Proto	col Name:	C	ALCA	NEUS/HINDF(DOT ROU	J TINE A	DULT					
INDICATIONS:				tion of calcaneus e or tarsal coalitio	LABEL:			SCOUT*, EXT*. The * means anything after these beginnings will hang correct in pacs				
IV CONTRAST:			Usually infection	none unless for on.	RECO	N 1:		.625mm thick/.625 mm interval. Bone recon at 2000ww/200wl. With 3 mm COR and SAG MPRs.				
ORAI	L CONTRA	ST:	None			RECO	N 2:			2.5mm thick /2.5 mm interval. Bone recon 2000ww/200wl.		
PATIENT POSITIONING AND SCAN AREA:			Patient supine. Feet first. Scan both feet if for tarsal coalition and only the affected foot for fracture. Knee is bent with foot placed on an angled sponge in center of table. Landmark at distal lower leg. Scan perpendicular to the posterior talocalcaneal joint from the back of the calcaneus through the navicular. No gantry angle. This is your oblique coronal series. Can scan with leg straight and foot perpendicular to table.			ADDITIONAL POST PROCESSING:			Usually none. Send 0.625 images to awwkstn1 if 3D is needed.			
GENERAL EXAM GUIDELINES:		М		.5 mm axial imag g and cor recons.	SEND EXAM:			Send scout, 2.5 axials, and SAG and COR recons to pacs.				
	GER OR FRAST DE	LAY:	None			ARCH	IVE:					
TECHNIQUE GUIDELINES:			120 kvp. 330 ma at 0.8 seconds			BILL A	AS:		Usually lower extremity CT without contrast			
				SCOUT PR	отосоі	L SET II	N SCANN	ER				
	Scan Start Type Loc			End Loc	kV		mA	Sco Pla	out ine	Voice Lights Timer		
Sco	out	S150.00 Distal lower	leg	I100.00 Bottom of foot	120		40	90	and 180	N		

AXIAL IMAGE PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Show Rocon3	Direct Vis
Helical Full 0.5 sec rotation	S0.0 Distal lower leg	1100.0 Bottom of foot	0.625 19.37 0.969:1	0.625	S0.0	Small Body	120	330 DR 50%	20.0	0.625mm Bone 2000ww 200wl For recons SS50	2.5mm Bone 2000w 2001 Send to Pacs SS50	2.5mm Std 400w 401 Send to pacs SS50	

Updated 1/30/2018