UT Southwestern Department of Radiology

Protocol Name: CT FAI - Bilateral

Orderable Name: CT LOWER EXTREMITY RIGHT WO IV CONTRAST

Epic Button: CT FAI - Bilateral

CT LOWER EXTREMITY LEFT WO IV CONTRAST

Adult Only

CTDIvol < 50 mGy

Indications: CT evaluation for bilateral femoroacetabular impringement and/or hip

dysplasia, femoral torsion

Acquisitions: 2 Active Protocol

IV Contrast: None	Other Contrast: None	Airway
		Other Notes Patient supine, tape toes together Scan through pelvis/hips, then scan both knees (cover femoral condyles)
		Use both RIGHT and LEFT orderables
		Dual energy/Spectral scanner required.
	v Contrast: None	

Last Change: 1/13	/2023	Last Review: 1/29/2025 Links	General Statements				
	Send vo	olume to TeraRecon	Do not repeat CT scan, recon from 1st acquisition	Do not r	epeat CT scan, recon from 1st acquisition	Do not	repeat CT scan, recon from 1st acquisition
Special Instructions							
Acq # / Series Name	1	Noncontrast	N/A Noncontrast	N/A	Noncontrast	N/A	Noncontrast
Phase Timing							
Acquisition Protocol			Recon Only	Recon C	nly	Recon (Only
Coverage	Iliac cre	est to below lesser trochanter	Iliac crest to below lesser trochanter	Acetabu	llar roof to below lesser trochanter	Acetabi	ular roof to below lesser trochanter
FOV	Pelvis		Pelvis	Right Hi	р	Right H	ip FROITY O
Algorithm	Soft Tis	ssue	Bone	Soft Tiss	ue	Bone	S. ORNESIDIUM
Axial Recons	3 mm,	Volume	3 mm, Volume	3 mm		3 mm	
Other Planar Recons	3 mm (coronal and sagittal	3 mm coronal and sagittal	3 mm co	oronal and sagittal	3 mm c	coronal and sagittal
MIP Recons							
†DECT Philips	Gout m	naps (cor/sag), BM edema, SBI				18	
†DECT Siemens		naps (cor/sag), BM edema, low/high kVp, E 100, mono E 120					
†PC-CT Siemens							TERN MEDICA

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dysplasia, femoral torsion

Acquisitions: 2 Active Protocol

Oral Contrast: None	IV	Contrast: None	Other Contrast: None	Airway
				Other Notes Patient supine, tape toes together Scan through pelvis/hips, then scan both knees (cover femoral condyles)
				Use both RIGHT and LEFT orderables
				Dual energy/Spectral scanner required.
Last Change: 1/13/2023	Last Review: 1/29/202	O25 Links: General Statements		

Last Change. 1/13	/2023 Last Review. 1/29/2025 Lii	ks. <u>General Statements</u>		
	Do not repeat CT scan, recon from 1st acquisition	Do not repeat CT scan, recon from 1st acquisition		Do not repeat CT scan, recon from 2nd acquisition
Special				·
Instructions				
Acq # / Series Name	N/A Noncontrast	N/A Noncontrast	2 Noncontrast	N/A Noncontrast
Phase Timing				
Acquisition Protocol	Recon Only	Recon Only		Recon Only
Coverage	Acetabular roof to below lesser trochanter	Acetabular roof to below lesser trochanter	Inferior patella to top of tibial plateau	Inferior patella to top of tibial plateau
FOV	Left Hip	Left Hip	Right Knee	Left Knee
Algorithm	Soft Tissue	Bone	Soft Tissue	Soft Tissue
Axial Recons	3 mm	3 mm	3 mm, Volume	3 mm, Volume
Other Planar Recons	3 mm coronal and sagittal	3 mm coronal and sagittal		
MIP Recons				
†DECT Philips				
†DECT Siemens				FF 12 30 E 3 S
†PC-CT Siemens				SOFERN MEDICAL