UT Southwestern Department of Radiology

Protocol Name: CT Leg Upper Half + IV

Orderable Name: CT LOWER EXTREMITY LEFT W IV CONTRAST

Epic Button: Upper Leg + IV

CT LOWER EXTREMITY RIGHT W IV CONTRAST

CTDIvol < 60 mGv

Adult Only

Indications: Suspected infection, inflammation, tumor

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Oral Contrast: None	IV Contrast: Link to Contrast Information	Other Contrast: None	Airway
	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)		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.
	Notes: Adjust contrast volume based on patient size.		

Last Change: 1/13	2/2023 Last Review: 1/29/2025 Link	ss: <u>General Statements</u>	
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 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	Above acetabulum thru knee	Same	
FOV	Focused to size of upper leg	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		
†DECT Siemens	VNC, Gout maps (cor/sag), BM edema, low/high kVp, mono E 100, mono E 140		
†PC-CT Siemens			

