



# RADIOGRAPHIC TECHNIQUE-1

## PELVIC RADIOGRAPHY

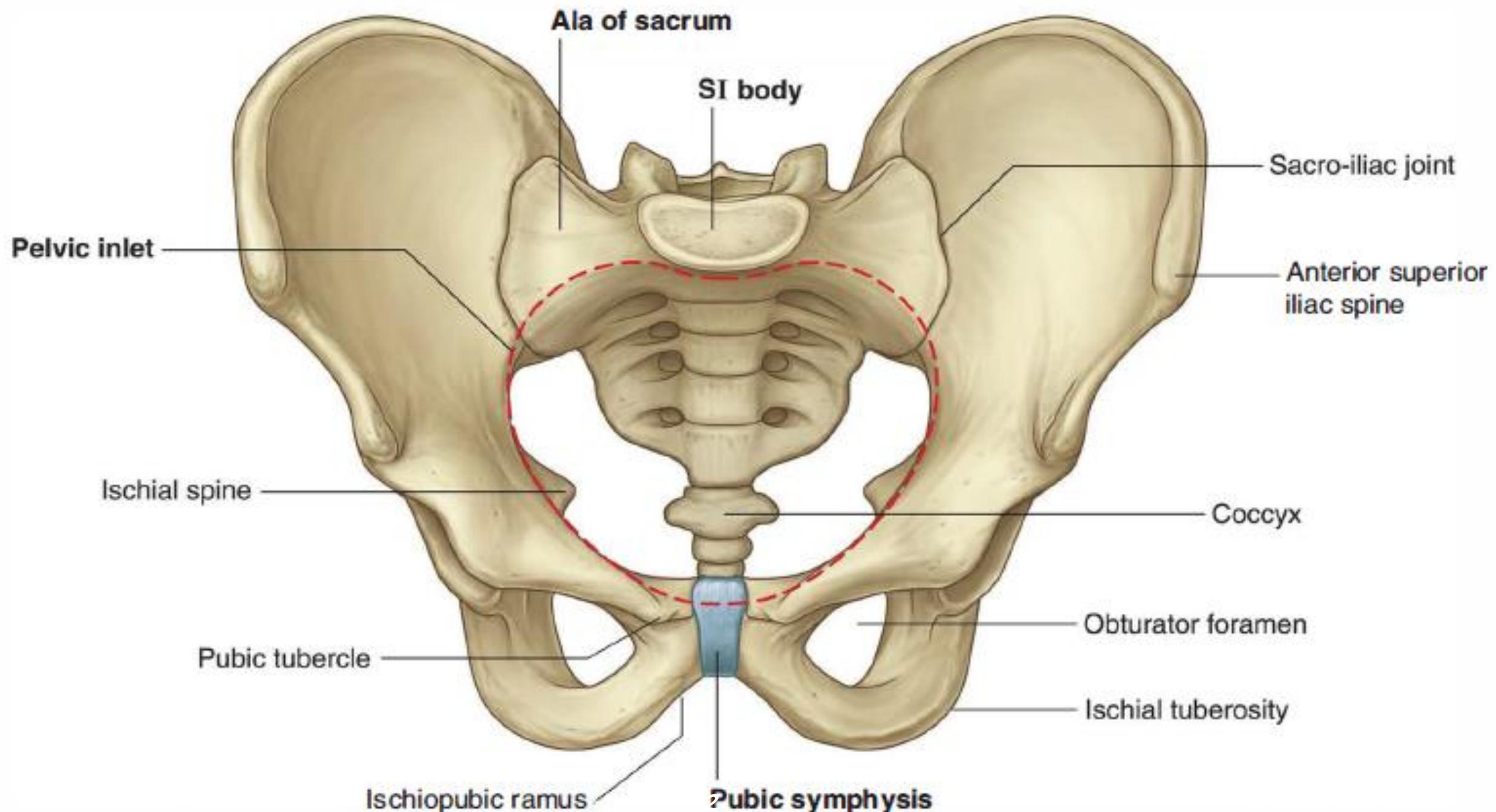
**Sawa University**

**College of health and medical techniques**

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**2<sup>nd</sup> Academic year**

