

Sacrum

Siemens Flash

Application Examples: r/o fracture

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Hold Breath
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Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 250 mAs
Rotation Time (seconds)	0.5
Pitch	0.8
Typical CTDIvol	16.88 mGy \pm 50%

Topogram: Lateral & AP, 512 mm

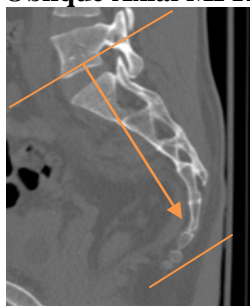
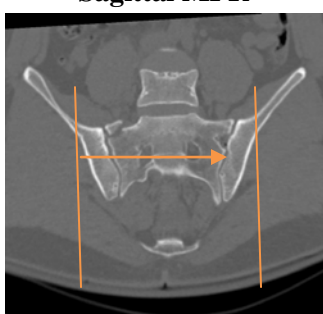
Pelvis	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 1.5	I70h	2	Bone	AXIAL BONE	PACS	None
Recon 2	Axial	3 x 1.5	I41f	2	Abdomen	AXIAL STND	PACS	None
Recon 3	3D:COR	2 x 2	I30f	2	Bone	COR	PACS	Coronal MPR
Recon 4	3D:SAG	2 x 2	I30f	2	Bone	SAG	PACS	Sagittal MPR
Recon 5	3D:OBL	2 x 2	I30f	2	Bone	OBL	PACS	Oblique MPR
Recon 6	Axial	0.6 x 0.6	I30f	2	Bone	AXIAL 0.6 STND	TeraRecon	None

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 (e.g. 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: Align all three view ports in true orthogonal planes before making reformations. Oblique axial, oblique coronal and sagittal MPRs as illustrated below.

Oblique Axial MPR**Oblique Coronal MPR****Sagittal MPR**

3D: Upon request. See post processing protocol.