

Foot / Ankle

Siemens go.All

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 32 x 0.7 mm
kV	On / Sn110
Care Dose	On / 80 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	7.23 mGy ± 50%

Topogram: Lateral & AP, 256 mm

Extremity	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	Br64	Off	Extremity	150	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	Br64	Off	Extremity	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	Br64	Off	Extremity	-	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	Br44	Off	Extremity	150	AXIAL 0.6 STND	TeraRecon	None

*If doing a foot, include OBL AXIAL MPR

Recon	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing	
Recon	3D:OBL	2 x 2	Br64	Off	Extremity	-	OBL AXIAL MPR	PACS	Oblique Axial MPR

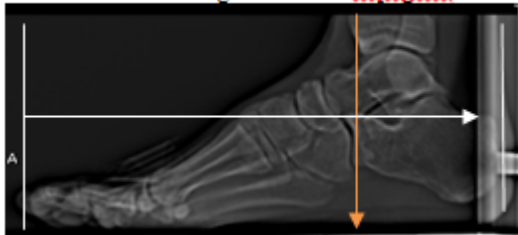
This protocol is used to image the distal tibia, ankle or foot.

Patient Position: Patient lying in supine position, feet first. Lower extremity of interest extended on foot holder with foot perpendicular to table (toes pointed straight up). Unless imaging bilateral extremities, opposite leg should be bent at knee and placed out of scan range.

Scan Range: Scan range will be depending on affected anatomy.

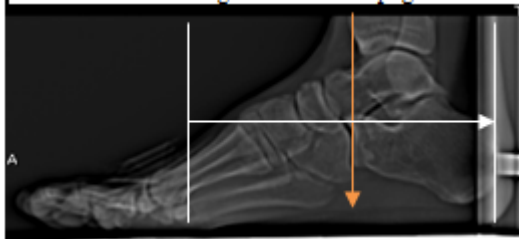
Foot: Above tibia/fibula joint through entire foot including entire fracture, if applicable.

Area of Coverage on Lateral Topogram



Ankle/Hindfoot: Above tibia/fibula joint through hind foot including entire fracture, if applicable.

Area of Coverage on Lateral Topogram



Recons and Reformations: Three orthogonal planes according to area of interest.