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**M.Sc Radiology Technology**



# Pelvic Radiography

## Routine

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

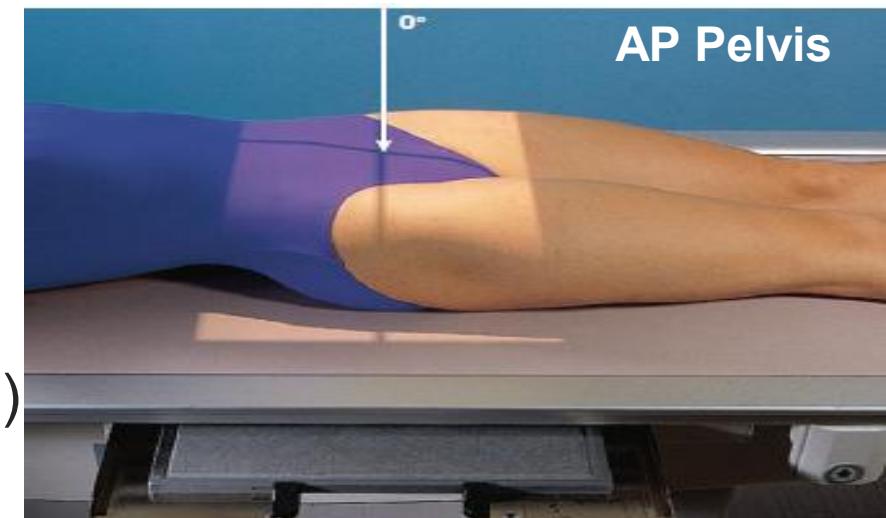
## AP Pelvis

### 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.)

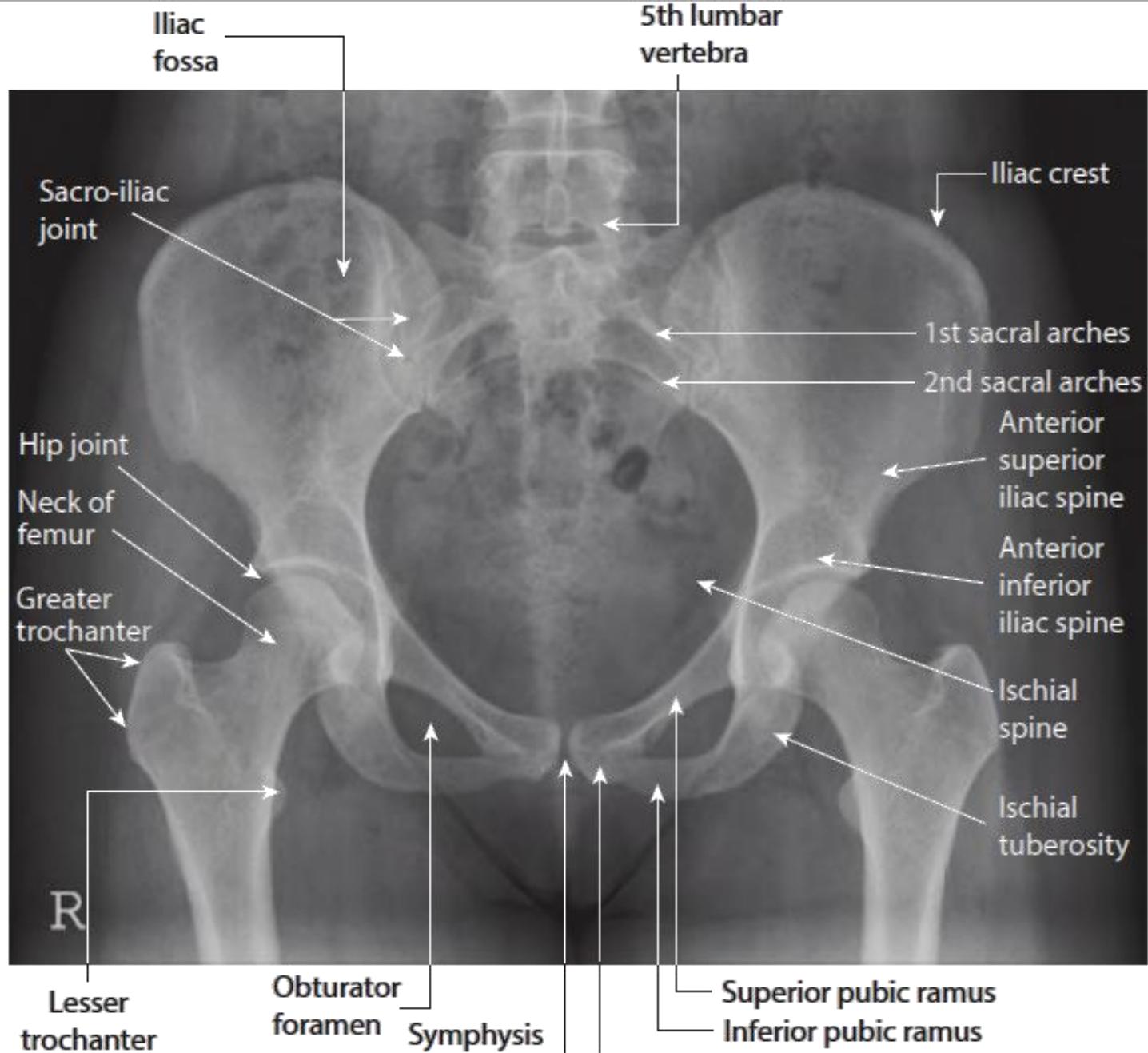


