Patient’s Name: ________________________  UW Med Rec #: ________________________

Protocolled by:  ☑ DB  ☑ KD  ☑ ADS  ☑ RK  ☑ KL  ☑ HR  ☑ KS  ☑ MT  Other: ________

Choose one (or more) of the following Reformatting Protocols:

☐ A) WHOLE PELVIS (For any case that does not specify the SI joints)
☐ For “FAI” add oblique reforms, parallel to femoral necks.

Reformat slices 3mm Thick at 3mm Intervals in all 3 planes

1) Straight Axial Reformat
   ✓ Set-up off a Coronal image that shows both femoral heads.
   ✓ Angle such that slices cut through Femoral Heads evenly (dotted line).
   ✓ Cover from Iliac Crests through Ischial Tuberosities and Lesser Trochanters.

2) Straight Coronal Reformat
   ✓ Set-up off an Axial image that shows pubic symphysis.
   ✓ Angle slices through ischial tuberosities evenly (dotted line).
   ✓ Cover from in front of the pubic symphysis to behind the gluteal muscles.

3) Straight Sagittal Reformat
   ✓ Can set-up off same axial image as above.
   ✓ Cover continuously from the right hip to the left hip, including the sacrum.

☐ B) Judet Views (For EVERY case with ACETABULUM FRACTURE!)
To reformat Judet views on GE CT scanner:
1) Move reference to femoral head on Oblique viewport
2) Adjust Slice Thickness (middle mouse button) ~60mm
3) Change “MIP” to “Average” (right mouse button)
4) Set Window=1500, Level=300
5) Hide Annotations (right mouse button)
6) Click “Rotate/Translate” button; set to 45 degrees
7) Click ← to “Rotate to Left”
8) Save Image (right mouse button)
9) Click → TWICE to rotate to center, then to right
10) Save this image as well.
   Repeat steps 7-10 for other hip. Send the 4 images.

☐ C) SI Joints  Reformat 3mm Thick at 3mm Intervals

1) Oblique Coronal Reformat
   ✓ Set-up off a mid-line Sagittal image through the Sacrum.
   ✓ Angle slices parallel to the long axis of the Sacrum.
   ✓ Cover the Sacrum front-to-back. (Check the Reforms to make sure the SI joints are covered in their entirety.)

2) Oblique Axial Reformat
   ✓ Set-up off same mid-Sagittal image as above.
   ✓ Angle slices to be perpendicular to the Oblique Coronals.
   ✓ Cover the entire Sacrum top-to-bottom.
Bony Pelvis Scanning Technique

- Patient supine, legs flat on the table.
  - No cushions/wedges under legs/feet!
- Helical slices, 1.25mm Thick, 0.62mm Intervals
- “BonePlus” and “Standard” Algorithms
- Coverage: (see picture to the right →)
  - From above Iliac Crests (white line)
  - To below Lesser Trochanters and below Ischial Tuberosities (gray line)

  *If Hardware is present, MUST cover the hardware and adjacent bone* (dotted line)

- Reformat as specified on other side of this sheet.
  - Use “BonePlus” images for all 2D reformats.
  - Use a “Bone Window” (1500/300).
- Do not create “Standard” 2D reformats unless requested by radiologist.
- Send the source images only (BonePlus and Standard) to the “Source Folder”.
- Send the Scout and Reformatted images to the “CT Folder”.

Indications for CT Bony Pelvis

1) CT scans of the Bony Pelvis are most often obtained in the setting of acute trauma.
   - The protocol is designed to examine the cortex of the pelvic ring and acetabuli.
     - *Typically these scans are performed WITHOUT oral or IV contrast.*
   - These studies are read by the Musculoskeletal Division.
   - A CT scan of the Bony Pelvis is VERY DIFFERENT than a CT Soft Tissue Pelvis.
     - A Soft Tissue Pelvis CT is often performed in conjunction with an Abdomen CT.
     - *Typically these scans are performed WITH oral and IV contrast.*
   - These studies are read by the Abdominal Division.
   - In most cases, data originally obtained for a Soft Tissue Pelvis (e.g. as part of a trauma series) can be reconstructed as above and then reformatted to a Bony Pelvis.
     - **PROVIDED THE RAW DATA IS STILL AVAILABLE ON THE SCANNER**
       - Raw Data typically remains of the hard drive for 24 hours, until overwritten.
       - Requests for reformatted bone CTs should be submitted within 24 hours.
       - If the raw data is no longer available, the patient may have to be re-scanned in order to provide the high-resolution bone images we expect.

2) Post-operative scans may be requested to assess healing, hardware, or osteolysis
   - These scan are usually ordered by the orthopedic surgeon
   - **Scanning Field Of View (FOV) MUST cover the hardware and adjacent bone!**

3) SIJs (Sacroiliac Joints) are scanned like a bony pelvis, but reformatted as differently
   - CT of SIJs is well suited to assess cortical changes (erosions, sclerosis)
   - MRI (with contrast) is more sensitive for detecting active inflammation

4) Heterotopic Ossification (3D reformats are particularly helpful in these cases)

**Indications for imaging studies OTHER THAN CT Bony Pelvis**

5) Femoral Anteversion… There is a separate protocol sheet for this type of study.
6) Insufficiency/Stress Fractures of Sacrum, Femoral Neck, and/or AVN
   - MRI (without contrast) is more sensitive for detecting occult fractures and AVN.
7) Tumors/Infections of the Hips/Bony Pelvis
   - MRI (+/- contrast) is preferred over CT for most bone tumors and infections.