

# UT Southwestern Department of Radiology

**Protocol Name:** Hip CT With IV Contrast

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

Adult Only

**Epic Button:** Hip + IV

CTDIvol < 60 mGy

**Indications:** Suspected infection, inflammation, tumor

**# Acquisitions:** 1

Active Protocol

<p><b>Oral Contrast:</b> None</p>	<p><b>IV Contrast:</b> <a href="#">Link to Contrast Information</a></p> <p><b>Rate (mL/sec):</b> 3</p> <p><b>Volume (mL):</b> 75</p> <p><b>IV Access:</b> Power injection: 20g or larger strongly preferred (if 22g use reduce rate to 2.5 mL/sec)</p> <p><b>Notes:</b></p>	<p><b>Other Contrast:</b> None</p>	<p><b>Airway</b></p> <hr/> <p><b>Other Notes</b> *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):140 KVp,align beam along metal. Dual energy scanner required at CUH &amp; OPB.</p>
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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>		<a href="#">Recon Only</a>
<b>Coverage</b>	See illustration - Acetabular roof thru lesser trochanter	Same
<b>FOV</b>	Whole hip	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