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**EXAM: ABDOMEN 1 VIEW (KUB)**

**SUPPLIES:** 14X17 Cassette (Patient size dependent)

**ORIENTATION OF FILM:** Portrait or landscape depending on patient's body habitus  
Fuji cassette with green stripe up (portrait) or green stripe to the patient's right (landscape)

**IMAGING CRITERIA:** Supine AP view of abdomen. Must include kidneys, ureters, and bladder. This may require more than one film. Bladder shot or kidney shot may be needed to complete KUB.

**\*Proper collimation must be performed particularly with pediatric patients.**

**IMAGE PROCESSING VALUES:**

Fuji S# Range **200-600**

**PACS IMAGING ORDER:** KUB then any additional image.



**EXAM: ABDOMEN 2 VIEW**

**SUPPLIES:** 14X17 Cassettes (patient size dependent)

**ORIENTATION OF FILM:** Portrait or landscape depending on patient's body habitus.  
Fuji cassette with green stripe up (portrait) or green stripe to the patient's right (landscape)

**IMAGING CRITERIA:** Supine AP view of the abdomen. Must include kidneys, ureters, and bladder. This may require more than one film. Bladder shot or kidney shot may be needed to complete the KUB. Also, an upright view of the abdomen to include the diaphragm. If the patient is unable to stand then a **left** lateral decubitus film will be obtained to include the side up as the area of interest.

**\*Proper collimation must be performed particularly with pediatric patients.**

**IMAGE PROCESSING VALUES**

Fuji S# Range **200-600**

**PACS IMAGING ORDER:** Upright or decubitus image then the KUB.



**EXAM: ABDOMEN SERIES**

**SUPPLIES:** 14x17 Cassettes (patient size dependent)

**ORIENTATION OF FILM:** Portrait or landscape depending on patient's body habitus.  
Fuji cassette green stripe up (portrait) or green stripe to the patient's right (landscape)

**IMAGING CRITERIA:** AP upright chest to include both apices and both costophrenic angles. Semi-erect chest or supine chest is acceptable if patient is unable to be positioned upright. Please indicate on image if exam not done upright. Supine AP view of the abdomen. Must include the kidneys, ureters and bladder. This may require more than one film. Bladder shot or kidney shot may be needed to complete the KUB. Also, an upright view abdomen to include the diaphragm. If the patient is unable to stand then a **LEFT** lateral decubitus film will be obtained to include the side up as the area of interest.

**\*Proper collimation must be performed particularly on pediatric patients.**

**IMAGE PROCESSING VALUE:**

Fuji S# Range **200-600**

**PACS IMAGING ORDER:** PA/AP Chest, upright or decubitus abdomen then KUB.



**EXAM: ACROMIOCLAVICULAR JOINTS**

**SUPPLIES:** 14x17 cassette (patient size dependent)

**ORIENTATION OF FILM:** Landscape depending on patient's body habitus.  
Fuji cassette green stripe to patient's right.

**IMAGING CRITERIA:** AP standing of both A/C joints on one film without weights and then AP standing of both A/C joints with patient holding sand bags on another film.

If body habitus does not allow both joints to be imaged on one film then each A/C joint should be imaged on a 10x14 film landscape, without and with weights also.

**\*Proper collimation should be performed particularly on pediatric patients.**

**IMAGE PROCESSING VALUE:**

Fuji S# Range **150-400**

**PACS IMAGING ORDER:** AP without weights and then AP with weights.



**EXAM: ANKLE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** AP, internal oblique(making sure to oblique the ankle and not just the foot), and lateral with lateral malleolus against the film.

**\*Proper collimation should be performed particularly on pediatric patients.**

**IMAGE PROCESSING VALUE**

Fuji S# Range 150-400

**PACS IMAGING ORDER:** AP, internal oblique, and then lateral image.





## SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

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### EXAM: BONE AGE

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** PA of the left hand including wrist  
**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGING PROCESSING VALUES:**  
Fuji S# 150-400

**PACS IMAGING ORDER:** PA of the left hand



**EXAM: BONE SURVEY (METASTATIC)**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait, or landscape body habitus dependent  
Fuji cassette is green stripe up (portrait) or green stripe to patient's right

