

# 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

<b>Oral Contrast:</b> None	<b>IV Contrast:</b> <a href="#">Link to Contrast Information</a> <b>Rate (mL/sec):</b> 3 <b>Volume (mL):</b> 75 <b>IV Access:</b> Power injection: 20g or larger strongly preferred (if 22g use reduce rate to 2.5 mL/sec)  <b>Notes:</b>	<b>Other Contrast:</b> None	<b>Airway</b>
			<b>Other Notes</b> *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):140 KVp,align beam along metal. Dual energy scanner required at CUH & OPB.

Last Change: 10/6/2022    Last Review: 1/24/2022    Links: [General Statements](#)    [Positioning Reference](#)

<b>Special Instructions</b>	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.
<b>Acq # / Series Name</b>	1 60 Sec Delayed	N/A 60 Sec Delayed
<b>Phase Timing</b>	60 seconds	N/A
<b>Acquisition Protocol</b>		Recon Only
<b>Coverage</b>	Region of interest around foot	Same
<b>FOV</b>	Whole foot	Same
<b>Algorithm</b>	Bone	Soft Tissue
<b>Primary Axial Recon</b>	3 mm	4 mm, Volume
<b>Other Recons</b>	3 mm coronal and sagittal	4 mm coronal and sagittal
<b>MIP Recons</b>		
<b>*Dual Energy Philips</b>	VNC,Gout maps (cor/sag), BM edema, SBI, mono E 100, mono E 120	
<b>*Dual Energy Siemens</b>	VNC,Gout maps (cor/sag), BM edema, low/high kVp, mono E 100, mono E 120	



\* When dual energy or spectral CT is used