RIH - ANKLE/FOOT CT
GE LIGHTSPEED VCT PROTOCOL

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

Position/Landmark	Supine , feet first Zero Appropriately
Topogram Direction	Craniocaudal
Respiratory Phase	Any
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index / ASiR / Dose Reduction**	120kv / smart mA (100-450) / 0.5 sec 0.984:1 , 39.37mm 16.0 / 20 / 20%
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination . 1 **ankle/foot bone** 2.5mm x 2.5mm bone pacs 2 thin ankle/foot .6mm x .6mm bone for dmpr 3 **ankle/foot soft tissue** 2.5mm x 2.5mm standard pacs
Scan Start / End Locations **DFOV**	determined by technologist or radiologist to include the anatomy of interest 18cm decrease appropriately
IV Contrast Volume / Type / Rate	75mL Iohexol (Omnipaque 350) / 2mL per second if needed
Scan Delay	65 seconds
2D/3D Technique Used	DMPR of 3mm x 3mm coronal and sagittal ankle or foot series (auto-batch off), average mode, auto-transferred to PACS Also, there is a 3mm x 3mm true axial reformat if needed due to the patient's position.
Comments: Recon 1 is the 2.5mm x 2.5mm ankle/foot, bone algorithm ct going to PACS. Recon 2 is a single thin helical group of the ankle/foot for direct mpr. Recon 3 is the 2.5mm x 2.5mm ankle/foot, standard algorithm ct going to PACS. **Tarsal Coalition**: If tarsal coalition is the clinical indication for the study, reformat true axial, sagittal, and coronal images **in respect to the tarsals/metatarsals**.	
Images required in PACS	Scouts, 2.5mm x 2.5mm axial ankle/foot bone, 2.5mm x 2.5mm axial ankle/foot standard, 3mm x 3mm sagittal ankle/foot, 3mm x 3mm coronal ankle/foot, Dose Report

updated Jan 23, 2017