



RADIOGRAPHIC TECHNIQUE-1

PELVIC RADIOGRAPHY

Sawa University

College of health and medical techniques

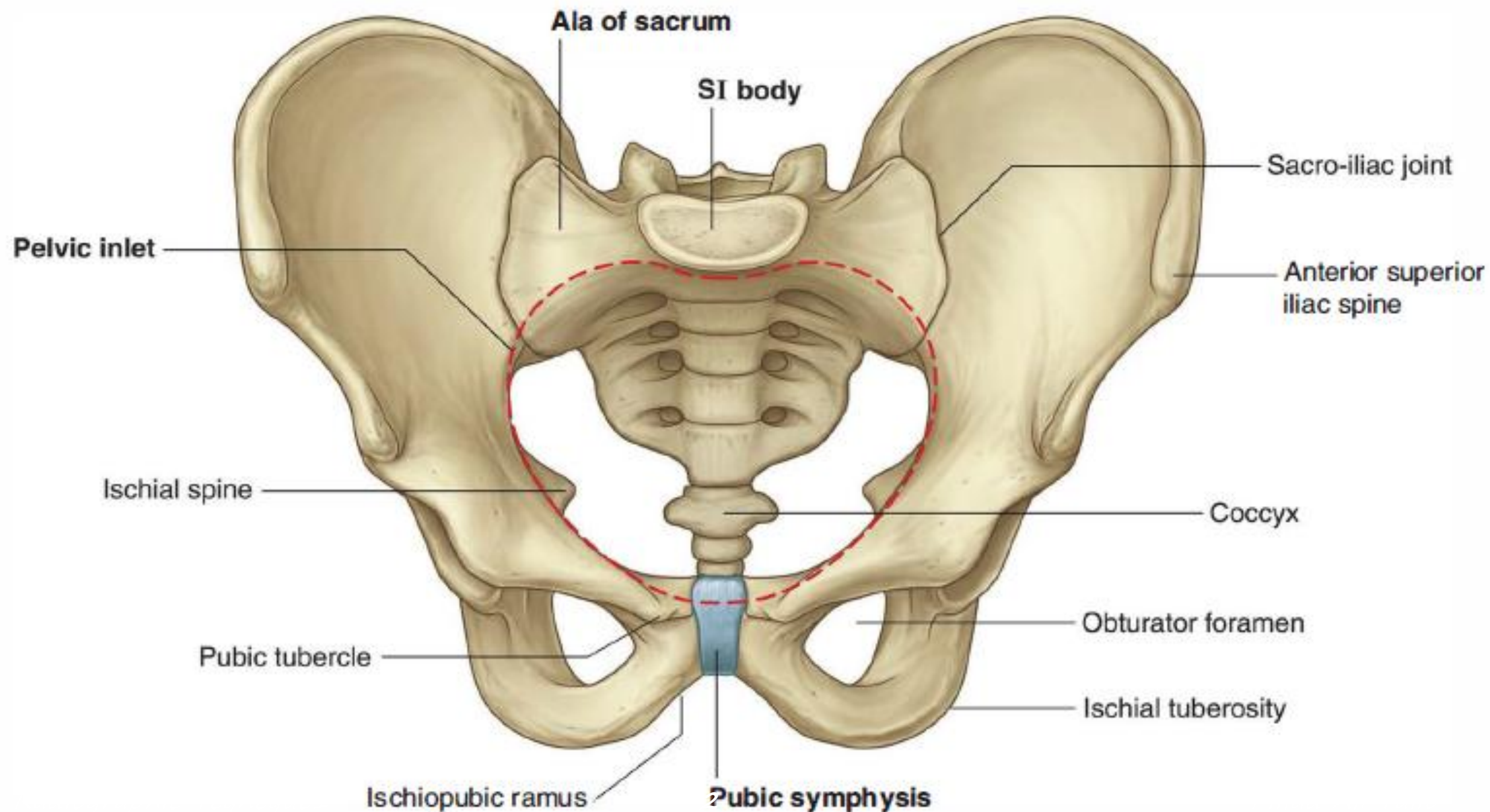
Department of Radiology Tech.

