpal

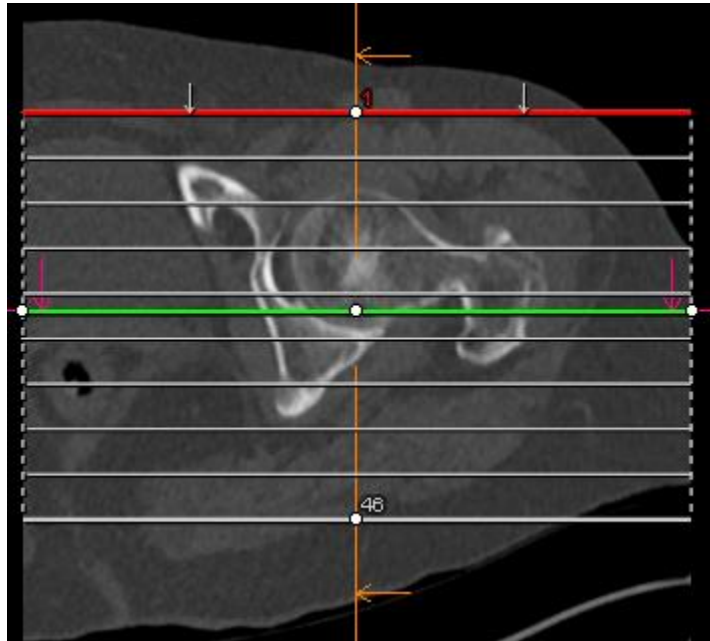
Sagittal – Along long axis of targeted Metacarpal

Axial – Short axis of targeted Metacarpal

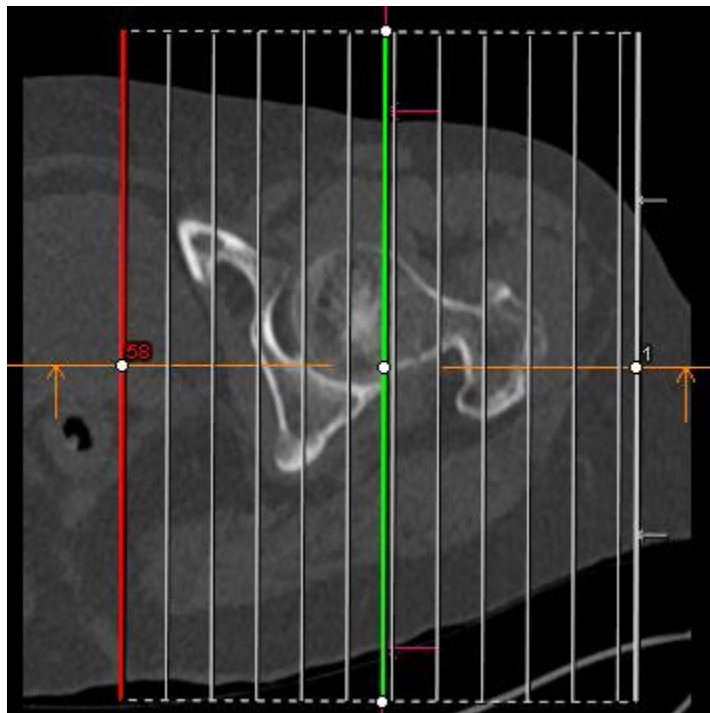


HIP REFORMATS:

Coronal Hip:



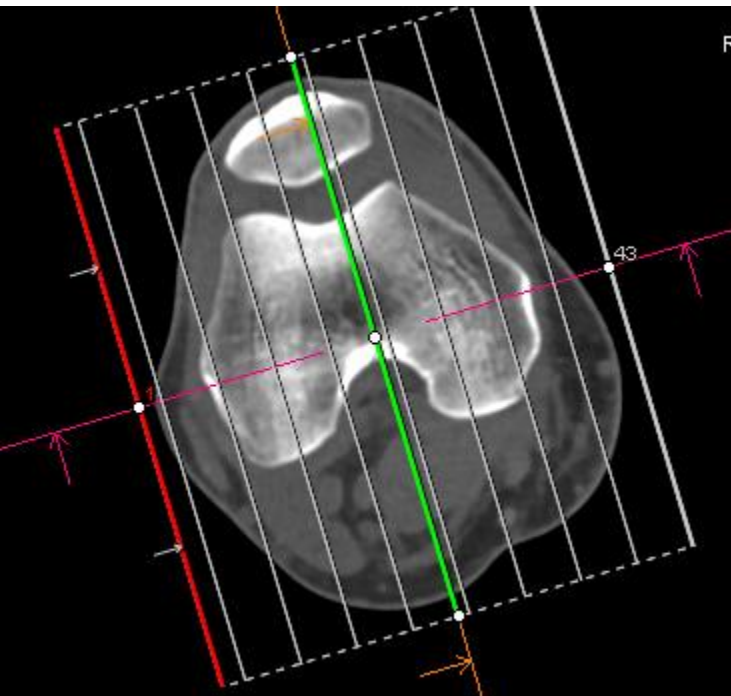
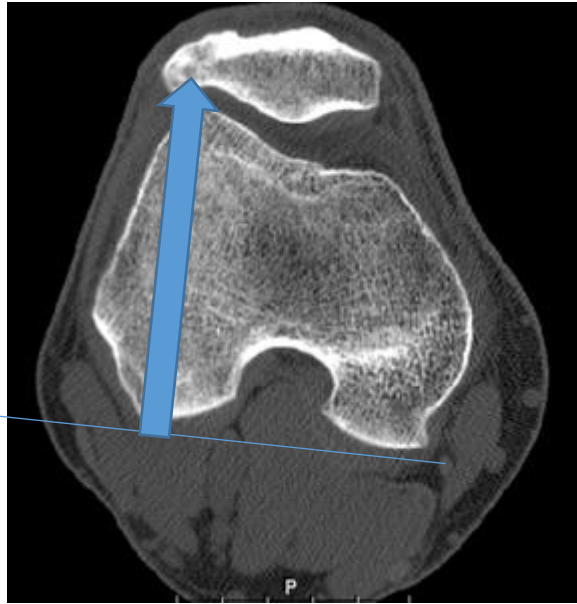
Sagittal Hip:



KNEE REFORMATS:

Coronal:

The coronal planes should be parallel to the line that defines the tangent along the posterior femoral condyles

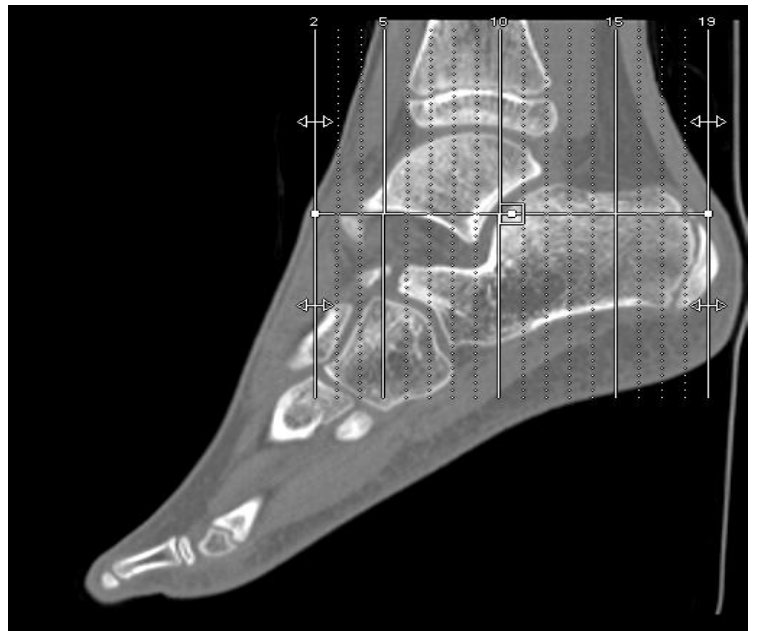
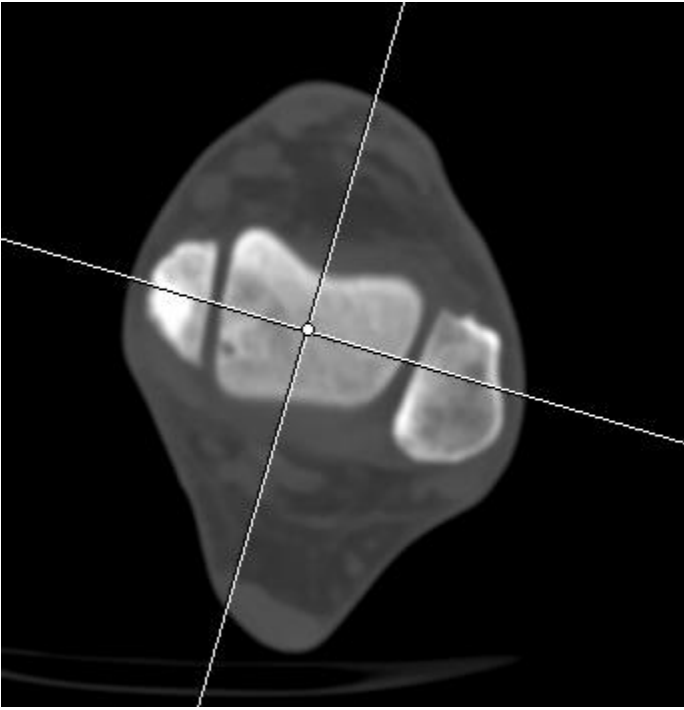


SAGITTAL:

The sagittal plane is defined perpendicular to coronal plane, which is defined above.