**\*Proper collimation should be performed particularly on pediatric patients**

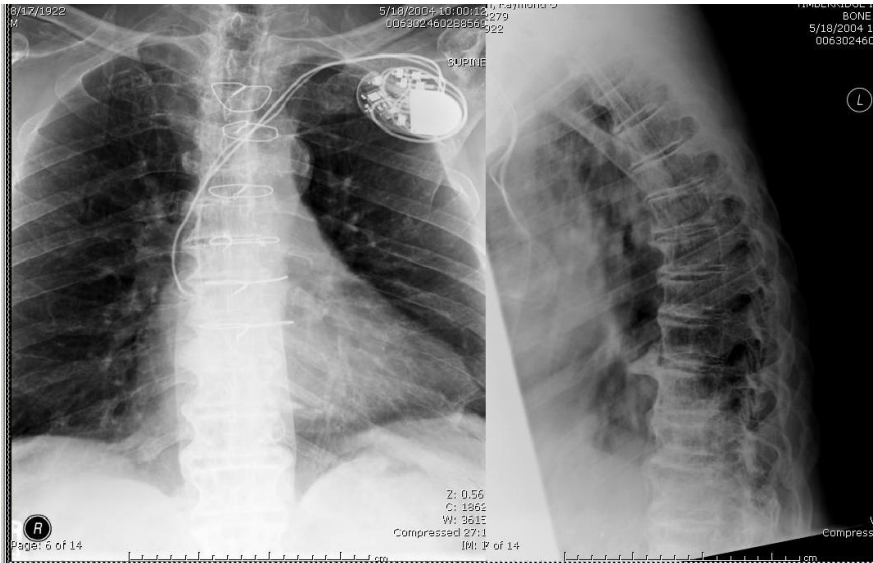
**IMAGING CRITERIA:** Lateral skull; lateral C-spine; AP, lateral T-spine (to include ribs, depending on body habitus) AP of both ribs if unable to include on T-spine; AP, lateral L-spine (not collimated); AP Pelvis; AP both femurs, and AP both humeri.

**IMAGING PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** Lateral of the skull; lateral C-spine, AP, Lateral T-spine, AP both ribs (if unable to be included on the T-spine), AP, lateral L-spine; AP pelvis; AP both femurs, and AP both humeri.







	<b>SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS</b>		
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## EXAM: SKELETAL SURVEY PROTOCOL

### A. Known or Suspected Nonaccidental Trauma / Child Abuse

#### Initial Skeletal Survey (minimum views):

- Skull, frontal (AP) and lateral
- Chest, frontal (AP) and **bilateral oblique views**
- Abdomen and pelvis, frontal (AP)
- Spine, lateral (cervical, thoracic, lumbar)
- Both arms (humeri, forearms, hands) — AP
- Both legs (femora, lower legs, feet) — AP

#### Technique notes:

- Use **digital imaging**
- **High-resolution, low-noise** technique
- **Immobilize** the infant for image clarity
- Remove clothing and artifacts

#### Follow-up Skeletal Survey (typically at 10–14 days):

- Repeat all of the above **except**:
- **No skull or oblique chest views** unless new concern
- Helps identify healing fractures that may not have been initially visible

### B. Skeletal Dysplasias, Syndromes, and Metabolic Disorders

#### Comprehensive Skeletal Survey:

- Skull, AP and lateral
- Chest, AP
- Pelvis, AP
- Spine, lateral (entire spine)
- Upper limbs: AP views of humeri, forearms, and hands
- Lower limbs: AP views of femora, lower legs, and feet

#### Additional views as indicated:

- **Targeted views** of abnormal areas
- **Coned views** for diagnostic detail

### C. Neoplasia and Related Conditions

#### Survey adapted to clinical context:



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- Imaging protocol should be **tailored** based on:
- Known or suspected tumor type
- Location of primary lesion
- Symptoms and physical findings

**May include:**

- Whole-body skeletal survey
- **Targeted views** of suspected lesion sites
- **Cross-sectional imaging (CT or MRI)** as adjuncts



## SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

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### EXAM: CHEST ONE VIEW OR PORTABLE

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait for a routine female and Landscape for routine male, but both are dependent on body habitus.