2nd Academic year

LEC.3

THEORTICAL

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M.Sc Radiology Technology**



Pelvic Radiography

Routine

- AP Pelvis
- AP bilateral frog - leg (modified Cleaves)
- LATERAL

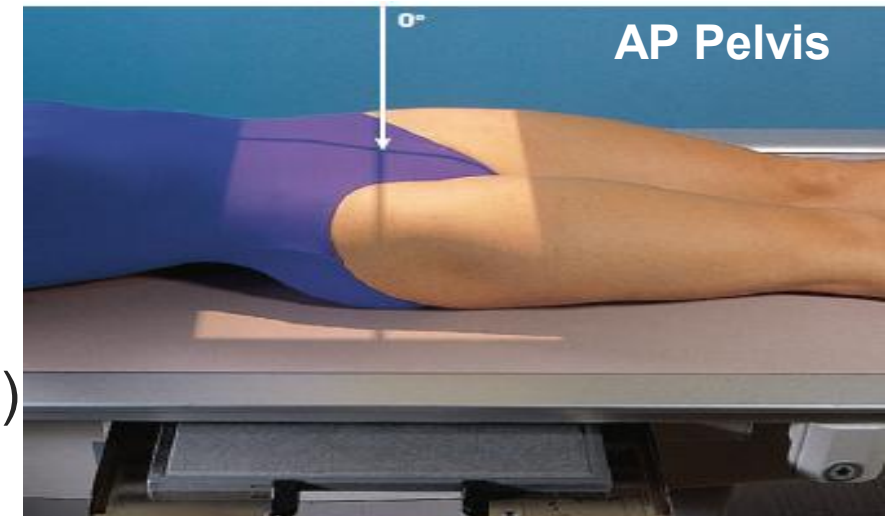
AP Pelvis

Clinical Indications

Fractures, joint dislocations, degenerative disease, and bone lesions.

Position

- Supine, pelvis centered to centerline, legs extended
- Both feet, knees, and legs equally rotated internally 15°.
- Support under knees for comfort.
- Ensure no rotation of pelvis (*ASISs equal distance from *TT)
- Center IR to CR. (Include entire pelvis.)