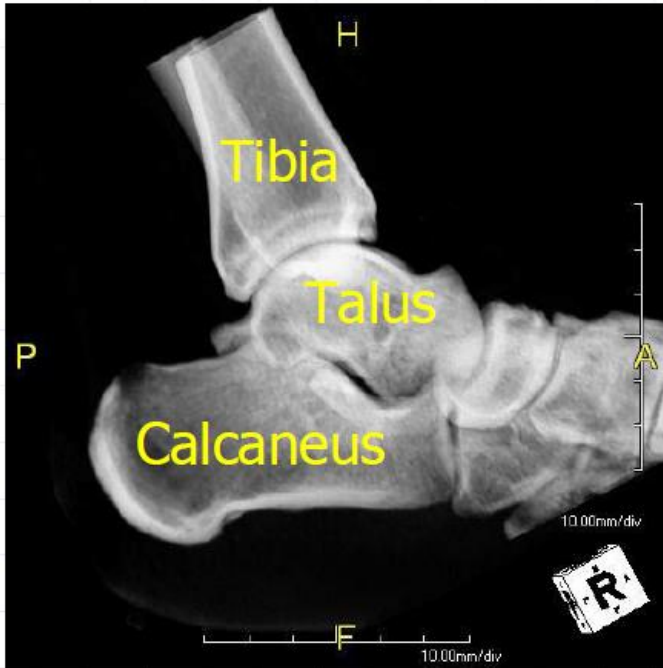
ANKLE OR HINDFOOT REFORMATS FOR FRACTURE: 3 TOTAL REFORMATS

1. CORONAL RECONSTRUCTION ARE MADE PARALLEL TO A LINE DRAWN FROM THE LATERAL TO THE MEDIAL MALLEOLUS
2. SAGITTAL PLANE RECONSTRUCTIONS ARE MADE PERPENDICULAR TO THE CORONAL RECONSTRUCTIONS
SAGITTAL / CORONAL ANKLE



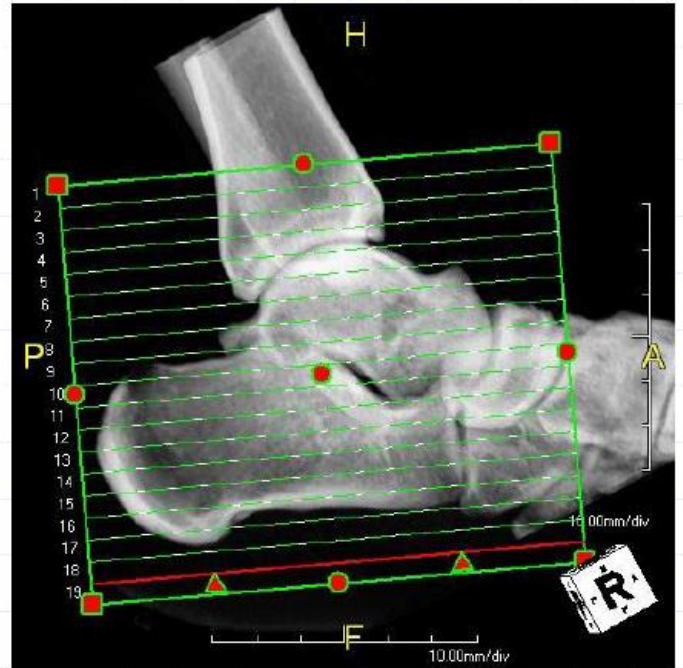
CORONAL OR LONG AXIS TIB/FIB

Relevant Anatomy



Scanning Plane (Axial)

- Prescribe plane parallel to axis of calcaneus.
- Scan ankle from distal tibia through beyond the inferior calcaneus.



Coronal Imaging Plane

Relevant Anatomy



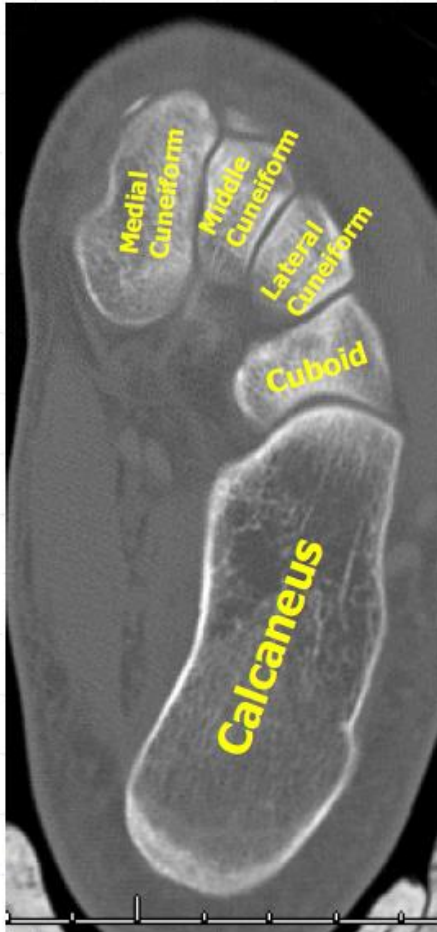
Coronal Imaging Plane

- Prescribe plane perpendicular to axial imaging plane.
- Scan ankle from calcaneus through metatarsal bases.



Sagittal Imaging Plane

Relevant Anatomy



Sagittal Imaging Plane

- Prescribe plane with line bisecting calcaneus.



ANKLE/HINDFOOT REFORMATS FOR CALCANEAL FRACTURE: 5 TOTAL REFORMATS
FIRST 3 REFORMATS SAME AS ANKLE OR HINDFOOT REFORMATS PLUS

CALCANEAL REFORMATS FOR CALCANEAL FRACTURE CLASSIFICATION

CHOOSE PLANE PARALLEL TO POSTERIOR SUBTALAR JOINT. REFORMAT BOTH PARALLEL TO POSTERIOR SUBTALAR JOINT AND PERPENDICULAR TO POSTERIOR SUBTALAR JOINT.

Parallel to Subtalar Joint:

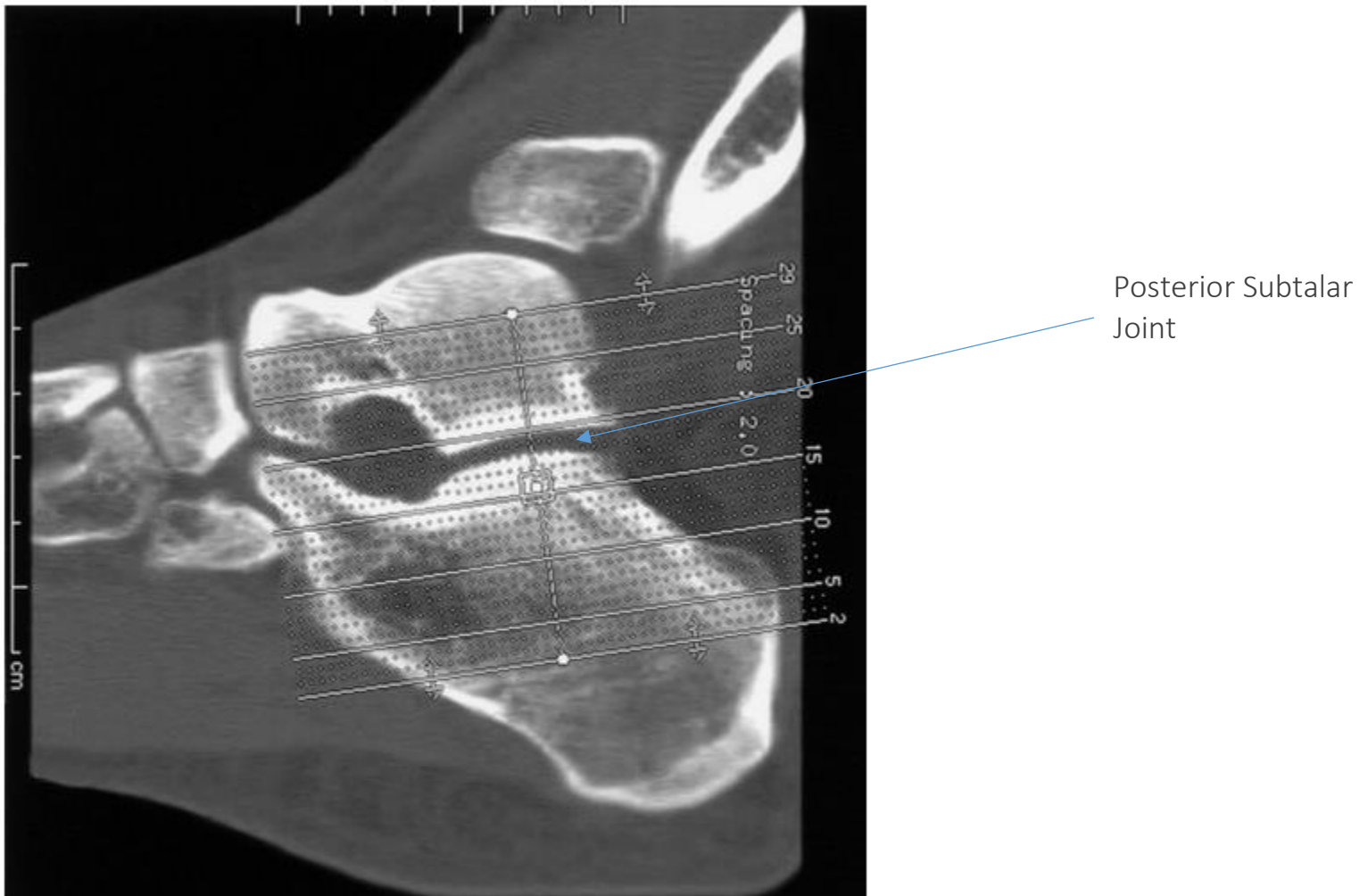


Figure 5c. Optimal CT reformation planes for evaluation of calcaneal fractures. **(a)** Sagittal reformatted images of the calcaneus are prescribed off the axial images at the level of the ankle joint. **(b)** Coronal images are reformatted perpendicular to the sagittal images, also in reference to the ankle joint. **(c, d)** For fracture classification, particularly with the Sanders classification, we reformat our images parallel **(c)** and perpendicular **(d)** to the posterior facet off the sagittal reformatted images.

