

PATIENT NAME: [patient name]

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

CT KNEE WITH	Indication: Infection/swelling
FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	2.5 CC/SEC FOR 100 CC - MAKE SURE ALL OF CONTRAST IS IN BEFORE SCANNING
POSITIONING	SUPINE, FEET FIRST, AFFECTED KNEE IN CENTER OF TABLE; WITH TOES STRAIGHT UP CENTER MID KNEE
SCOUT	S150/I 150, 120 KVP @ 10 MA, AP S150 / I 150, 120 KVP @ 10 MA, LAT
TECHNIQUE - 16 SLICE	HELICAL; 0.625 MM/INT 0.25 MM, STD W400/L40 120 KVP @ AUTO MA -30% ASIR DFOV- 18 CM (FIT TO ANATOMY) IMMOBILIZE KNEE, SCAN ENTIRE KNEE INCLUDE ALL OF SWELLING/REDNESS
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, 120 KVP @ 335 MA 30% ASIR STD W400/L40 DFOV-18 CM (FIT TO ANATOMY) IMMOBILIZE KNEE; SCAN ENTIRE KNEE INCLUDE ALL OF SWELLING/REDNESS
TECHNIQUE - 128 SLICE	
RECONS	1.25 MM BONE PLUS W2500/L250 1.25 MM STD W400/L40
REFORMATIONS	OBLIQUE CORONAL & OBLIQUE SAGITTAL TO THE FEMORAL CONDYLES - AVG 0.6 MM THICK/1.5 MM SPACING W400/L40 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM – KNEE 1.25 MM –STD W EXT COR & EXT SAG – BONE & STD
CHARGE	KNEE WITH CONTRAST
REMARKS	MAKE SURE 100 CC OF CONTRAST IS ALL IN BEFORE SCANNING. DMPS WILL BE IN STD.

