# UT Southwestern Department of Radiology

**Protocol Name:** Hip CT With IV Contrast
**Epic Button:** Hip + IV
**Indications:** Suspected infection, inflammation, tumor

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

Adult Only
CTDIvol < 60 mGy
Active Protocol

**# Acquisitions:** 1

**Oral Contrast:** None

**IV Contrast:** Link to Contrast Information
**Rate (mL/sec):** 3
**Volume (mL):** 60 - 75
**IV Access:**
Power injection: 20g or larger strongly prefered (if 22g use reduce rate to 2.5 mL/sec)

**Notes:**
Adjust contrast volume based on patient size.

**Other Contrast:** None

**Airway**

**Other Notes**
*Place a marker at the site of most concern.
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.

**Last Change:** 1/13/2023 **Last Review:** 1/31/2024 **Links:** General Statements Positioning Reference

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|---|---|---|
| **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 kernal volume to TeraRecon<br>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** | See illustration - Acetabular roof thru lesser trochanter | Same |
| **FOV** | Whole hip | 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 140 | |
| **†DECT Siemens** | VNC,Gout maps (cor/sag), BM edema, low/high kVp, mono E 100, mono E 140 | |
| **†PC-CT Siemens** | | |

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