Perpendicular to Subtalar Joint:



ANKLE OR HINDFOOT REFORMATS FOR CALCANEAL FRACTURE

FOOT REFORMATS:

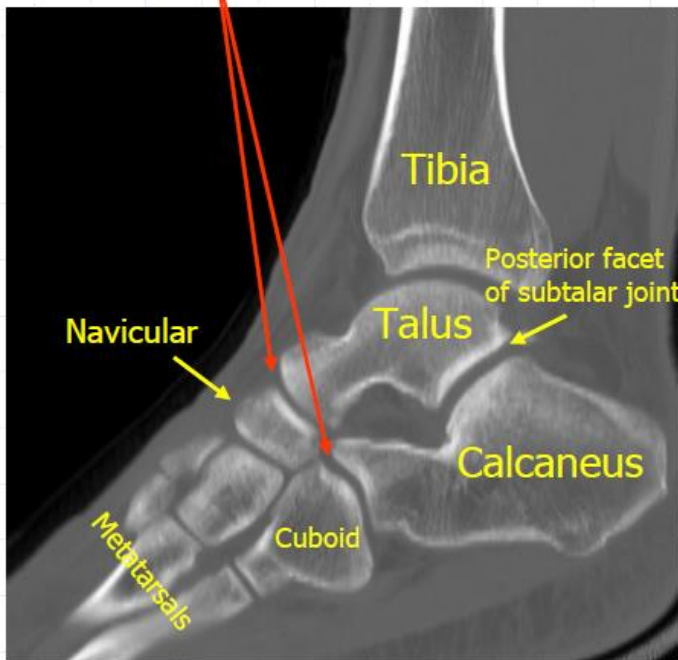
For all Foot Reformats, please perform Both [Hindfoot/Mid Foot Reformats](#) and [Midfoot/Forefoot Reformats](#), unless otherwise specified.

HINDFOOT/MIDFOOT REFORMAT PLANES:

Axial Oblique Imaging Plane Coronal Oblique Imaging Plane

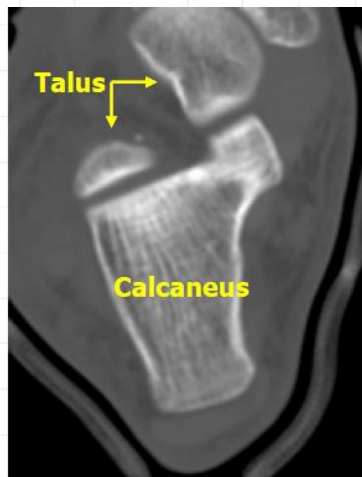
Relevant Anatomy

Midtarsal joints (talonavicular/calcaneocuboid joints) = Chopart's joint



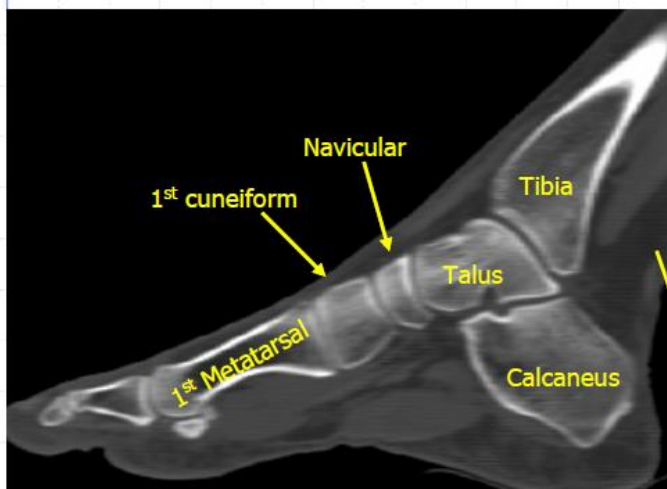
Coronal Oblique Imaging Plane

- Prescribe plane perpendicular to axial oblique plane (approximately parallel to midtarsal joints)
- Scan from calcaneus through proximal metatarsals.



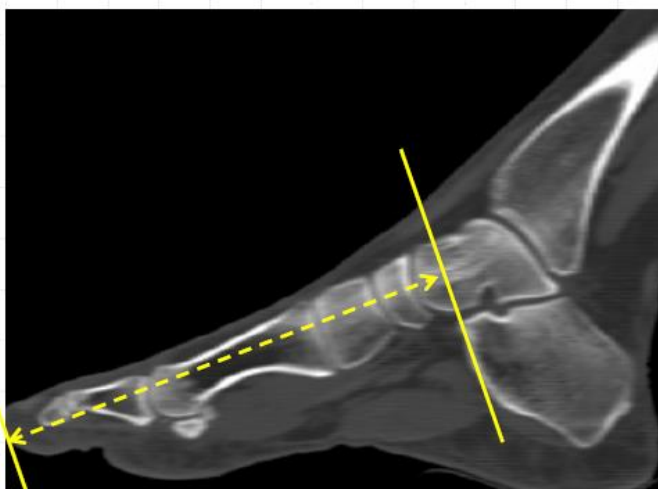
MIDFOOT/FOREFOOT REFORMAT PLANES

Relevant Anatomy



LONG AXIS MT

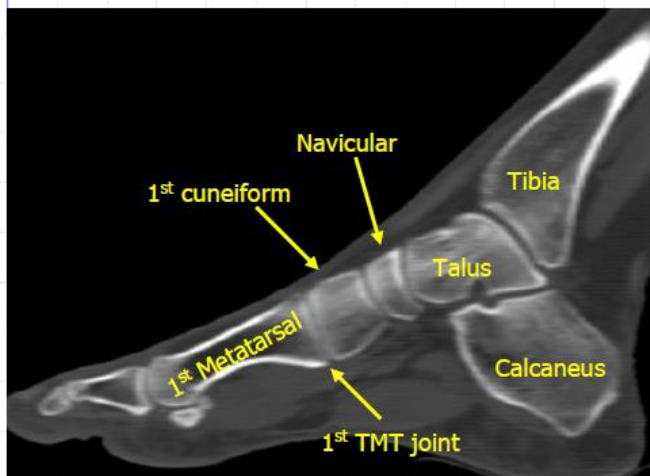
- Prescribe plane parallel to 1st Metatarsal.
- Scan through entire mid/forefoot.



Axial Imaging Plane

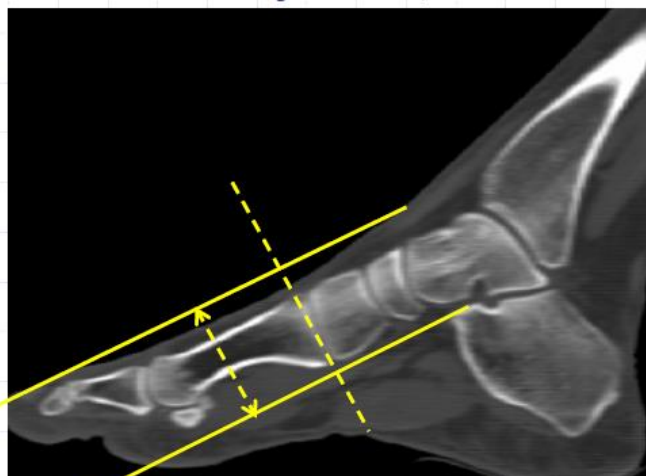
Relevant Anatomy

Lisfranc joint = tarsometatarsal (TMT) articulations, particularly in area between 1st and 2nd TMTs



SHORT AXIS

- Prescribe plane perpendicular to coronal plane.
- This will be parallel to 1st TMT joint
- Scan through entire mid/forefoot.



MIDFOOT IMAGING PLANE

Relevant Anatomy



Sagittal Imaging Plane

- Prescribe along plane parallel to 1st metatarsal.



Image from University of Wisconsin
http://radiology.wisc.edu/divisions/msk/protocols/CT_ankle.pdf

ANKLE OR FOOT FOR FRACTURE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ANKLE JOINT AND ALL HARDWARE
RECON	<ul style="list-style-type: none">• 2.5mm AXIAL RECONS – BONE ALGORITHM (16 SLICE ONLY)• 0.625mm AXIAL RECONS – BONE ALGORITHM• 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none">▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION ANKLE (DISARTICULATED IF FRACTURED)

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / UNAFFECTED KNEE BENT UP / TOES STRAIGHT UP / CENTERED IN GANTRY SEE ANKLE POSITIONING
LANDMARK	GE	MID ANKLE
	SIEMENS	ABOVE ANKLE
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ANKLE	FOOT
START		ABOVE ANKLE	ABOVE ANKLE
END		BOTTOM OF FOOT	BOTTOM OF FOOT
DFOV		16	20
PREP GROUP	GE		
	SIEMENS		

ANKLE REFORMATS

ANKLE/HINDFOOT REFORMATS FOR CALCANEAL FRACTURE

FOOT REFORMATS

HINDFOOT/MIDFOOT REFORMATS

MIDFOOT/FOREFOOT REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	2.5	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 200	
NOISE INDEX	13.26	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	BONE THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT / AX 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	9.46
Estimated DLP	47.25

ANKLE OR FOOT FOR FRACTURE

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.5 SEC	
THICKNESS	0.625	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	0.625	
GANTRY TILT		
SCAN FOV	SMALL BODY	
kVp	120	
mA	AUTO mA TO 335	
NOISE INDEX	13.00	
DOSE REDUCTION	20%	
ASiR/MODE	20% / FULL-E	
ALGORITHM	Bone THN LT/RT	BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	27.16
Estimated DLP	466.85

196(2) – SIEMENS FORCE

PLEASE USE THE FOLLOWING PROTOCOL:

LOWER EXTREMITY LT/RT

ANKLE OR FOOT FOR FRACTURE

ANKLE OR FOOT WITH HARDWARE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ANKLE JOINT
RECON	<ul style="list-style-type: none"> • 2.5mm AXIAL RECONS – BONE ALGORITHM (16 SLICE ONLY) • 0.625mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION AND FLIP WITH METAL

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / UNAFFECTED KNEE BENT UP / TOES STRAIGHT UP / CENTERED IN GANTRY SEE ANKLE POSITIONING
LANDMARK	GE	MID ANKLE
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ANKLE	FOOT
START		ABOVE ANKLE	ABOVE ANKLE
END		BOTTOM OF FOOT	BOTTOM OF FOOT
DFOV		16	20
PREP GROUP	GE		
	SIEMENS		

ANKLE REFORMATS

ANKLE/HINDFOOT REFORMATS FOR CALCANEAL FRACTURE

FOOT REFORMATS

HINDFOOT/MIDFOOT REFORMATS

MIDFOOT/FOREFOOT REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	140	
mA	AUTO mA TO 360	
NOISE INDEX	13.26	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	26.59
Estimated DLP	132.44

