

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT ANKLE WITH	Indication: Infection/cellulitis
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	2.5 CC/SEC FOR 100 CC - MAKE SURE CONTRAST IS ALL IN BEFORE SCANNING
POSITIONING	IMMOBILIZE ANKLE WITH TAPE SUPINE HEEL ON TABLE WITH TOES STRAIGHT UP
SCOUT	S100/I 100, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 0.625 MM/INT 0.25 MM, STD W400/L40 120 KVP @ 150 MA -30% ASIR DFOV- 18 CM (FIT TO ANATOMY) SCAN FROM ANKLE TO BOTTOM OF FOOT INCLUDING MID FOOT
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, 120 KVP @ 85 MA STD W400/L40 DFOV-18 CM (FIT TO ANATOMY) SCAN FROM ANKLE TO BOTTOM OF FOOT
TECHNIQUE - 128 SLICE	
RECONS	16 SLICE-1.25 MM BONE W2500/L250 16 SLICE: 1.25 MM STD W400/L40 64 SLICE-1.25 MM STD W400/L40 64 SLICE-1.25 MM BONE W2500/L250
REFORMATIONS	OBLIQUE SAGITTAL TO MALLEOLI, OBL CORONAL TO MALLEOLI, AND SUBTALAR CALCANEUS OBLIQUE AXIAL TO TALOCALCANEAL JOINT. AVG 0.6 MM THICK/1.5 MM SPACING, W400/L40 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM = BONE 1.25 MM = ANKLE W EXT COR & EXT SAG
CHARGE	CT ANKLE WITH CONTRAST
REMARKS	IF METAL IMPLANT, INCREASE TO 140 KVP IF CAST ON, INCREASE TECHNIQUE TO 200 MA CHANGE THE ALGORITHM TO BONE FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES. MAKE SURE 100 CC OF CONTRAST IS ALL IN BEFORE SCANNING.