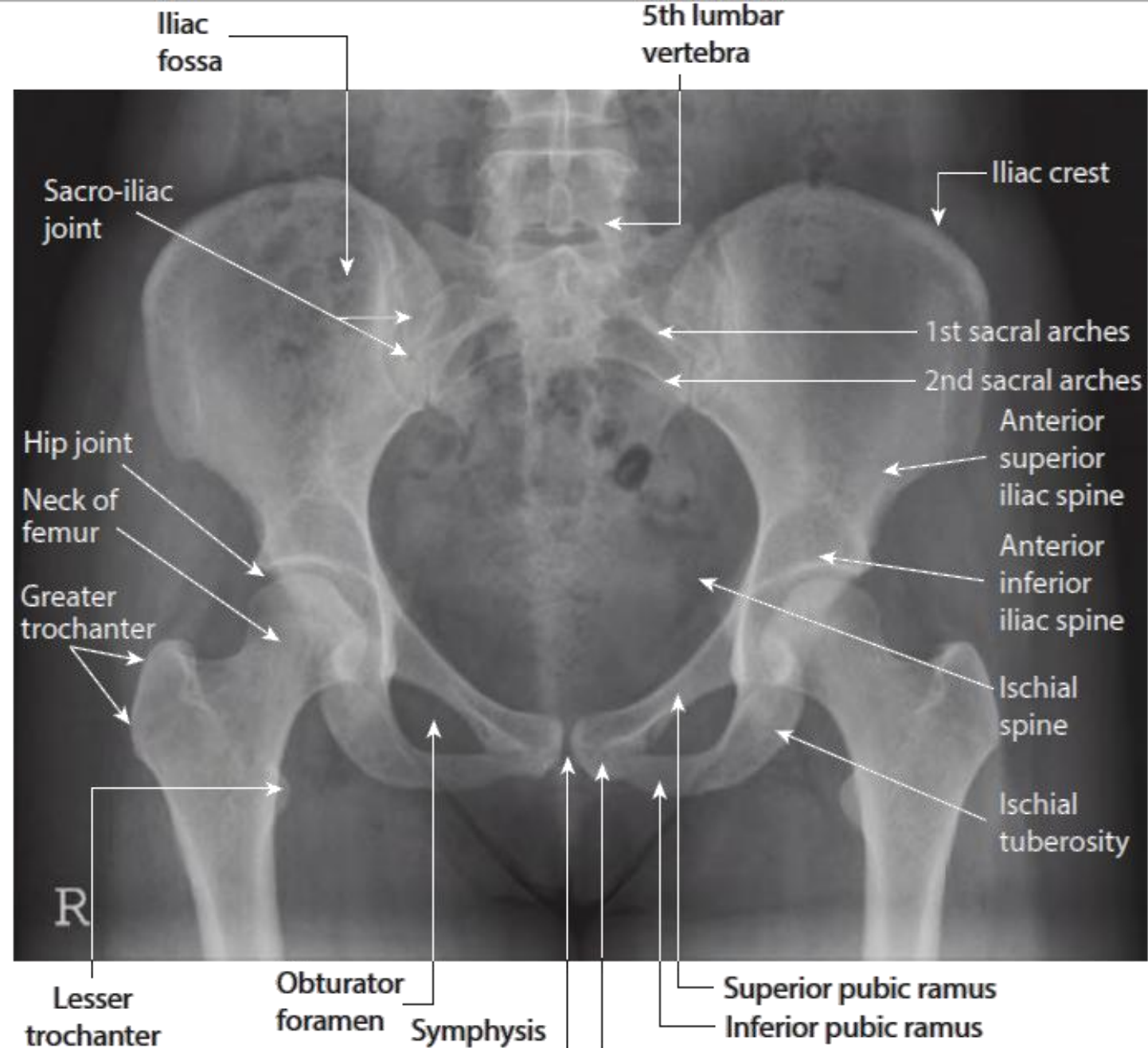


Central Ray: CR \perp , midway between ASISs and symphysis pubis (which is about 5 cm distal to level of ASISs)

Collimation: Collimate on four sides to anatomy of interest.

Technique:

- IR: 14 x17" CW
 - Respiration: Suspend
 - kVp:85
- Grid: YES
SID: 102 cm
mAs: 12.5



Pelvis

AP Bilateral Frog- Leg Projection:

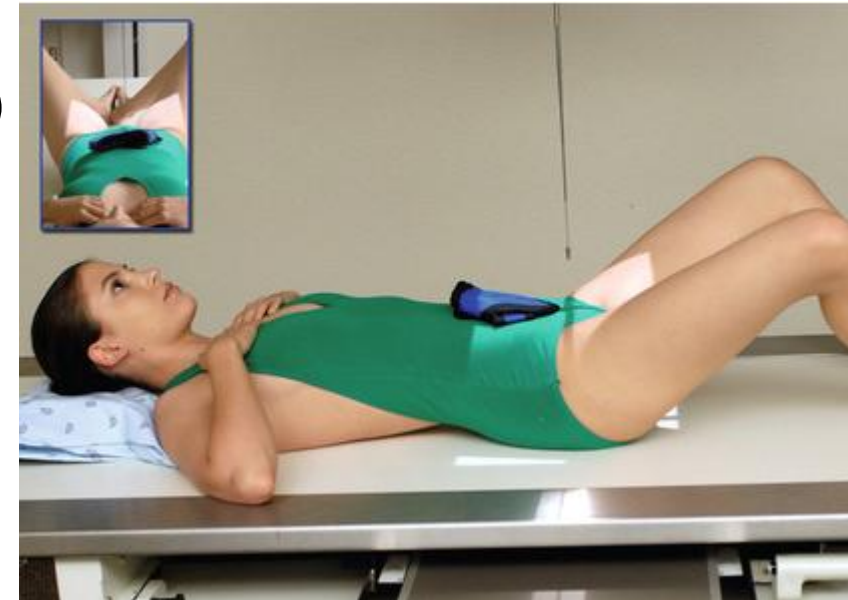
Clinical Indications:

- Demonstration of a non-trauma hip.
- Developmental dysplasia of hip (DDH), also known as congenital hip dislocation (CHD).

Patient Position:

- Supine, centered to CR and IR, flex hips and knees and abduct both thighs equally to 45° from vertical* if possible, with feet together
- Ensure no rotation of pelvis (ASISs equal distance from table)
- Center IR to CR, shield gonads (male and female).

WARNING: Do not attempt this position on a patient with destructive hip disease or with potential hip fracture or dislocation.