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.7 SEC	
THICKNESS	0.625	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	0.625	
GANTRY TILT		
SCAN FOV	SMALL BODY	
kVp	140	
mA	AUTO mA TO 335	
NOISE INDEX	13.00	
DOSE REDUCTION	20%	
ASiR/MODE	20% / PLUS-E	
ALGORITHM	BONE THN LT/RT	BONE
REFORMATS		COR 1 RT / LT / SAG 1 RT / LT
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	45.58
Estimated DLP	783.17

196(2) – SIEMENS FORCE

ANKLE OR FOOT WITH HARDWARE

PLEASE USE THE FOLLOWING PROTOCOL:

DE LOWER EXTREMITY IMAR LT/RT

ANKLE OR FOOT WITH HARDWARE

ANTEVERSION

REVISED: 8/24/18

INDICATION	
ORAL PREP	
SCAN	NON-CONTRAST PELVIS HIP AND KNEE
RECON	<ul style="list-style-type: none"> • 5mm AXIAL RECONS – STANDARD ALGORITHM (BOTH) • 0.625mm AXIAL RECONS – STANDARD ALGORITHM (BOTH – SAME RAS) • 0.625mm AXIAL RECONS – BONE ALGORITHM (PELVIS) • 0.625mm AXIAL RECONS – BONE ALGORITHM (HIP)
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL (PELVIS) ▪ 1mm CORONAL AND SAGITTAL (HIP)
3D POST PROCESSING	MIP IMAGE HIP AND KNEE SUPERIMPOSED

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / FEET TAPED TOGETHER (TO REDUCE MOVEMENT) / LEGS AS STRAIGHT AS POSSIBLE IN BOTH AP AND LATERAL PROJECTIONS
LANDMARK	GE	ILIAC CREST
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		PELVIS/HIP	KNEE
START		ABOVE CREST	ABOVE KNEE
END		THROUGH HIP	BELOW KNEE
DFOV		40	20
PREP GROUP	GE		
	SIEMENS		

64 SLICE – GE VCT

PARAMETER	PELVIS/HIP	KNEE	
SCAN TYPE	HELICAL FULL	HELICAL FULL	
ROTATION TIME	0.6 SEC	0.6 SEC	
THICKNESS	5.0	5.0	
PITCH	1.375:1	0.984:1	
SPEED	55.00	39.37	
INTERVAL	5.0	5.0	
GANTRY TILT			
SCAN FOV	LARGE BODY	LARGE BODY	
kVp	120	120	
mA	AUTO mA TO 700 W/ SMART mA	AUTO mA TO 300 W/ SMART mA	
NOISE INDEX	14.40	4.88	
DOSE REDUCTION	40%	20%	
ASiR/MODE	40% / PLUS	20% / PLUS	
ALGORITHM	STD	STANDARD	STANDARD
REFORMATS	LT/RT		
THICK/INCR.	STD THN LT/RT	0.625 q 0.625	
ALGORITHM	** MUST HAVE SAME RAS**	STANDARD	
REFORMATS			
ASiR/MODE		40% / PLUS-E	20% / PLUS-E
THICK/INCR.			
ALGORITHM	Bone THN Pelvis	0.625 q 0.625	
REFORMATS		BONE	
ASiR/MODE		COR 3 Bone / SAG 3 Bone	
THICK/INCR.		40% / PLUS-E	
ALGORITHM	Bone THN LT/RT	0.625 q 0.625	
REFORMATS		BONE	
ASiR/MODE		COR 1 LT/RT / SAG 1 LT/RT	
THICK/INCR.		40% / PLUS-E	

Estimated CTDI	13.93
Estimated DLP	607.87

CONFORMIS

REVISED: 4/27/20

INDICATION	
ORAL PREP	
SCAN	NON-CONTRAST HIP, KNEE AND ANKLE
RECON	<ul style="list-style-type: none"> • 2mm AXIAL RECON – BONE ALGORITHM (HIP) • 1mm AXIAL RECON – BONE ALGORITHM (KNEE) • 0.6mm AXIAL RECON – BONE ALGORITHM (KNEE) • 2.0mm AXIAL RECON – BONE ALGORITHM (ANKLE)
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST
LANDMARK	GE	
	SIEMENS	ABOVE ILIAC CREST
BREATHING		
SCOUTS		

PARAMETER		HIP	KNEE	ANKLE
START		ASIS	ABOVE KNEE JOINT	ABOVE ANKLE
END		GREATER TROCHANTER	BELOW KNEE JOINT	BOTTOM OF FOOT
DFOV		30	25	20
PREP GROUP	GE			
	SIEMENS			

196(2) – SIEMENS FORCE

PARAMETER	HIP 30 FOV		KNEE 25 FOV		ANKLE	
SCAN TYPE						
ROTATION TIME	1.0 SEC		1.0 SEC		1.0 SEC	
THICKNESS	2.0mm		1.0mm		2.0mm	
PITCH	0.85		0.85		0.85	
SPEED						
INTERVAL	2.0mm		0.5mm		2.0mm	
GANTRY TILT						
SCAN FOV						
kVp	120		120		120	
mAs	CARE Dose		CARE Dose		CARE Dose	
NOISE INDEX						
DOSE REDUCTION						
DFOV	30		25		20	
PREP GROUP						
KERNEL	Bone	Ur77	BONE THN	Ur77	Bone	Ur77
ADMIRE		3		3		3
THICK/INCR.			STD THN	0.6 q 0.6		
KERNEL				Ub36		
ADMIRE				3		
THICK/INCR.			COR 1	1.0 q 1.0		
KERNEL				Ur77		
ADMIRE				3		
THICK/INCR.			SAG 1	1.0 q 1.0		
KERNEL				Ur77		
ADMIRE				3		

Estimated CTDI	19.26
Estimated DLP	

ELBOW

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ELBOW
RECON	<ul style="list-style-type: none"> • 1.25mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM • 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION OF ELBOW (DISARTICULATED IF FRACTURED)

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PRONE / HEAD FIRST / AFFECTED ARM UP ELBOW BENT AT 70* OR STRAIGHT SEE ELBOW BENT POSITIONING SEE ELBOW STRAIGHT POSITIONING
LANDMARK	GE	MID ELBOW
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ABOVE ELBOW
END		BELOW ELBOW
DFOV		12
PREP GROUP	GE	
	SIEMENS	

[**ELBOW BENT POSITION REFORMATS**](#)

[**ELBOW STRAIGHT POSITION REFORMATS**](#)

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	1.25	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 440	
NOISE INDEX	18.95	
DOSE REDUCTION		
ASiR/MODE	50% / FULL-E	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		50% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		50% / PLUS-E

Estimated CTDI	13.38
Estimated DLP	84.12

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.5 SEC	
THICKNESS	1.25	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 335	
NOISE INDEX	15.63	
DOSE REDUCTION	30%	
ASiR/MODE	60% / FULL-E	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		

THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		60% / PLUS-E
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		60% / FULL-E

Estimated CTDI	14.02
Estimated DLP	240.07

196(2) – SIEMENS FORCE

PLEASE USE ONE OF THE FOLLOWING PROTOCOLS:


DE UPPER EXTREMITY IMAR LT/RT

UPPER EXTREMITY – LT/RT

UPPER EXTREMITY ARM BY SIDE

GOUT

REVISED: 4/27/20

INDICATION	
ORAL PREP	
SCAN	NON-CONTRAST DUAL ENERGY SCAN
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECON – STANDARD ALGORITHM • 1.0mm AXIAL RECON – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1.0mm CORONAL AND TRUE AXIAL SAGITTAL
3D POST PROCESSING	 GOUT MAPPING

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PLEASE REFER TO PATIENT POSITIONING THAT IS APPROPRIATE FOR JOINT OR BODY PART THAT IS REQUESTED SEE PATIENT POSITIONING
LANDMARK	GE	N/A
	SIEMENS	USE APPROPRIATE LANDMARK FOR JOINT OR BODY PART REQUESTED
BREATHING		
SCOUTS		

PARAMETER		SCAN
START		JUST ABOVE BODY PART/JOINT REQUESTED
END		JUST BELOW BODY PART/JOINT REQUESTED
DFOV		25
PREP GROUP	GE	
	SIEMENS	

REFORMATS – PLEASE SELECT APPROPRIATE REFORMATS FOR JOINT OR BODY PART THAT IS REQUESTED.

196(2) – SIEMENS FORCE

PARAMETER	BILATERAL	
SCAN TYPE		
ROTATION TIME	0.5 SEC	
THICKNESS	0.6mm	
PITCH	0.7	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	80 / Sn140	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	25	
PREP GROUP		
KERNEL	STD	Br40
ADMIRE		3
THICK/INCR.	DE #PP STD THN	0.75 q 0.5
KERNEL		Qr40
ADMIRE		2
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL		Br40
ADMIRE		3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL		Br40
ADMIRE		3
THICK/INCR.	BONE THN	0.6 q 0.6
KERNEL		Br64
ADMIRE		3

Estimated CTDI	4.13
Estimated DLP	

196(2) – SIEMENS FORCE

PARAMETER	UNILATERAL	
SCAN TYPE		
ROTATION TIME	0.5 SEC	
THICKNESS	0.6mm	
PITCH	0.7	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	80 / Sn140	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	25	
PREP GROUP		
KERNEL	STD	Br40
ADMIRE		3
THICK/INCR.	DE #PP STD THN	0.75 q 0.5
KERNEL		Qr40
ADMIRE		2
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL		Br40
ADMIRE		3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL		Br40
ADMIRE		3
THICK/INCR.	BONE THN	0.6 q 0.6
KERNEL		Br64
ADMIRE		3

Estimated CTDI	4.13
Estimated DLP	

HIP WITH HARDWARE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH HIP AND HARDWARE
RECON	<ul style="list-style-type: none">• 2.5mm AXIAL RECONS – BONE ALGORITHM• 0.6mm / 0.625mm AXIAL RECONS – STANDARD ALGORITHM• 0.6mm / 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none">▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	NONE

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST SEE HIP POSITIONING
LANDMARK	GE	ILIAC CREST
	SIEMENS	ABOVE ILIAC CREST
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ASIS
END		GREATER TROCHANTER
DFOV		18
PREP GROUP	GE	
	SIEMENS	

HIP REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	0.938:1	
SPEED	9.37	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	140	
mA	AUTO mA TO 380	
NOISE INDEX	12.55	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	12.27
Estimated DLP	282.94