**Central Ray:** CR  $\perp$ , midway between ASIs and symphysis pubis (which is about 5 cm distal to level of ASIs)

**Collimation:** Collimate on four sides to anatomy of interest.

**Technique:**

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



# Pelvis

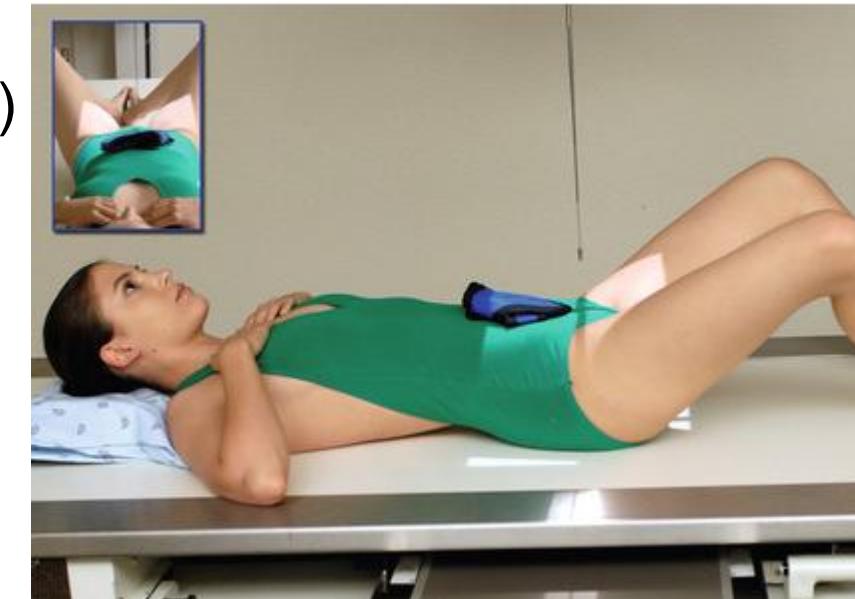
## AP Bilateral Frog- Leg Projection:

