

UT Southwestern Department of Radiology

Protocol Name: Foot CT With IV Contrast

Orderable Name: CT LOWER EXTREMITY LEFT W IV CONTRAST
CT LOWER EXTREMITY RIGHT W IV CONTRAST

Adult Only

Epic Button: Foot + IV

CTDIvol < 50 mGy

Indications: Suspected infection, inflammation, tumor

Acquisitions: 1

Active Protocol

<p>Oral Contrast: None</p>	<p>IV Contrast: Link to Contrast Information</p> <p>Rate (mL/sec): 3</p> <p>Volume (mL): 60 - 75</p> <p>IV Access: Power injection: 20g or larger strongly preferred (if 22g use reduce rate to 2.5 mL/sec)</p> <p>Notes: Adjust contrast volume based on patient size.</p>	<p>Other Contrast: None</p>	<p>Airway</p> <hr/> <p>Other Notes *Place a marker at the site of most concern. Position: Foot float on positioning, sponge to create gap between table and area of interest (center on foot of interest) Use Right/Left orderable based on protocol or side indicated in reason for exam. Metal (FOV): Use 140 kVp. Dual energy/Spectral scanner required. Photon counting scanner preferred unless gout is indicated.</p>
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Last Change: 1/13/2023

Last Review: 1/31/2024

Links: [General Statements](#) [Positioning Reference](#)

Special Instructions	Use 5mm cor/sag if large patient or metal in FOV.	Do not repeat CT scan, recon soft tissue from 1st acquisition, send soft tissue kernel volume to TeraRecon Use 5mm cor/sag if large patient or metal in FOV.
Acq # / Series Name	1 60 Sec Delayed	N/A 60 Sec Delayed
Phase Timing	60 seconds	N/A
Acquisition Protocol		Recon Only
Coverage	Region of interest around foot	Same
FOV	Whole foot	Same
Algorithm	Bone	Soft Tissue
Axial Recons	3 mm	4 mm, Volume
Other Planar Recons	3 mm coronal and sagittal	4 mm coronal and sagittal
MIP Recons		
†DECT Philips	VNC,Gout maps (cor/sag), BM edema, SBI, mono E 100, mono E 120	
†DECT Siemens	VNC,Gout maps (cor/sag), BM edema, low/high kVp, mono E 100, mono E 120	
†PC-CT Siemens		

† When dual energy (DE) or photon counting (PC) CT is used