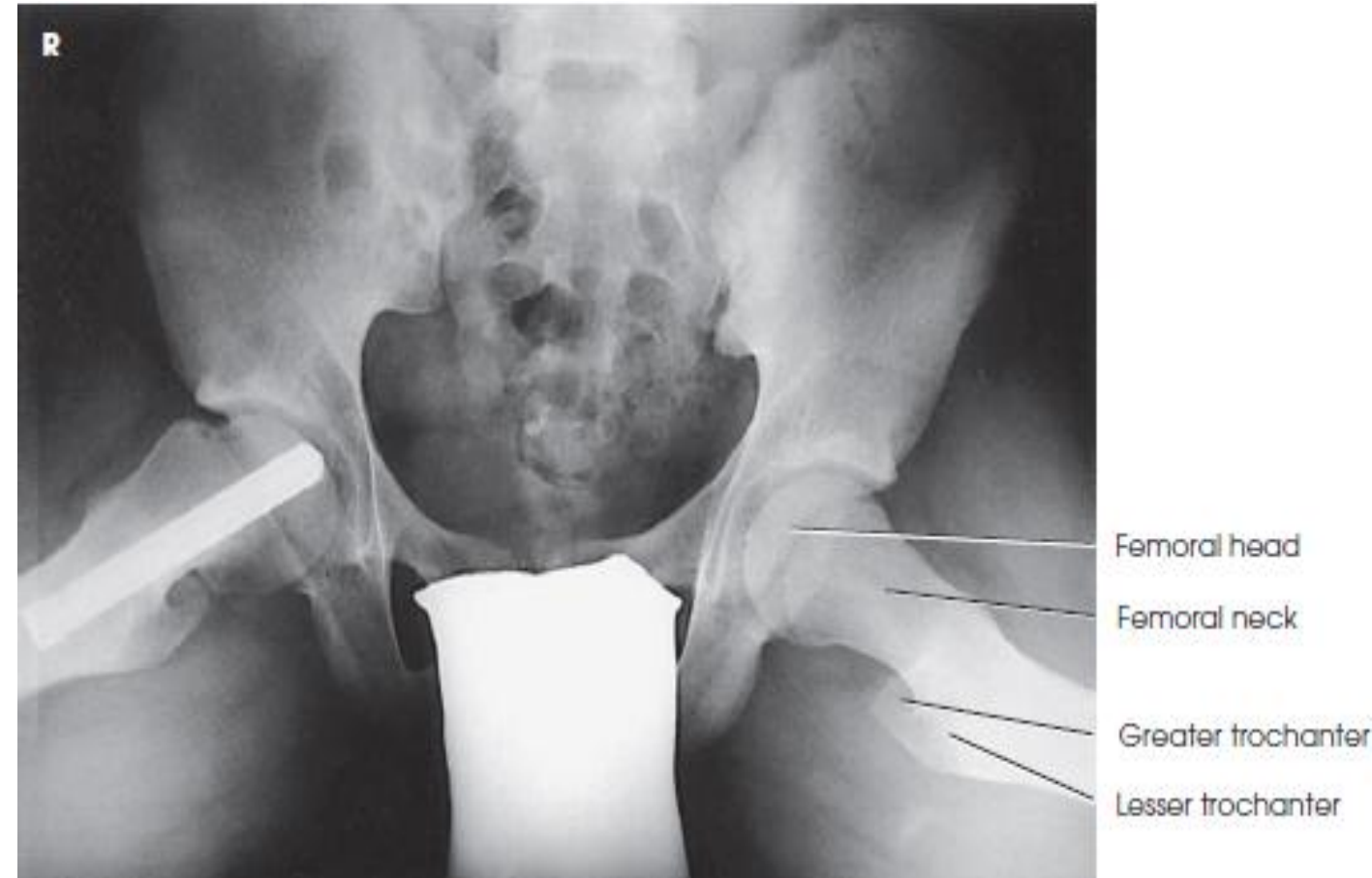
Pelvis

Central Ray: CR \perp , to level of femoral heads (\approx 7-8 cm inferior to level of ASISs)

Collimation: Collimate on four sides to anatomy of interest.

