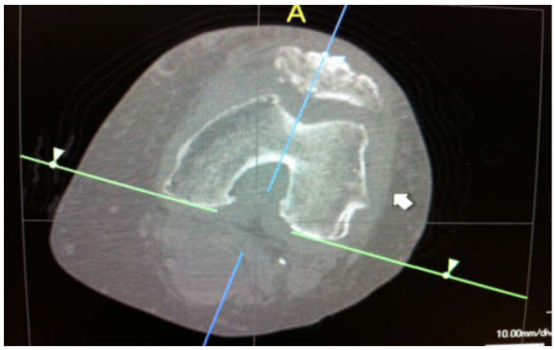
Knee GO UP

Indications	Pain, 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
Topogram	Lat 110kV 15mA AP 15 mA 110 kV
kVp/Reference mass	110kv 476mas
Rotation time/pitch	1.0/0.8
Detector Configuration	32x0.7
Table Speed/Increment	17.92
Dose reduction	Care Dose on
Allowed CTDI ranges*	7mGy-50mGy
XR29 Dose Notification value	50mGy
Helical Set	
Scan Start/end location	3cm superior to knee joint include patalla
	3cm inferior to knee joint
	include all of fx and hardware
DFOV	25 cm
	decrease appropriately
IV contrast volume/type	100ml -isovue 370- if needed for soft tissue infection or mass
Scan delay	90seconds-Performed as directed by a the supervising radiologist
3D Technique Used	do 3d spin with recon 3-if fracture seen

recon	body part	thickness spacing	kernel	window	recon destination
1	thin knee	.8mmx.8mm	Br60	osteo	pacs
2	knee ST	2mmx2mm	Br40	soft tissue	pacs
3	Cor ST	2mmx2mm	Br40	soft tissue	pacs
4	Sag ST	2mmx2mm	Br40	soft tissue	pacs
5	Cor bone	2mmx2mm	Br60	osteo	pacs
6	Sag bone	2mmx2mm	Br60	osteo	pacs
7	VRT	Radial Ranges	BR40	Soft tissue	pacs

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.

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Approved by Dr G. Wang