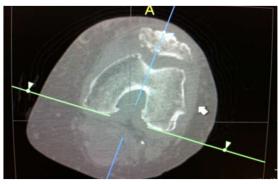
## Knee 64 GE

Indications	Pai	in, swelling, trauma						
Diagnostic Task	Detects fractures, hematomas, arthritis, bone cyst							
Scan mode	Helical							
Position/Landmark	Head or feet first-supine-include joint of interest only 0 at joint S150-I150							
Topogram	AP 120kV 10mA Lat 120kV 10mA							
kVp/Reference mass	120kv Auto mA (100-700)							
Rotation time/pitch	0.5/0.531:1							
Detector Configuration	64x0.625							
Table Speed/Increment	10.62							
Dose reduction	Noise Index 22.10							
Allowed CTDI ranges*	7mGy-50mGy							
XR29 Dose Notification value	50mGy							
Helical Set		body	thickness				recon	
	rec	con part	spacing	kernel	wi	indow	destination	
	1	knee bone	.625mmx .625mm		bone		pacs	
	2	soft tissue	.625mmx.625mm		standard		mpr 3d	
	3	soft tissue knee	2.5mmx 2.5mm		standard		pacs	
	4	sag bone	2mmx2mm		bone		pacs	
	5	coronal bone	2mmx2mm		bone		pacs	
	6	sag soft tissue	2mmx2mm		standard		pacs	
-		coronal soft tissue 2mmx2mm standard				pacs		
Scan Start/end location		3cm superior to knee joint include patella						
		3cm inferior to knee joint						
		include all of fx and hardware						
DFOV		25 cm						
		decrease appropriately						
3D Technique Used		do 3d spin with recon 2- 20 images rotate externally-if fracture seen						
IV contrast volume/type	10	100ml -isovue 370- if needed for soft tissue infection or mass						
Scan delay	90	90seconds-Performed as directed by a the supervising radiologist						

Slide patient over so the the knee being imaged is centered in the scanner. Taping feet together helps stabilize knees.



Coronal and sagittal reformats are oriented using an axial image at the level of the femoral condyles.

Revision Date 8-15-2017 Approved by Dr G. Wang

10.00mm/de