### 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.

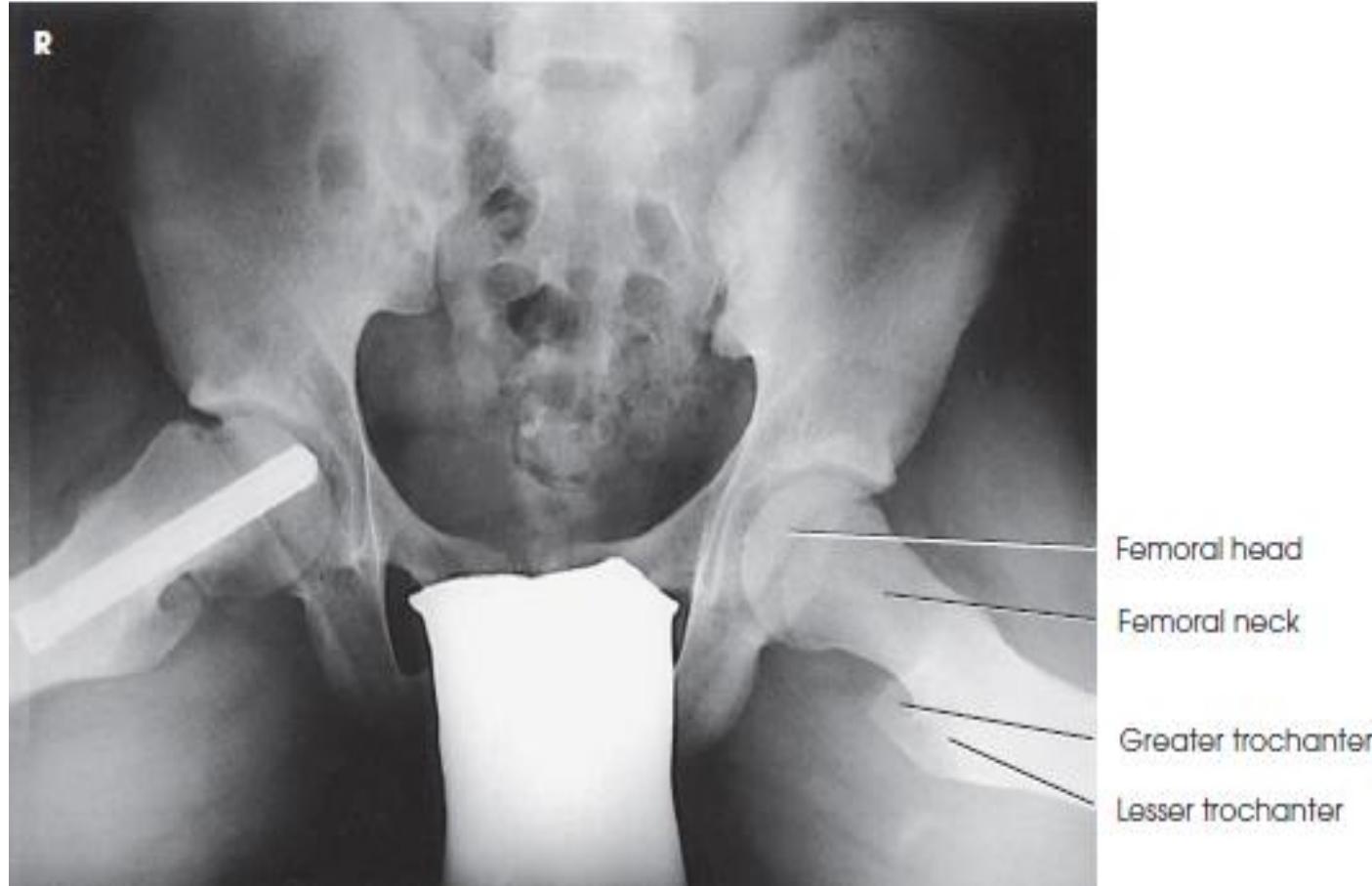
# Pelvis

**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 Grid: Yes
- Respiration: Suspend SID: 102 cm
- kVp:80 mAs: 28



# Pelvis

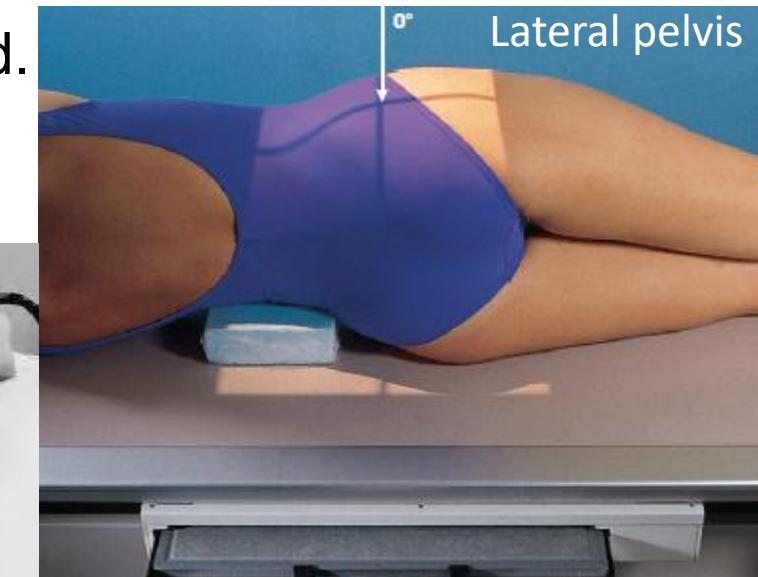
## Lateral Projection (right or left position)