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	1.0 SEC	
THICKNESS	2.5	
PITCH	0.516:1	
SPEED	20.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	140	
mA	AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	15.55	
DOSE REDUCTION	20%	
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		COR/SAG
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	38.37
Estimated DLP	1239.12

196(2) – SIEMENS FORCE

PARAMETER	HIP W/ HARDWARE	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.5	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	100 / Sn150	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	12	
PREP GROUP		
KERNEL	BONE THN RT/LT	Br64
ADMIRE		3
THICK/INCR.	STD THN RT/LT	0.6 q 0.6
KERNEL		Qr40
ADMIRE		2
THICK/INCR.	DE #PP STD THN	1.5 q 1.0
KERNEL		Qr59
ADMIRE		2
THICK/INCR.	COR 1 RT/LT	1.0 q 1.0
KERNEL		Br64
ADMIRE		3
THICK/INCR.	SAG 1 RT/LT	1.0 q 1.0
KERNEL		Br64
ADMIRE		3

Estimated CTDI	31.38
Estimated DLP	

HIP WITH HARDWARE

HIP

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH HIP
RECON	<ul style="list-style-type: none">• 2.5mm AXIAL RECONS – BONE ALGORITHM• 0.625mm AXIAL RECONS – STANDARD ALGORITHM• 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none">▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION OF HIP WITH PELVIS DISARTICULATED

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION	SUPINE / FEET FIRST SEE HIP POSITIONING	
LANDMARK	GE	ILIAC CREST
	SIEMENS	
BREATHING		
SCOUTS	AP AND LATERAL	

PARAMETER		SCAN
START		ASIS
END		GREATER TROCHANTER
DFOV		18
PREP GROUP	GE	
	SIEMENS	

HIP REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	1.375:1	
SPEED	13.75	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 440	
NOISE INDEX	12.55	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	29.41
Estimated DLP	681.20

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	0:516:1	
SPEED	20.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	11.05	
DOSE REDUCTION	20%	
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E

Estimated CTDI	15.64
Estimated DLP	505.35

196(2) – SIEMENS FORCE

PLEASE USE ONE OF THE FOLLOWING PROTOCOLS:

LOWER EXTREMITY 30 FOV

LOWER EXTREMITY 50 FOV

***IF ANATOMY OF INTEREST EXCEEDS DUAL ENERGY SFOV, USE SINGLE ENERGY SCAN (XXL PROTOCOL) ***

PARAMETER	XXL HIP RT/LT	
SCAN TYPE		
ROTATION TIME	0.5 SEC	
THICKNESS	0.6mm	
PITCH	0.5	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	CARE kV – SEMI - 120	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	12	
PREP GROUP		
KERNEL	BONE THN RT/LT	Br36
ADMIRE		3
THICK/INCR.	STD	0.6 q 0.6
KERNEL	THN RT/LT	Qr40
ADMIRE		2
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL	RT/LT	Br36
ADMIRE		3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL	RT/LT	Br36
ADMIRE		3

Estimated CTDI	11.36
Estimated DLP	

KNEE FOR FRACTURE

REVISED: 4/27/20

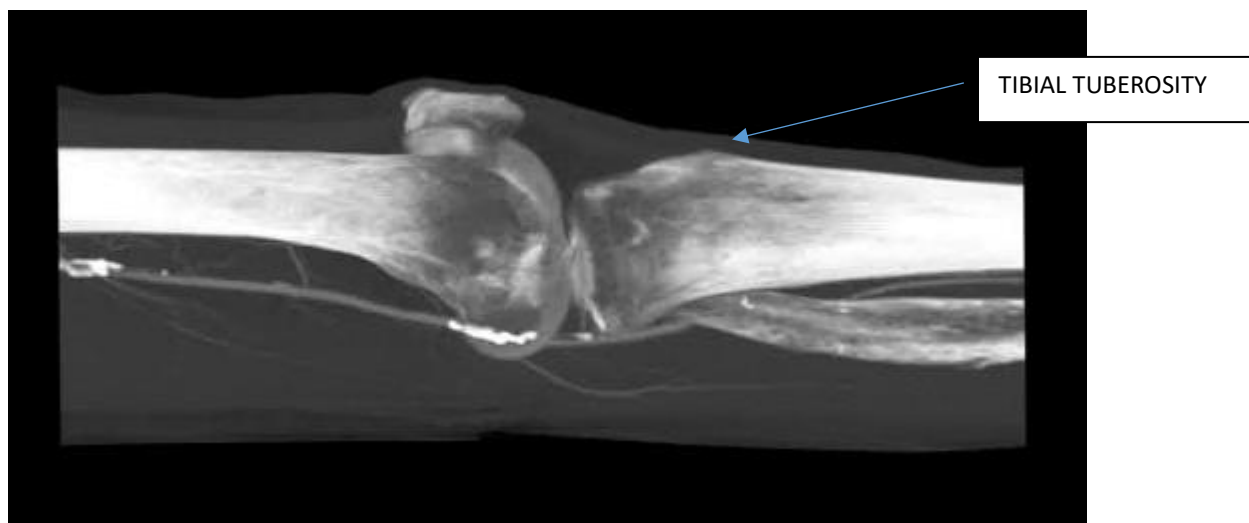
INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH KNEE
RECON	<ul style="list-style-type: none"> • 2.5mm AXIAL RECONS – BONE ALGORITHM (16 SLICE ONLY) • 0.625mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION KNEE (DISARTICULATED IF FRACTURED)

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / UNAFFECTED KNEE BENT UP / AFFECTED KNEE STRAIGHT & CENTERED IN GANTRY SEE KNEE POSITIONING
LANDMARK	GE	MID KNEE
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ABOVE KNEE JOINT
END		BELOW KNEE JOINT
DFOV		18
PREP GROUP	GE	
	SIEMENS	

KNEE REFORMATS

PATELLAR TRACKING: Scan knee(s) at 0*, 15*, 30* and 45*. Scans must include patella and tibial tuberosity.



16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	2.5	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 265	
NOISE INDEX	13.26	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	15.61
Estimated DLP	140.23

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.7 SEC	
THICKNESS	0.625	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	0.625	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 335	
NOISE INDEX	13.00	
DOSE REDUCTION	20%	
ASiR/MODE	20% / FULL-E	
ALGORITHM	Bone THN LT/RT	BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	38.17
Estimated DLP	655.91

196(2) – SIEMENS FORCE

PLEASE USE THE FOLLOWING PROTOCOL:

LOWER EXTREMITY – LT/RT

KNEE WITH HARDWARE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH KNEE AND ALL HARDWARE
RECON	<ul style="list-style-type: none"> • 2.5mm AXIAL RECONS – BONE ALGORITHM (16 SLICE ONLY) • 0.625mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	<ul style="list-style-type: none"> ▪ MEASUREMENTS

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / UNAFFECTED KNEE BENT UP / AFFECTED KNEE STRAIGHT & CENTERED IN GANTRY SEE KNEE POSITIONING
LANDMARK	GE	MID KNEE
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ABOVE KNEE JOINT
END		BELOW KNEE JOINT
DFOV		18
PREP GROUP	GE	
	SIEMENS	

KNEE REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	140	
mA	AUTO mA TO 380	
NOISE INDEX	13.26	
DOSE REDUCTION		
ASiR/MODE	20% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		20% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	28.63
Estimated DLP	257.15

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	0.625	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	0.625	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	140	
mA	AUTO mA TO 335	
NOISE INDEX	13.00	
DOSE REDUCTION	20%	
ASiR/MODE	20% / PLUS-E	
ALGORITHM	Bone THN LT/RT	BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		20% / PLUS-E

Estimated CTDI	80.00
Estimated DLP	1374.64

196(2) – SIEMENS FORCE

PLEASE USE THE FOLLOWING PROTOCOL:

DE LOWER EXTREMITY IMAR RT/LT

LOWER EXTREMITY – IMAR – LT/RT

REVISED: 4/27/20

INDICATION	LOWER EXTREMITY WITH HARDWARE
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ALL HARDWARE AND APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – BONE ALGORITHM • 0.6mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION WITH METAL

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE HIP POSITIONING SEE KNEE POSITIONING SEE ANKLE POSITIONING SEE FOOT POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT/METAL
BREATHING		
SCOUTS		AP AND LATERAL

****SCAN PARAMETERS BASED ON BODY PART**

PARAMETER		HIP	KNEE	ANKLE	FOOT
START		ASIS	ABOVE KNEE JOINT	ABOVE ANKLE	ABOVE ANKLE
END		GREATER TROCHANTER	BELOW KNEE JOINT	BOTTOM OF FOOT	THROUGH BOTTOM OF FOOT
DFOV		18	18	16	20
PREP GROUP	GE				
	SIEMENS				

[HIP REFORMATS](#)

[KNEE REFORMATS](#)

[ANKLE REFORMATS](#)

[FOOT REFORMATS](#)

196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	120	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	12	
PREP GROUP		
KERNEL	Bone THN LT/RT	Br59
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Br36
ADMIRE		2
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	10.05
Estimated DLP	

LOWER EXTREMITY – LT/RT 30 FOV

REVISED: 4/27/20

INDICATION	LOWER EXTREMITY
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – BONE ALGORITHM • 0.6mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE HIP POSITIONING SEE KNEE POSITIONING SEE ANKLE POSITIONING SEE FOOT POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT
BREATHING		
SCOUTS		AP AND LATERAL

****SCAN PARAMETERS BASED ON BODY PART**

PARAMETER		HIP	KNEE	ANKLE	FOOT
START		ASIS	ABOVE KNEE JOINT	ABOVE ANKLE	ABOVE ANKLE
END		GREATER TROCHANTER	BELOW KNEE JOINT	BOTTOM OF FOOT	THROUGH BOTTOM OF FOOT
DFOV		30	30	30	30
PREP GROUP	GE				
	SIEMENS				

[HIP REFORMATS](#)

[KNEE REFORMATS](#)

[ANKLE REFORMATS](#)

[FOOT REFORMATS](#)

196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.85	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	120	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	30	
PREP GROUP		
KERNEL	BONE THN LT/RT	Ur77
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Ub36
ADMIRE		3
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Ur77
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Ur77
ADMIRE		3