Technique:

- IR: 14 x17" CW
 - Respiration: Suspend
 - kVp:80
- Grid: Yes
SID: 102 cm
mAs: 28

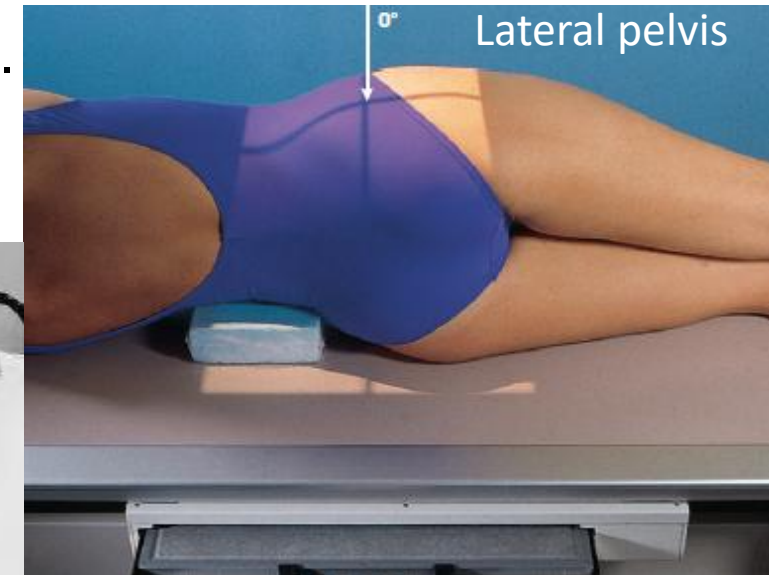


Pelvis

Lateral Projection (right or left position)

Clinical Indications:

- Uncommon for general imaging and is primarily used for patients having gynecological radiotherapy treatment, but may be used as part of a specific pelvimetry series for assessing the pelvic inlet and outlets.
- **Patient Position:**
- Patient in the lateral recumbent, dorsal decubitus, or upright position.
- Center the midcoronal plane of the body to the midline of the grid.
- Extend the thighs enough to prevent the femora from obscuring the pubic arch.
- Place a support under the lumbar spine,
- Place one knee directly over the other knee.



