

Sacrum

Siemens go.All

Application Examples: r/o fracture

| | |
|----------------------|----|
| Oral Contrast | No |
| IV Contrast / Volume | No |

| | |
|-------------|-------------|
| Breath Hold | Hold Breath |
|-------------|-------------|

Technical Factors

| | |
|-------------------------|-----------------|
| Detector Collimator | Acq 32 x 0.7 mm |
| Care kV | On / Sn 110 |
| Care Dose 4D | On / 55 mAs |
| Rotation Time (seconds) | 0.5 |
| Pitch | 0.8 |
| Typical CTDIvol | 4.29 mGy ± 50% |

Topogram: Lateral & AP, 512 mm

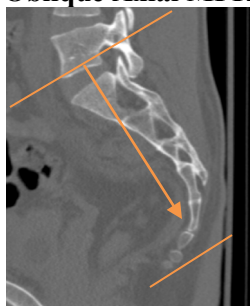
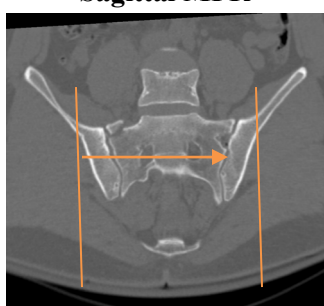
| Pelvis | Recon Type | Width / Increment | Algorithm | Safire | Window | Series Description | Networking | Post Processing |
|----------------|------------|-------------------|-----------|--------|---------|--------------------|------------|-----------------|
| Recon 1 | Axial | 3 x 1.5 | Br64 | 2 | Bone | AXIAL BONE | PACS | None |
| Recon 2 | Axial | 3 x 1.5 | Br40 | 2 | Abdomen | AXIAL STND | PACS | None |
| Recon 3 | 3D:COR | 2 x 2 | Br36 | 2 | Bone | COR | PACS | Coronal MPR |
| Recon 4 | 3D:SAG | 2 x 2 | Br36 | 2 | Bone | SAG | PACS | Sagittal MPR |
| Recon 5 | 3D:OBL | 2 x 2 | Br36 | 2 | Bone | OBL | PACS | Oblique MPR |
| Recon 6 | Axial | 0.6 x 0.6 | Br36 | 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.