Estimated CTDI	8.67
Estimated DLP	

LOWER EXTREMITY – LT/RT 50 FOV

REVISED: 4/27/20

INDICATION	LOWER EXTREMITY
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – BONE ALGORITHM • 0.6mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE HIP POSITIONING SEE KNEE POSITIONING SEE ANKLE POSITIONING SEE FOOT POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT
BREATHING		
SCOUTS		AP AND LATERAL

****SCAN PARAMETERS BASED ON BODY PART**

PARAMETER		HIP	KNEE	ANKLE	FOOT
START		ASIS	ABOVE KNEE JOINT	ABOVE ANKLE	ABOVE ANKLE
END		GREATER TROCHANTER	BELOW KNEE JOINT	BOTTOM OF FOOT	THROUGH BOTTOM OF FOOT
DFOV		18	18	16	20
PREP GROUP	GE				
	SIEMENS				

[HIP REFORMATS](#)

[KNEE REFORMATS](#)

[ANKLE REFORMATS](#)

[FOOT REFORMATS](#)


196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	CarekV	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	50	
PREP GROUP		
KERNEL	BONE THN LT/RT	Br59
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Br36
ADMIRE		3
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	10.05
Estimated DLP	

LOWER EXTREMITY WITH (MSK)

REVISED: 4/27/20

INDICATION	INFECTION, CELLULITIS, ABSCESES
ORAL PREP	NONE
SCAN	120 SECOND SCAN DELAY
RECON	<ul style="list-style-type: none"> • 2.5mm / 3mm AXIAL RECONS - STANDARD ALGORITHM • 2.5mm / 3mm AXIAL RECONS – BONE ALGORITHM • 0.625mm / 1.25mm / 0.6mm AXIAL RECONS - STANDARD ALGORITHM
REFORMAT	1.0mm q 1.0mm CORONAL, SAGITTAL AND TRUE AXIAL ANATOMIC REFORMATS
3D POST PROCESSING	

IV SIZE	20g	
IV CONTRAST	110cc OMNIPAQUE 350	
INJECTION RATE	3cc/SEC	
PT POSITION	PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE HIP POSITIONING SEE KNEE POSITIONING SEE ANKLE POSITIONING SEE FOOT POSITIONING	
LANDMARK	GE	@ AFFECTED AREA
	SIEMENS	SLIGHTLY ABOVE AFFECTED AREA
BREATHING		
SCOUTS	AP AND LATERAL	

PARAMETER		SCAN
START		SLIGHTLY ABOVE AFFECTED AREA
END		SLIGHTLY BELOW AFFECTED AREA
DFOV		25
PREP GROUP	GE	120 SECONDS
	SIEMENS	120 SECONDS

[HIP REFORMATS](#)

[KNEE REFORMATS](#)

[ANKLE REFORMATS](#)

[FOOT REFORMATS](#)

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	2.5	
PITCH	1.375:1	
SPEED	27.50	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 440 W/ SMART mA	
NOISE INDEX	13.00	
DOSE REDUCTION		
ASiR/MODE	40% / PLUS	
ALGORITHM	STD With	STANDARD
REFORMATS		
THICK/INCR.	Bone With	2.5 q 2.5
ALGORITHM		BONE
REFORMATS		
ASiR/MODE		40% / FULL
THICK/INCR.	STD THN With	1.25 q 0.700
ALGORITHM		STANDARD
REFORMATS		COR 1 RT/LT With SAG 1 RT/LT With
ASiR/MODE		40% / PLUS

Estimated CTDI	17.76
Estimated DLP	586.92

64 SLICE - GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.9 SEC	
THICKNESS	2.5	
PITCH	0.984:1	
SPEED	39.37	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	100	
mA	AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	12.73	
DOSE REDUCTION	40%	
ASiR/MODE	40% / PLUS	
ALGORITHM	STD With RT / LT	STANDARD
REFORMATS		
THICK/INCR.	Bone With RT / LT	2.5 q 2.5
ALGORITHM		BONE
REFORMATS		
ASiR/MODE		40% / FULL
THICK/INCR.	STD THN With RT / LT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		COR 1 RT/LT With SAG 1 RT/LT With
ASiR/MODE		40% / PLUS-E

Estimated CTDI	8.23
Estimated DLP	286.27

196(2) – SIEMENS FORCE

PARAMETER	DE RUNOFF	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	3.0mm	
PITCH	0.7	
SPEED		
INTERVAL	3.0mm	
GANTRY TILT		
SCAN FOV		
kVp	80 / Sn150	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	25	
PREP GROUP	120 SECONDS	
KERNEL	STD RT/LT With	Br36
ADMIRE		3
THICK/INCR.	STD THN RT/LT With	0.6 q 0.6
KERNEL		Br36
ADMIRE		3
THICK/INCR.	Bone RT/LT With	1.0 q 1.0
KERNEL		Br64
ADMIRE		3
THICK/INCR.	DE #PP STD THN RT/LT With	1.5 q 1.0
KERNEL		Qr44
ADMIRE		3
THICK/INCR.	COR 1 RT/LT With	1.0 q 1.0
KERNEL		Br36
ADMIRE		3
THICK/INCR.	SAG 1 RT/LT With	1.0 q 1.0
KERNEL		Br36
ADMIRE		3

Estimated CTDI	15.12
Estimated DLP	

LOWER EXTREMITY WITH (MSK)

PELVIS FOR BONE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST TO INCLUDE ENTIRE PELVIS
RECON	<ul style="list-style-type: none"> • 2.5mm / 3.0mm AXIAL RECONS – BONE ALGORITHM • 0.6mm / 0.625mm AXIAL RECONS – STANDARD ALGORITHM • 0.6mm / 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION OF PELVIS WITH HIPS DISARTICULATED (IF FRACTURED)

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST
LANDMARK	GE	ILIAC CREST
	SIEMENS	ABOVE ILIAC CREST
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ABOVE CREST
END		BELOW SYMPHYSIS PUBIS
DFOV		<TO PATIENT>
PREP GROUP	GE	
	SIEMENS	

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	1.375:1	
SPEED	13.75	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 440 W/ SMART mA	
NOISE INDEX	20.45	
DOSE REDUCTION		
ASiR/MODE	40% / FULL	
ALGORITHM	Bone	BONE
REFORMATS		
THICK/INCR.	Bone THN	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 / SAG 1
ASiR/MODE		40% / FULL-E
THICK/INCR.	STD THN	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		40% / PLUS-E

Estimated CTDI	29.41
Estimated DLP	681.20

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	2.5	
PITCH	0.516:1	
SPEED	20.62	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	17.45	
DOSE REDUCTION	40%	
ASiR/MODE	40% / FULL	
ALGORITHM	Bone	BONE
REFORMATS		
THICK/INCR.	Bone THN	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 / SAG 1
ASiR/MODE		40% / FULL-E
THICK/INCR.	STD THN	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		40% / PLUS-E

Estimated CTDI	34.31
Estimated DLP	1108.64

196(2) – SIEMENS FORCE

PARAMETER		
SCAN TYPE		
ROTATION TIME	0.5 SEC	
THICKNESS	3.0mm	
PITCH	0.6	
SPEED		
INTERVAL	3.0mm	
GANTRY TILT		
SCAN FOV		
kVp	100 / Sn150	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	<TO PATIENT>	
PREP GROUP		
KERNEL	Bone	Br64
ADMIRE		3
THICK/INCR.	DE #PP STD THN	1.5 q 1.0
KERNEL		Qr40
ADMIRE		2
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL		Br64
ADMIRE		3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL		Br64
ADMIRE		3
THICK/INCR.	BONE THN	0.6 q 0.6
KERNEL		Br64
ADMIRE		3
THICK/INCR.	STD THN	0.6 q 0.6
KERNEL		Br36
ADMIRE		3

Estimated CTDI	16.11
Estimated DLP	

SC JOINTS

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH SC JOINTS
RECON	<ul style="list-style-type: none"> • 1.25mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL
3D POST PROCESSING	3D ROTATION OF SC JOINTS

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / HEAD FIRST
LANDMARK	GE	STERNAL NOTCH
	SIEMENS	
BREATHING		INSPIRATION
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		ABOVE CLAVICLES
END		BELOW CLAVICLE
DFOV		20
PREP GROUP	GE	
	SIEMENS	

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	1.0 SEC	
THICKNESS	1.25	
PITCH	0.938:1	
SPEED	9.37	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 360 W/ SMART mA	
NOISE INDEX	18.92	
DOSE REDUCTION		
ASiR/MODE	30% / PLUS-E	
ALGORITHM	Bone	BONE
REFORMATS		
THICK/INCR.	Bone THN	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 / SAG 1
ASiR/MODE		30% / FULL-E
THICK/INCR.	STD THN	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		30% / PLUS-E

Estimated CTDI	34.93
Estimated DLP	673.38

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	1.25	
PITCH	0.969:1	
SPEED	19.37	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 600 W/ SMART mA	
NOISE INDEX	15.63	
DOSE REDUCTION	30%	
ASiR/MODE	30% / FULL-E	
ALGORITHM	Bone	BONE
REFORMATS		
THICK/INCR.	STD THN	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		30% / PLUS-E
THICK/INCR.	Bone THN	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 / SAG 1
ASiR/MODE		30% / PLUS-E

Estimated CTDI	14.35
Estimated DLP	248.19

SHOULDER ARTHROGRAM

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	<ol style="list-style-type: none"> 1. EXTERNAL ROTATION 2. INTERNAL ROTATION
RECON	<ul style="list-style-type: none"> • 2.5mm AXIAL RECONS – BONE ALGORITHM (BOTH) • 0.625mm AXIAL RECONS – BONE ALGORITHM (BOTH) • 0.625mm AXIAL RECONS – STANDARD ALGORITHM (BOTH)
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL AND SAGITTAL (BOTH)
3D POST PROCESSING	NONE

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / HEAD FIRST / UNAFFECTED ARM UP / AFFECTED ARM IN EXTERNAL ROTATION / AFFECTED ARM IN INTERNAL ROTATION SEE SHOULDER POSITIONING
LANDMARK	GE	STERNAL NOTCH
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		EXTERNAL ROTATION	INTERNAL ROTATION
START		SOF TISSUE ABOVE SHOULDER	SOFT TISSUE ABOVE SHOULDER
END		THROUGH SCAPULA	THROUGH SCAPULA
DFOV		16	16
PREP GROUP	GE		
	SIEMENS		