Pelvis

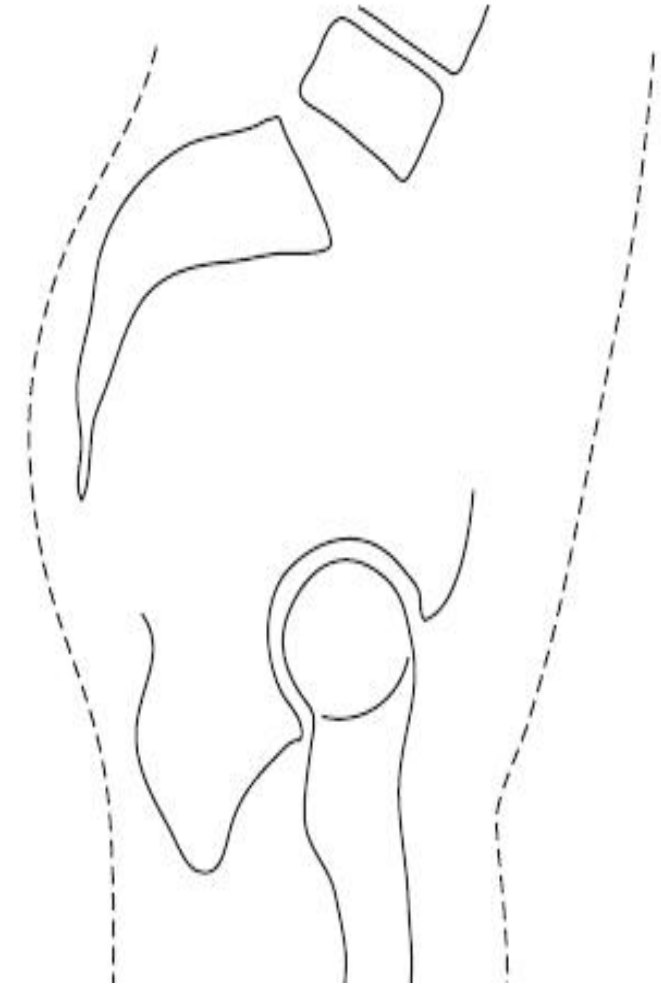
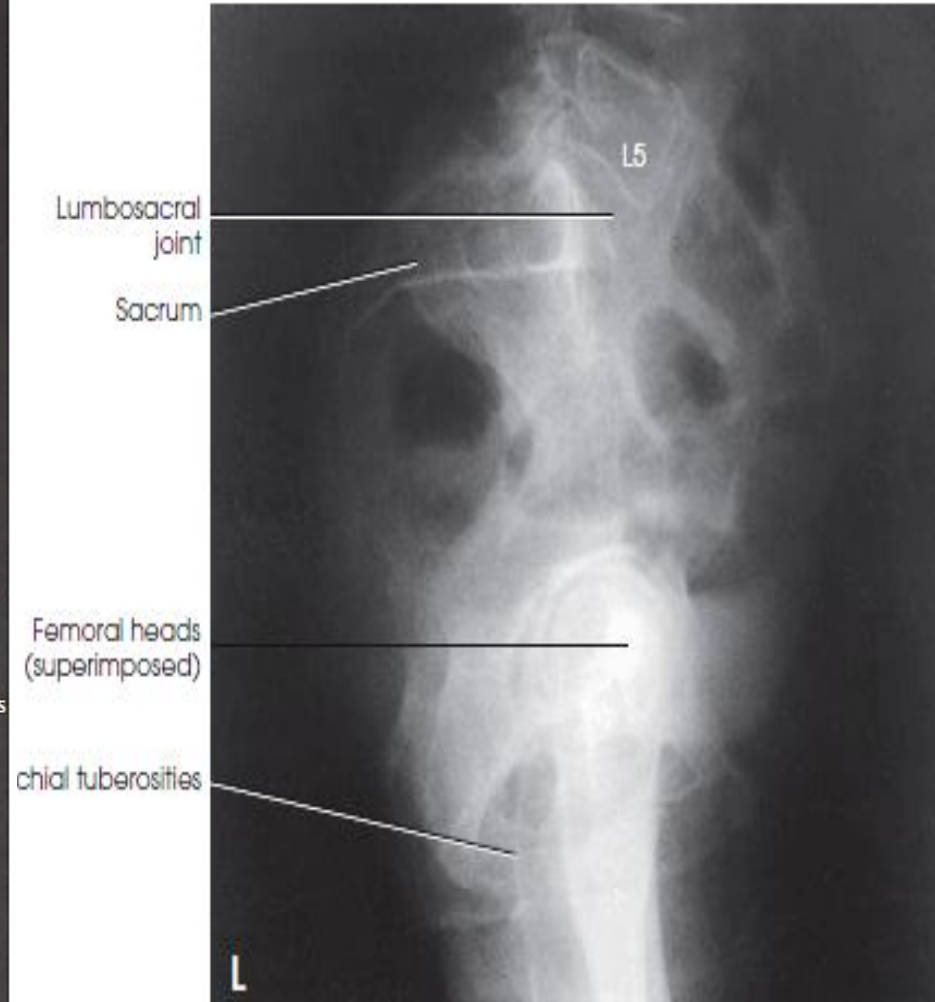
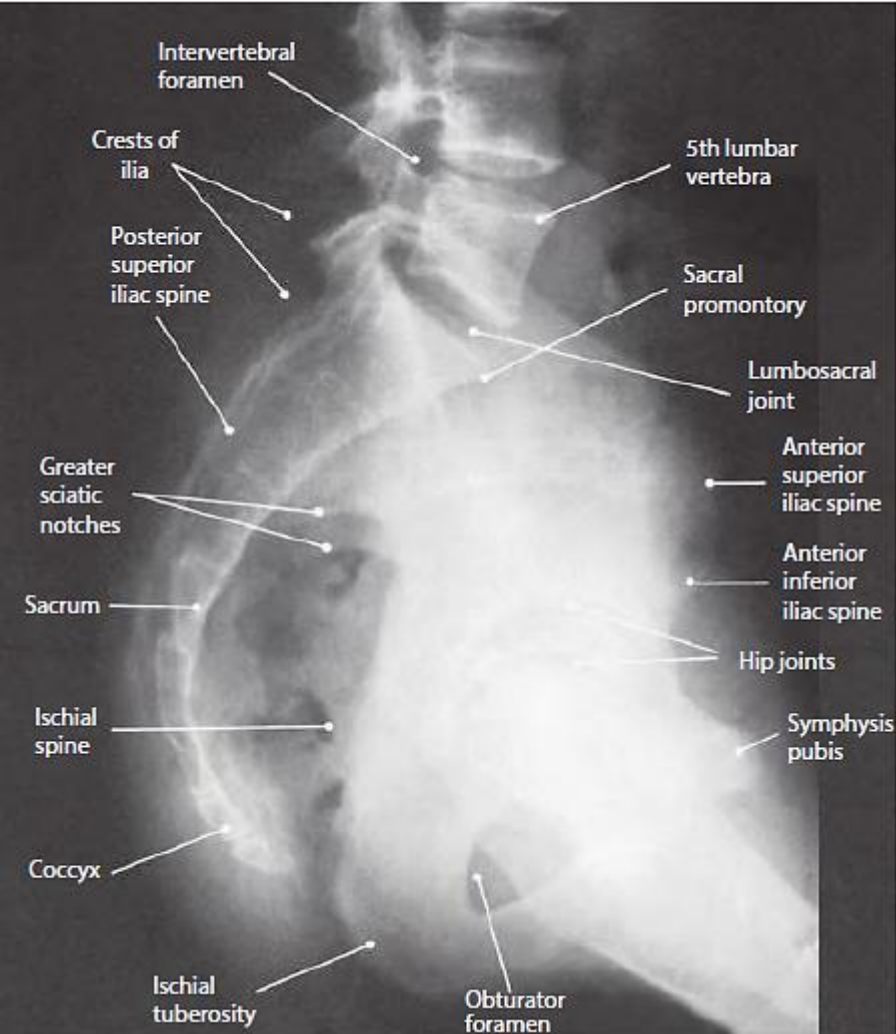
Central Ray: level of the soft tissue depression just above the palpable prominence of the greater trochanter (approximately 5 cm) and to the midpoint of the image receptor)

