Sacroiliac 16 Sensation

Indications	Pain, swelling, trauma					
Diagnostic Task	Detects fractures, hematomas, arthritis, bone cyst					
Scan mode	Helical					
Position/Landmark	Head or feet first-supine-iliac crest					
Topogram	PA 120,v 100mA Lat 100mA140 kV					
kVp/Reference mass	120kv 140mas					
Rotation time/pitch	1.0/1.0					
Detector Configuration	16x0.75					
Table Speed/Increment	12					
Dose reduction	Care Dose on					
Allowed CTDI ranges*	7mGy-50mGy					
XR29 Dose Notification value	50mGy					
Helical Set	body	thickness			recon	
	recon part	spacing	kernel	window	destination	
	1 thin pelvis	.75mmx.5mm	80ultra sharp	osteo	mpr/pacs	
	2 pelvis soft tissu	e 2mmx 2mm	30smooth	mediastinum	pacs	
	3 thin soft	.75mmx.5mm	30smooth	mediastinum	for 3d	
	2x2 oblique coronal, oblique axial and sag reformats from recon 1 bone					
	2x2 oblique coroanl, oblique axial and sag reformats from recon 3 soft tissue					
Scan Start/end location	1 cm superior to iliac crest					
Scall Start/end location	1cm inferior to lesser trochanters					
	include all of fx and hardware					
	25 cm					
DFOV	decrease appropriately					
N/	100ml -isovue 370- if needed for soft tissue infection or mass					
IV contrast volume/type						
Scan delay	90seconds-Performed as directed by a the supervising radiologist					
3D Technique Used	do 3d spin with recon 3-if fracture seen					
	note: If hardware present use extended ct scale and increase kv to 140 use axial image for sag reformats-use sag image for obligue axial and obligue coronal					
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		and the second second		oblique co		
				oblique co	bronal	
	10.00mm/Approximate Values for CTDIvol					
and the second second second second	Patient size	weight(kg)	weight(lbs)		CTDIvol(mGy)	
	SMALL	50-70	110-155		10-17	
	AVERAGE LARGE	70-90 90-120	155-200 200-265		15-25 22-35	
NOTE*	*The AAPM recommended NEMA			mGy. Dose Notification leve		

AAPM recommended can be set. The maximum CTDI vol should match the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless approved by a radiologist.

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