SHOULDER REFORMATS

16 SLICE – GE

PARAMETER	EXTERNAL ROT.		INTERNAL ROT.	
SCAN TYPE	HELICAL FULL		HELICAL FULL	
ROTATION TIME	1.0 SEC		1.0 SEC	
THICKNESS	2.5		2.5	
PITCH	0.938:1		0.938:1	
SPEED	9.37		9.37	
INTERVAL	2.5		2.5	
GANTRY TILT				
SCAN FOV	LARGE		LARGE	
kVp	120		120	
mA	AUTO mA TO 440		AUTO mA TO 440	
NOISE INDEX	14.37		14.37	
DOSE REDUCTION				
ASiR/MODE	40% / FULL		40% / PLUS	
ALGORITHM	Bone EX LT/RT	BONE	Bone IN LT/RT	BONE
REFORMATS				
THICK/INCR.	Bone THN EX LT/RT	0.625 q 0.625	Bone THN IN LT/RT	0.625 q 0.625
ALGORITHM		BONE		BONE
REFORMATS		COR 1 EX LT/RT / SAG 1 EX LT/RT		COR 1 IN LT/RT / SAG 2 IN LT/RT
ASiR/MODE		40% / FULL-E		40% / FULL-E
THICK/INCR.	STD THN EX LT/RT	0.625 q 0.625	STD THN IN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD		STANDARD
REFORMATS				
ASiR/MODE		40% / PLUS-E		40% / PLUS-E

Estimated CTDI	22.03
Estimated DLP	210.30

64 SLICE – GE VCT

PARAMETER	EXTERNAL ROT		INTERNAL ROT	
SCAN TYPE	HELICAL FULL		HELICAL FULL	
ROTATION TIME	0.8 SEC		0.8 SEC	
THICKNESS	2.5		2.5	
PITCH	0.969:1		0.969:1	
SPEED	19.37		19.37	
INTERVAL	2.5		2.5	
GANTRY TILT				
SCAN FOV	LARGE BODY		LARGE BODY	
kVp	120		120	
mA	AUTO mA TO 700 W/ SMART mA		AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	11.05		11.05	
DOSE REDUCTION	30%		30%	
ASIR/MODE	40% / FULL		40% / FULL	
ALGORITHM	Bone EX LT/RT	BONE	Bone IN LT/RT	BONE
REFORMATS				
THICK/INCR.	STD THN EX LT/RT	0.625 q 0.625	STD THN IN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD		STANDARD
REFORMATS				
ASiR/MODE		40% / PLUS-E		40% / PLUS-E
THICK/INCR.	BONE THN EX LT/RT	0.625 q 0.625	BONE THN IN LT/RT	0.625 q 0.625
ALGORITHM		BONE		BONE
REFORMATS		COR 1 EX LT/RT / SAG 1 EX LT/RT		COR 1 IN LT/RT / SAG 1 IN LT/RT
ASiR/MODE		40% / PLUS-E		40% / PLUS-E

Estimated CTDI	23.86
Estimated DLP	380.73

SHOULDER FOR FRACTURE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ENTIRE SHOULDER
RECON	<ul style="list-style-type: none"> • 2.5mm AXIAL RECONS – BONE ALGORITHM (GE SCANNERS) • 0.6mm / 0.625mm AXIAL RECONS – BONE ALGORITHM • 0.6mm / 0.625mm AXIAL RECONS – STANDARD ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm – CORONAL AND SAGITTAL TO GLENOID FOSSA
3D POST PROCESSING	<ul style="list-style-type: none"> ✚ 3D ROTATION OF SHOULDER (DISARTICULATED IF FRACTURED) ✚ DISLOCATION: 3D ROTATION SHOWING GLENOID SURFACE

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / HEAD FIRST / UNAFFECTED ARM UP / AFFECTED ARM NEUTRAL POSITION SEE SHOULDER POSITIONING
LANDMARK	GE	STERNAL NOTCH
	SIEMENS	ABOVE SHOULDER
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		SCAN
START		SOFT TISSUE ABOVE SHOULDER
END		THROUGH SCAPULA
DFOV		16
PREP GROUP	GE	
	SIEMENS	

SHOULDER REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	1.0 SEC	
THICKNESS	2.5	
PITCH	0.938:1	
SPEED	9.37	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 440 W/ SMART mA	
NOISE INDEX	14.37	
DOSE REDUCTION		
ASiR/MODE	40% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASiR/MODE		40% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		40% / PLUS-E

Estimated CTDI	10.59
Estimated DLP	207.14

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.8 SEC	
THICKNESS	2.5	
PITCH	0.969:1	
SPEED	19.37	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE BODY	
kVp	120	
mA	AUTO mA TO 700 W/ SMART mA	
NOISE INDEX	11.05	
DOSE REDUCTION	30%	
ASiR	40% / FULL	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASIR/MODE		40% / PLUS-E
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT
ASIR/MODE		40% / PLUS-E

Estimated CTDI	11.96
Estimated DLP	208.74

196(2) – SIEMENS FORCE

PARAMETER		
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	CARE kV – ON	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	20	
PREP GROUP		
KERNEL	STD	Br36
ADMIRE	THN	3
THICK/INCR.	Bone THN	0.6 q 0.6
KERNEL		Br59
ADMIRE		3
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	7.79
Estimated DLP	

UPPER EXTREMITY IMAR LT/RT

REVISED: 4/27/20

INDICATION	EXTREMITY WITH METAL
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ALL HARDWARE AND APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – STANDARD ALGORITHM • 0.6mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION WITH METAL

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE ELBOW BENT POSITIONING SEE ELBOW STRAIGHT POSITIONING SEE WRIST OR HAND POSITIONING SEE SHOULDER POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT/METAL
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ELBOW	WRIST	HAND
START		ABOVE ELBOW	METACARPALS	MID WRIST
END		BELOW ELBOW	THROUGH WRIST JOINT	THROUGH FINGERTIPS
DFOV		12	14	14
PREP GROUP	GE			
	SIEMENS			

[ELBOW REFORMATS – BENT POSITION](#)

[ELBOW REFORMATS – STRAIGHT POSITION](#)

[WRIST REFORMATS](#)

[HAND REFORMATS](#)

[SHOULDER REFORMATS](#)

196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	120	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	12	
PREP GROUP		
KERNEL	Bone THN	Br59
ADMIRE	LT/RT	3
THICK/INCR.	STD THN LT/RT	0.6 Q 0.6
KERNEL		Br36
ADMIRE		2
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	30.86
Estimated DLP	

UPPER EXTREMITY - LT/RT 30 FOV

REVISED: 4/27/20

INDICATION	UPPER EXTREMITY
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ALL HARDWARE AND APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – STANDARD ALGORITHM • 0.6mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE ELBOW BENT POSITIONING SEE ELBOW STRAIGHT POSITIONING SEE WRIST OR HAND POSITIONING SEE SHOULDER POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ELBOW	WRIST	HAND
START		ABOVE ELBOW	METACARPALS	MID WRIST
END		BELOW ELBOW	THROUGH WRIST JOINT	THROUGH FINGERTIPS
DFOV		30	30	30
PREP GROUP	GE			
	SIEMENS			

ELBOW REFORMATS – BENT POSITION

ELBOW REFORMATS – STRAIGHT POSITION

WRIST REFORMATS

HAND REFORMATS

SHOULDER REFORMATS

196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.85	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	120	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	30	
PREP GROUP		
KERNEL	Bone THN LT/RT	Ur77
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Ub36
ADMIRE		3
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Ur77
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Ur77
ADMIRE		3

Estimated CTDI	6.96
Estimated DLP	

UPPER EXTREMITY - LT/RT 50 FOV

REVISED: 4/27/20

INDICATION	UPPER EXTREMITY
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ALL HARDWARE AND APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – STANDARD ALGORITHM • 0.6mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE ELBOW BENT POSITIONING SEE ELBOW STRAIGHT POSITIONING SEE WRIST OR HAND POSITIONING SEE SHOULDER POSITIONING
LANDMARK	GE	
	SIEMENS	ABOVE JOINT
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ELBOW	WRIST	HAND
START		ABOVE ELBOW	METACARPALS	MID WRIST
END		BELOW ELBOW	THROUGH WRIST JOINT	THROUGH FINGERTIPS
DFOV		50	50	50
PREP GROUP	GE			
	SIEMENS			

ELBOW REFORMATS – BENT POSITION

ELBOW REFORMATS – STRAIGHT POSITION

WRIST REFORMATS

HAND REFORMATS

SHOULDER REFORMATS

196(2) – SIEMENS FORCE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	CareKV	
mAs	CARE Dose	
NOISE INDEX		
DOSE REDUCTION		
DFOV	50	
PREP GROUP		
KERNEL	Bone THN LT/RT	Br59
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Br36
ADMIRE		3
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	8.04
Estimated DLP	

UPPER EXTREMITY 50 FOV

UPPER EXTREMITY ARM BY SIDE LT/RT

REVISED: 4/27/20

INDICATION	UPPER EXTREMITY
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH ALL HARDWARE AND APPROPRIATE JOINT
RECON	<ul style="list-style-type: none"> • 0.6mm AXIAL RECONS – STANDARD ALGORITHM • 0.6mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL ACCORDING TO IMAGED ANATOMY
3D POST PROCESSING	3D ROTATION WITH METAL

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		SUPINE / FEET FIRST / AFFECTED ARM DOWN / HAND IN NEUTRAL POSITION / FINGERS FLAT
LANDMARK	GE	
	SIEMENS	ABOVE JOINT
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		ELBOW	WRIST	HAND
START		ABOVE ELBOW	METACARPALS	MID WRIST
END		BELOW ELBOW	THROUGH WRIST JOINT	THROUGH FINGERTIPS
DFOV		20	20	20
PREP GROUP	GE			
	SIEMENS			

