

Pelvis Routine

Siemens go.All

Application Examples: abnormalities of the prostate, urinary bladder, rectum, or masses

Oral Contrast	Yes
IV Contrast / Volume (< 250lbs)	Omnipaque 300/P3T
IV Contrast / Volume (\geq 250lbs)	Omnipaque 350/P3T

Technical Factors

Injection Rate	2.5 ml/sec
Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	50 seconds
Breath Hold	Inspiration

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	10.34 mGy \pm 50%

Topogram: Lateral & AP, 512 mm

Pelvis	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Br40	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br40	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D SAG	3 x 3	Br40	2	Abdomen	SAG	PACS	Sagittal MPR

This protocol is used for routine pelvic studies. *If indication is for perirectal abscess and ordered from the ER/UC, scan through the entire perineum. Males include the whole scrotum, and in females, make sure all soft tissues are included.*

Patient Preparation: Give patient entire pitcher (900ml) of oral contrast at once to drink then wait 45 minutes before scanning.

Patient Position: Patient lying supine with arms above head.

Scan Instructions: : Bolus IV contrast using Abdomen weight-based injection protocol (Abdomen XXL on patients \geq 250lbs). Scan at a 80-90 second scan delay.

Scan Range: Scan above IC through ischial tuberosities including bladder and rectum.

Recons and Reformations: Adjust FoV to fit body contour.

If a split bolus is requested, bolus 50 ml of IV contrast and wait 5 minutes—this will fill bladder. Bolus remaining IV contrast using a 50 second scan delay.

