

## Routine CT Pelvis WO

**Reviewed By:** Jacob McPhee, MD

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**Date of Last Review:** [https://docs.google.com/spreadsheets/d/1a1on-GqlksrbCU8zpnnYqisOOebEUGCd\\_TKeLW5-Clg/edit?gid=0#gid=0](https://docs.google.com/spreadsheets/d/1a1on-GqlksrbCU8zpnnYqisOOebEUGCd_TKeLW5-Clg/edit?gid=0#gid=0)

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*In accordance with the ALARA principle, TRA policies and protocols promote the utilization of radiation dose reduction techniques for all CT examinations. For scanner/protocol combinations that allow for the use of automated exposure control and/or iterative reconstruction algorithms while maintaining diagnostic image quality, those techniques can be employed when appropriate. For examinations that require manual or fixed mA/kV settings as a result of individual patient or scanner/protocol specific factors, technologists are empowered and encouraged to adjust mA, kV or other scan parameters based on patient size (including such variables as height, weight, body mass index and/or lateral width) with the goals of reducing radiation dose and maintaining diagnostic image quality.*

**If any patient at a TRA or DINW outpatient facility requires CT re-imaging, obtain radiologist advice prior to proceeding with the exam.**

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The following document is an updated CT protocol for all of the sites at which TRA or DINW is responsible for the administration, quality, and interpretation of CT examinations.

### **Include for ALL exams**

- **Scout:** Send all scouts for all cases
- **Reformats:** Made from *thinnest source* acquisition
  - Scroll Display
    - Axial recons - Cranial to caudal
    - Coronal recons - Anterior to posterior
    - Sagittal recons - Right to left
- **kVp**
  - 100 @ ≤140lbs
  - 120 @ >140lbs
- **mAs**
  - Prefer: Quality reference mAs for specific exam, scanner and patient size
  - Auto mAs, as necessary

## Routine CT Pelvis WO

**Indication:** Limited indications – evaluate for pelvic fracture, evaluate lymph nodes with contraindication to IV contrast

**NOTE:** Unless unable to get authorization, hernia evaluation should be performed as Routine CT Abd and Pel WO (imaging with Valsalva + oral contrast; see dedicated protocol)

**Patient Position:** Supine, feet down with arms above head

**Scan Range (CC z-axis):** Superior iliac crests through 5 cm below the lesser trochanters

**Prep:** No solids (liquids OK) for 3 hours prior to examination

- Note: Okay to continue examination if prep is not done

**Oral Contrast:** None

**IV Contrast:** Not applicable

**Acquisitions:** 1 (non-contrast)

- **Non-contrast**

**Series + Reformats:**

- **Non-contrast pelvis**
  - Axial 2-2.5 mm ST kernel
  - Axial 1.2-1.5 mm bone kernel
  - Coronal 2 mm ST kernel
  - Coronal 2 mm bone kernel
  - Sagittal 2 mm ST kernel
  - Sagittal 2 mm bone kernel

**Machine specific recons (axial ranges given above for machine variability):**

**\*Soft tissue (ST) Kernel, machine-specific thickness (axial):**

- GE = 2.5 mm
- Siemens = 2 mm
- Toshiba = 2 mm

**\*Bone Kernel, machine-specific thickness (axial):**

- GE = 1.25 mm
- Siemens = 1.2 mm (or 1.5 mm on older generation)
- Toshiba = 1.5 mm