ELBOW REFORMATS – BENT POSITION

ELBOW REFORMATS – STRAIGHT POSITION

WRIST REFORMATS

HAND REFORMATS

SHOULDER REFORMATS

196(2) – SIEMENS FORCE


UPPER EXTREMITY ARM BY SIDE

PARAMETER	LT/RT	
SCAN TYPE		
ROTATION TIME	1.0 SEC	
THICKNESS	0.6mm	
PITCH	0.8	
SPEED		
INTERVAL	0.6mm	
GANTRY TILT		
SCAN FOV		
kVp	CARE kV	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	20	
PREP GROUP		
KERNEL	Bone THN LT/RT	Br59
ADMIRE		3
THICK/INCR.	STD THN LT/RT	0.6 q 0.6
KERNEL		Br36
ADMIRE		3
THICK/INCR.	COR 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3
THICK/INCR.	SAG 1 LT/RT	1.0 q 1.0
KERNEL		Br59
ADMIRE		3

Estimated CTDI	7.79
Estimated DLP	

UPPER EXTREMITY WITH (MSK)

REVISED: 4/27/20

INDICATION	INFECTION, CELLULITIS, ABSCESS
ORAL PREP	NONE
SCAN	100 SECOND SCAN DELAY
RECON	<ul style="list-style-type: none"> • 2.5mm / 3mm AXIAL RECONS - STANDARD ALGORITHM • 2.5mm / 3mm AXIAL RECONS – BONE ALGORITHM • 0.625mm / 1.25mm / 0.6mm AXIAL RECONS - STANDARD ALGORITHM
REFORMAT	1mm q 1mm CORONAL, SAGITTAL AND TRUE AXIAL ANATOMIC REFORMATS
3D POST PROCESSING	

IV SIZE	20g	
IV CONTRAST	90cc OMNIPAQUE 350	
INJECTION RATE	3cc/SEC (IN CONTRALATERAL ARM)	
PT POSITION	PATIENT POSITIONING MUST CORRESPOND TO BODY PART OR JOINT BEING SCANNED SEE ELBOW BENT POSITIONING SEE ELBOW STRAIGHT POSITIONING SEE WRIST OR HAND POSITIONING SEE SHOULDER POSITIONING	
LANDMARK	GE	@ AFFECTED AREA
	SIEMENS	SLIGHTLY ABOVE AFFECTED AREA
BREATHING		
SCOUTS	AP AND LATERAL	

PARAMETER		SCAN
START		SLIGHTLY ABOVE AFFECTED AREA
END		SLIGHTLY BELOW AFFECTED AREA
DFOV		25
PREP GROUP	GE	100 SECONDS
	SIEMENS	100 SECONDS

ELBOW REFORMATS – BENT POSITION

ELBOW REFORMATS – STRAIGHT POSITION

WRIST REFORMATS

HAND REFORMATS

SHOULDER REFORMATS

UPPER EXTREMITY WITH (MSK)

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	2.5	
PITCH	1.375:1	
SPEED	27.50	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 440	
NOISE INDEX	10.50	
DOSE REDUCTION		
ASiR/MODE	40% / PLUS	
ALGORITHM	STD RT/LT With	STANDARD
REFORMATS		
THICK/INCR.	STD THN RT/LT With	1.25 q 0.700
ALGORITHM		STANDARD
REFORMATS		COR 1 RT/LT With SAG 1 RT/LT With
ASiR/MODE		40% / PLUS
THICK/INCR.	Bone RT/LT With	2.5 q 2.5
ALGORITHM		Bone
REFORMATS		
ASiR/MODE		40% / Full

Estimated CTDI	4.48
Estimated DLP	148.20

64 SLICE - GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.5 SEC	
THICKNESS	2.5	
PITCH	0.984:1	
SPEED	39.37	
INTERVAL	2.5	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	100	
mA	AUTO mA TO 600	
NOISE INDEX	10.50	
DOSE REDUCTION	40%	
ASIR/MODE	40% / PLUS	
ALGORITHM	STD RT/LT With	STANDARD
REFORMATS		
THICK/INCR.	STD THN RT/LT With	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		COR 1 RT/LT With SAG 1 RT/LT With
ASIR/MODE		40% / PLUS-E
THICK/INCR.	Bone RT/LT With	2.5 q 2.5
ALGORITHM		Bone
REFORMATS		
ASiR/MODE		40% / Full

Estimated CTDI	3.09
Estimated DLP	107.55

196(2) – SIEMENS FORCE

PARAMETER	CTA	
SCAN TYPE		
ROTATION TIME	0.5 SEC	
THICKNESS	3.0mm	
PITCH	0.7	
SPEED		
INTERVAL	3.0mm	
GANTRY TILT		
SCAN FOV		
kVp	80 / Sn150	
mAs	CARE Dose4D	
NOISE INDEX		
DOSE REDUCTION		
DFOV	25	
PREP GROUP	100 SECONDS	
KERNEL	STD RT/LT	Br36
ADMIRE	With	3
THICK/INCR.	DE #PP	1.5 q 1.0
KERNEL	STD THN RT/LT	Qr40
ADMIRE	With	3
THICK/INCR.	STD THN	0.6 q 0.6
KERNEL	RT/LT	Br36
ADMIRE	With	3
THICK/INCR.	Bone	3.0 q 3.0
KERNEL	LT/RT	Br64
ADMIRE	With	3
THICK/INCR.	COR 1	1.0 q 1.0
KERNEL	RT/LT	Br36
ADMIRE	With	3
THICK/INCR.	SAG 1	1.0 q 1.0
KERNEL	RT/LT	Br36
ADMIRE	With	3

Estimated CTDI	
Estimated DLP	

UPPER EXTREMITY WITH (MSK)

WRIST OR HAND WITH HARDWARE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH WRIST, INCLUDING ALL HARDWARE
RECON	<ul style="list-style-type: none"> • 1.25mm AXIAL RECONS – BONE ALGORITHM • 0.625mm AXIAL RECONS – STANDARD ALGORITHM • 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL
3D POST PROCESSING	3D WITH METAL

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PRONE / HEAD FIRST / AFFECTED ARM UP / ELBOW BENT AT 70* / HAND IN NEUTRAL POSITION / FINGERS FLAT ON TABLE SEE WRIST OR HAND POSITIONING
LANDMARK	GE	MID WRIST
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		WRIST	HAND
START		METACARPALS	MID WRIST
END		THROUGH HARDWARE	THROUGH FINGERTIPS
DFOV		14	14
PREP GROUP	GE		
	SIEMENS		

WRIST REFORMATS

HAND REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	1.25	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	140	
mA	AUTO mA TO 200	
NOISE INDEX	18.95	
DOSE REDUCTION		
ASiR/MODE	50% / FULL-E	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT / AX 1 LT/RT
ASiR/MODE		50% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		50% / PLUS-E

Estimated CTDI	19.17
Estimated DLP	120.54

WRIST OR HAND WITH HARDWARE

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.5 SEC	
THICKNESS	1.25	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	SMALL BODY	
kVp	140	
mA	AUTO mA TO 335	
NOISE INDEX	15.63	
DOSE REDUCTION	30%	
ASiR/MODE	50% / FULL-E	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		50% / PLUS-E
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT / AX 1 LT/RT
ASiR/MODE		50% / FULL-E

Estimated CTDI	17.49
Estimated DLP	299.56

196(2) – SIEMENS FORCE

PLEASE USE THE FOLLOWING PROTOCOL:

DE UPPER EXTREMITY IMAR LT/RT

WRIST OR HAND WITH HARDWARE

WRIST OR HAND FOR FRACTURE

REVISED: 4/27/20

INDICATION	
ORAL PREP	NONE
SCAN	NON-CONTRAST THROUGH WRIST OR HAND
RECON	<ul style="list-style-type: none"> • 1.25mm AXIAL RECONS – BONE ALGORITHM (16 SLICE ONLY) • 0.625mm AXIAL RECONS – STANDARD ALGORITHM • 0.625mm AXIAL RECONS – BONE ALGORITHM
REFORMAT	<ul style="list-style-type: none"> ▪ 1mm CORONAL, SAGITTAL AND TRUE AXIAL
3D POST PROCESSING	3D ROTATION

IV SIZE		
IV CONTRAST		
INJECTION RATE		
PT POSITION		PRONE / HEAD FIRST / AFFECTED ARM UP / ELBOW BENT AT 70* / HAND IN NEUTRAL POSITION / FINGERS FLAT ON TABLE SEE WRIST OR HAND POSITIONING
LANDMARK	GE	MID WRIST
	SIEMENS	
BREATHING		
SCOUTS		AP AND LATERAL

PARAMETER		WRIST	HAND
START		METACARPALS	MID WRIST
END		THROUGH WRIST JOINT	THROUGH FINGERTIPS
DFOV		14	14
PREP GROUP	GE		
	SIEMENS		

WRIST REFORMATS

HAND REFORMATS

16 SLICE – GE

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.6 SEC	
THICKNESS	1.25	
PITCH	0.562:1	
SPEED	5.62	
INTERVAL	1.25	
GANTRY TILT		
SCAN FOV	LARGE	
kVp	120	
mA	AUTO mA TO 200	
NOISE INDEX	18.94	
DOSE REDUCTION		
ASiR/MODE	50% / FULL-E	
ALGORITHM	Bone LT/RT	BONE
REFORMATS		
THICK/INCR.	Bone THN LT/RT	0.625 q 0.625
ALGORITHM		BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT / AX 1 LT/RT
ASiR/MODE		50% / FULL-E
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		50% / PLUS-E

Estimated CTDI	11.15
Estimated DLP	70.10

WRIST OR HAND FOR FRACTURE

64 SLICE – GE VCT

PARAMETER	SCAN	
SCAN TYPE	HELICAL FULL	
ROTATION TIME	0.5 SEC	
THICKNESS	0.625	
PITCH	0.531:1	
SPEED	10.62	
INTERVAL	0.625	
GANTRY TILT		
SCAN FOV	SMALL BODY	
kVp	100	
mA	AUTO mA TO 200	
NOISE INDEX	22.10	
DOSE REDUCTION	30%	
ASiR/MODE	50% / FULL-E	
ALGORITHM	Bone THN LT/RT	BONE
REFORMATS		COR 1 LT/RT / SAG 1 LT/RT / AX 1 LT/RT
THICK/INCR.	STD THN LT/RT	0.625 q 0.625
ALGORITHM		STANDARD
REFORMATS		
ASiR/MODE		50% / PLUS-E

Estimated CTDI	10.49
Estimated DLP	180.23

196(2) – SIEMENS FORCE

PLEASE USE ONE OF THE FOLLOWING PROTOCOLS:

UPPER EXTREMITY - LT/RT

UPPER EXTREMITY ARM BY SIDE