### 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

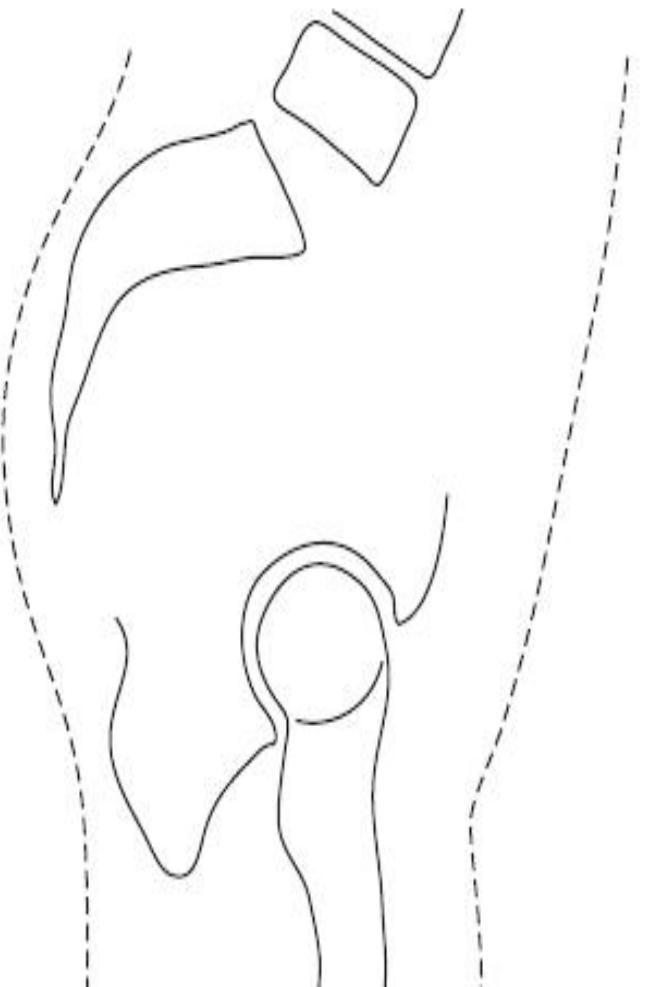
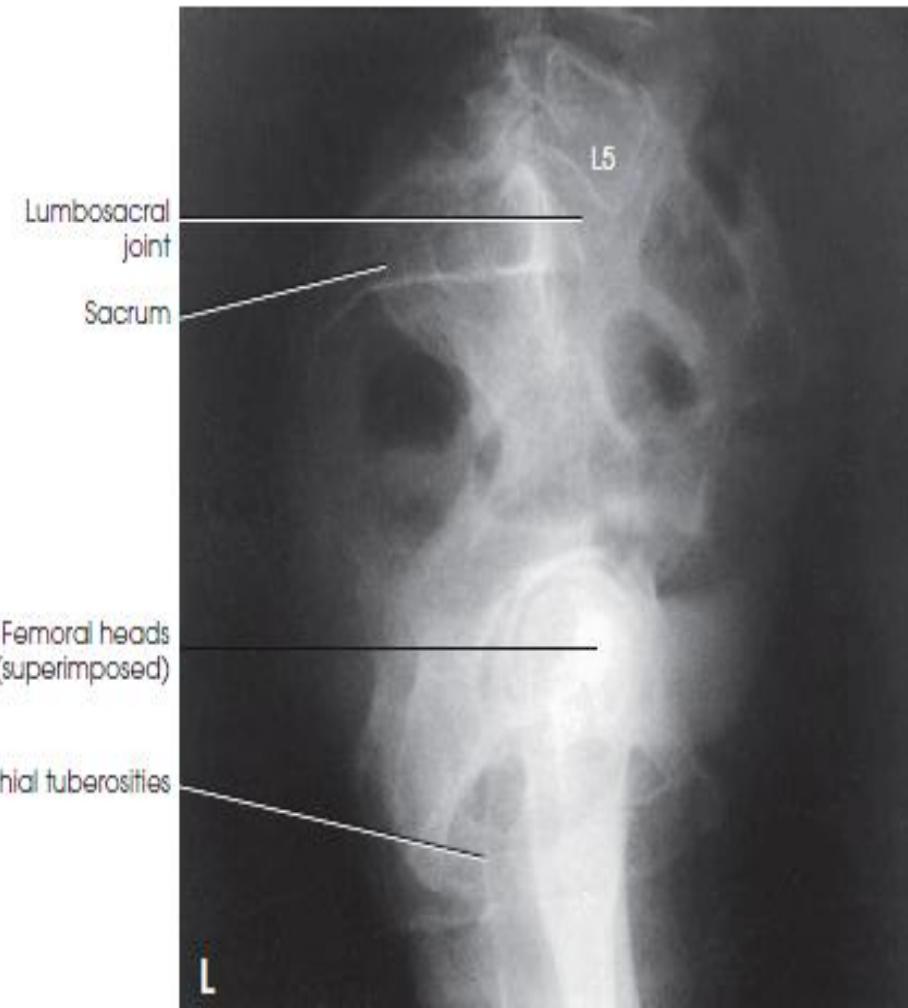
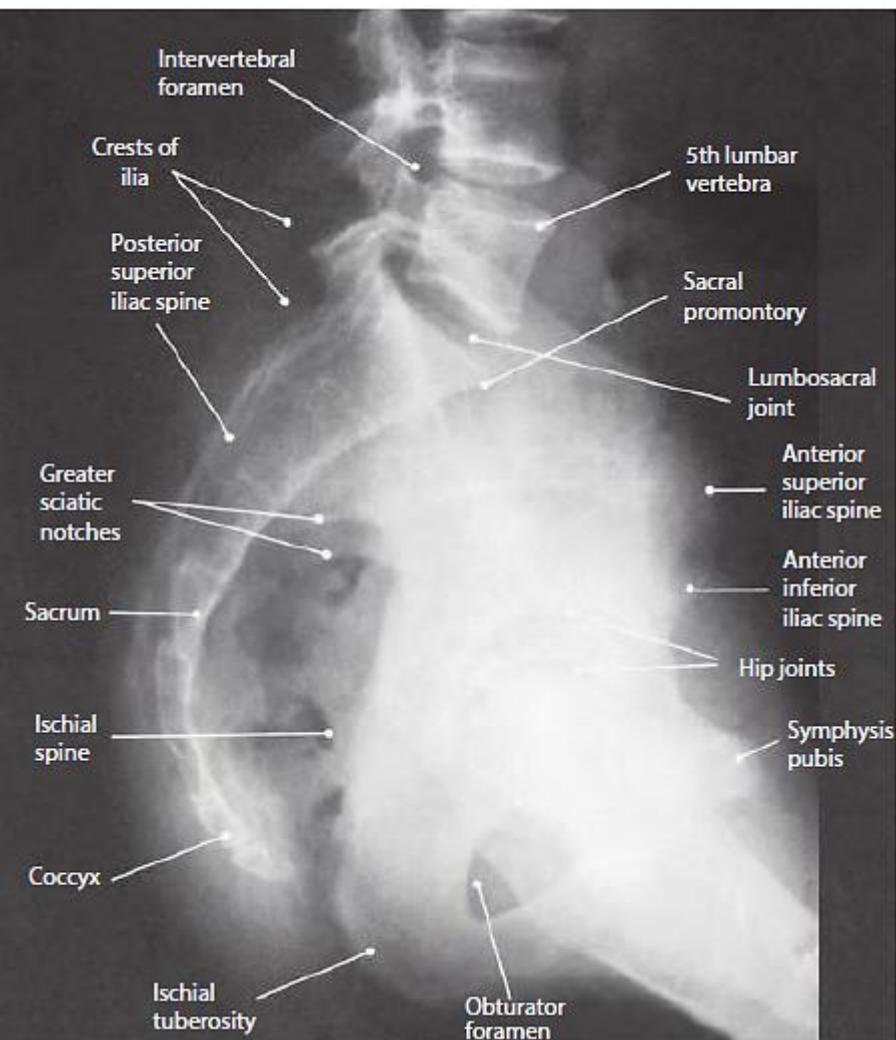
**Central Ray:** level of the soft tissue depression just above the palpable prominence of the greater trochanter (approximately 5 cm) and to the midpoint of the image receptor)