Collimation: Collimate on four sides to anatomy of interest.

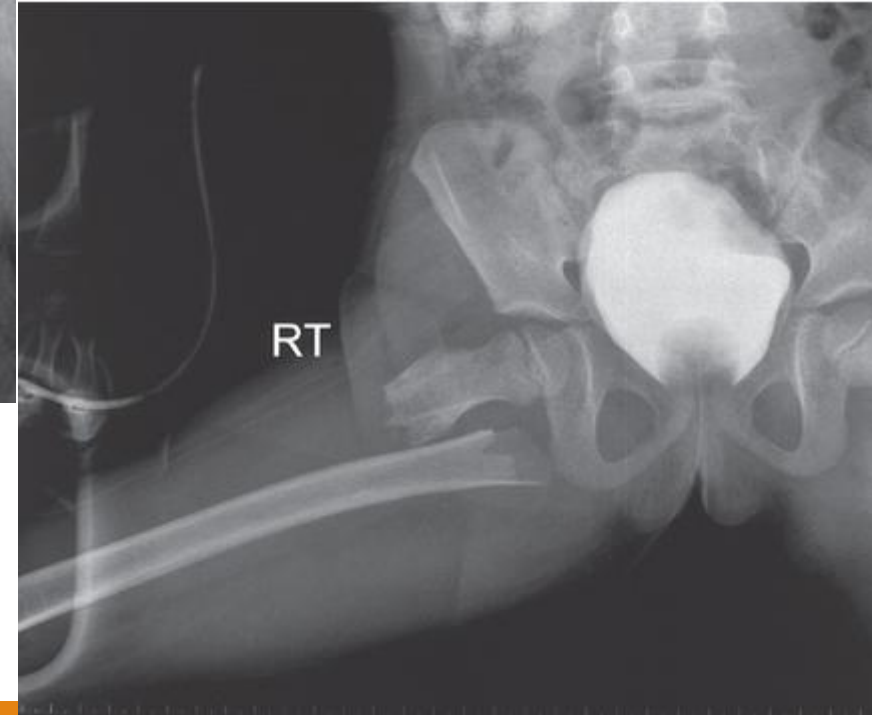
Technique:

- IR: 14 x17" CW Grid: Yes
- Respiration: Suspend SID: 102 cm
- kVp:85 mAs: 45

Pelvis



Pelvis



- * ASIS (Anterior Superior Iliac Spines)
- * TT (tabletop).