Bony Pelvis

Siemens 16 Slice

Application Examples: fracture

Oral Contrast	No
IV Contrast / Volume	No

Breath Hold	Hold Breath

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6 mm
kV / mAs / Rotation Time	130 kV / 140mAs / 1.0 seconds
Care Dose	On
Pitch	0.8
Typical CTDIvol	17.39 mGy

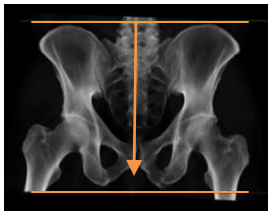
Topogram: AP, 512 mm

Pelvis	Width / Increment	Kernel	Window	Series Description	Networking
Recon 1	3 x 1.5	B60s	Bone	AXIAL BONE	PACS
Recon 2	3 x 1.5	B20s	Spine	AXIAL STND	PACS
Recon 3	0.75 x 0.5	B20s	Bone	AXIAL 0.75 x 0.5 SMOOTH	MPR / TeraRecon / Definition

CT scans of the bony pelvis are most often obtained in the setting of an acute trauma. This protocol is designed to examine the cortex of the pelvic ring and acetabuli. Note that data originally obtained for a soft tissue pelvis (i.e. as part of a trauma series) can be reconstructed and reformatted to a bony pelvis providing the raw data is still available.

Position: Patient supine, feet first with legs flat on the table (no cushions or wedges).

Scan Range: Scan from above iliac crests (IC) through ischial tuberosities including all fracture(s).

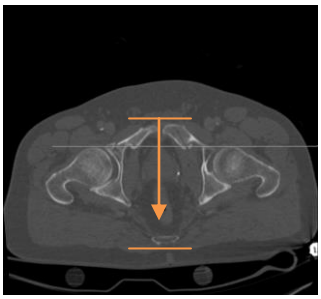


Recons: Axial images displayed in bone and soft tissue windows through entire pelvis.

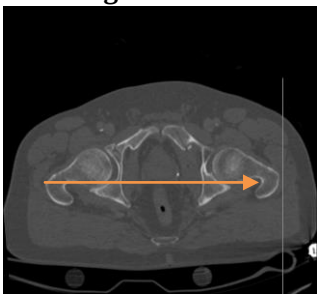
2D Reformations: Post processing done in 3D card. Align all three viewports in true orthogonal planes before making reformations. Coronal and sagittal MPRs as depicted below. If patient is not in ideal position, create a true axial MPR data set, 3x3 mm.

Series: Pelvis	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	3 x 3	Bone	COR	PACS
Recon 3	Sagittal MPR	3 x 3	Bone	SAG	PACS
Recon 3	Axial MPR	3 x 3	Bone	AXIAL MPR	PACS

Coronal MPR



Sagittal MPR



3D: Upon request.