

PATIENT NAME: [patient name]

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

CT ANKLE WO	Indication: Fracture or pain
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE
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, BONE PLUS W2500/L250 120 KVP @ 150 MA -30% ASIR DFOV- 18 CM (FIT TO ANATOMY) SCAN FROM ANKLE THROUGH BOTTOM OF FOOT INCLUDING MID FOOT **MAKE SURE AND GO HIGH ENOUGH IF FRACTURE IS HIGH ON LOWER LEG
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, 120 KVP @ 85 MA W2500/L250 DFOV-18 CM (FIT TO ANATOMY) SCAN FROM ANKLE THROUGH BOTTOM OF FOOT INCLUDING MID FOOT **MAKE SURE AND GO HIGH ENOUGH IF FRACTURE IS HIGH ON LOWER LEG
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, SUBTALAR CALCANEUS OBLIQUE AXIAL TO TALOCALCANEAL JOINT. AVG 0.6 MM THICK/1.5 MM SPACING, W2500/L250 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM = ANKLE WO 1.25 MM = STD EXT COR & EXT SAG
CHARGE	CT ANKLE WITHOUT CONTRAST
REMARKS	IF PT HAS METAL IMPLANT, INCREASE TO 140 KVP IF PT HAS CAST ON INCREASE TECHNIQUE TO 200 MA CHANGE THE ALGORITHM TO BONE FOR ANATOMY

WITH HARDWARE TO SOFTEN THE IMAGES.