

# Sacrum

Siemens 16 Slice

Application Examples: fracture	
Oral Contrast	No
IV Contrast / Volume	No
Breath Hold	Hold Breath

*Technical Factors*

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	130 kV / 140mAs / 0.6 seconds
Care Dose 4D	On
Pitch	0.8
Typical CTDIvol	18.75 mGy

Topogram: AP & Lateral, 512 mm

Sacrum	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	3 x 1.5	B60s	Bone	250	AXIAL	PACS
Recon 2	0.75 x 0.5	B20s	Bone	250	AXIAL 0.75 x 0.5 SMOOTH	MPR / TeraRecon / Definition

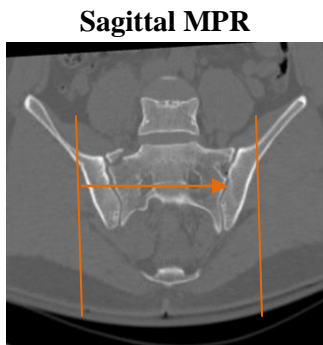
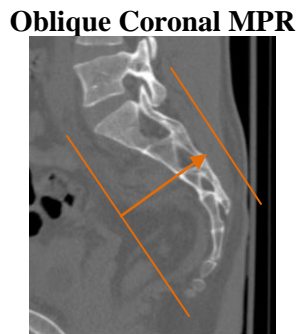
CT of the Sacrum or SI joints are scanned like to a bony pelvis, but reformatted differently. This protocol is well suited to assess cortical changes (i.e. erosions or sclerosis), while an MRI with contrast is more sensitive for detecting active inflammation.

**Patient Position:** Patient lying supine, feet first with legs flat on the table (no cushions or wedges).

**Scan Range:** Scan top of SI joints through coccyx.

**2D Reformations:** Post processing done in 3D card. Align all three view ports in true orthogonal planes before making reformations: oblique axial, oblique coronal, and sagittal MPRs as illustrated below.

Series: Sacrum	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	3 x 3	Bone	COR	PACS
Recon 2	Sagittal MPR	3 x 3	Bone	SAG	PACS
Recon 2	Oblique Axial MPR	3 x 3	Bone	OBL AXIAL	PACS



**3D:** Upon request.