**Collimation:** Collimate on four sides to anatomy of interest.

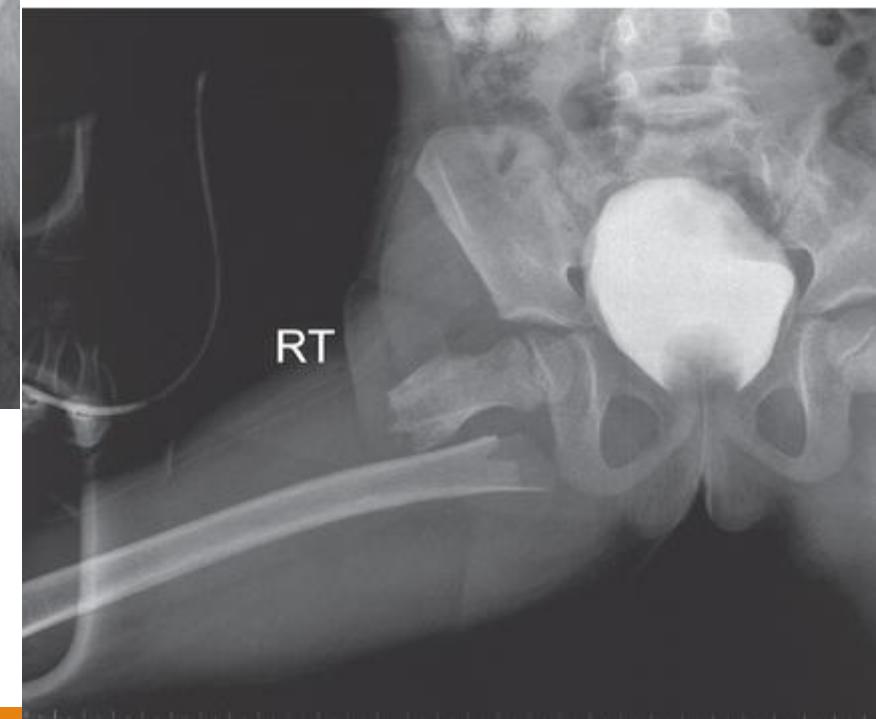
## Technique:

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

# Pelvis



# Pelvis



\* ASIS (Anterior Superior Iliac Spines)

\* TT (tabletop).