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

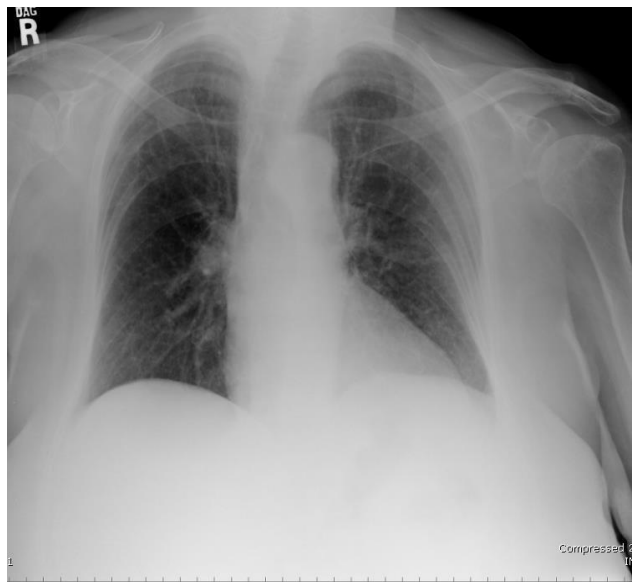
**IMAGING CRITERIA:** AP upright chest to include both apices and both costophrenic angles. Semi-erect chest or supine chest is acceptable if patient is unable to be positioned upright. Please indicate on image if exam not done upright.

**\*Proper collimation should be performed particularly on pediatric patients**

#### IMAGE PROCESSING VALUES:

Fuji S# 400-800

**PACS IMAGING ORDER:** AP Chest image





## SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

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### EXAM: CHEST ABDOMEN PEDIATRIC ONLY

**AP**

Patient Position

- Supine

Technical

- Plate in Bucky

Image Critique

- Chest/abdomen to include lungs, down to symphysis pubis

**EXAM: CHEST 2 VIEW**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Female patient routinely should be PA and Lateral done Portrait , Male patient routinely should be PA done Landscape and Lateral done Portrait. However, these both are dependent on body habitus.

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

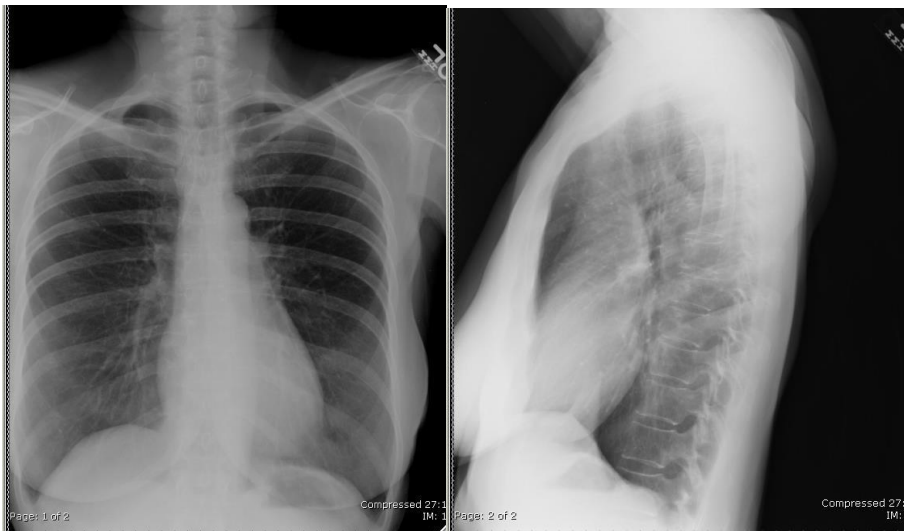
**IMAGING CRITERIA:** Upright PA to include both lung apices as well as both costophrenic angles, and the upright left Lateral to include all lung fields. Please indicate on images if exam not done upright. If Chest Apical Lordotic is requested by the Radiologist then have the patient lean back against the chest board (AP) and or angle the x-ray tube 15-30 degrees cephalad to get the clavicles clear of the lung fields.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 400-800

**PACS IMAGING ORDER:** PA chest, left Lateral chest, and then apical lordotic view if requested by Radiologist .



**EXAM: CLAVICLE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Landscape, dependent on body habitus.  
Fuji cassette green stripe to patient's right.

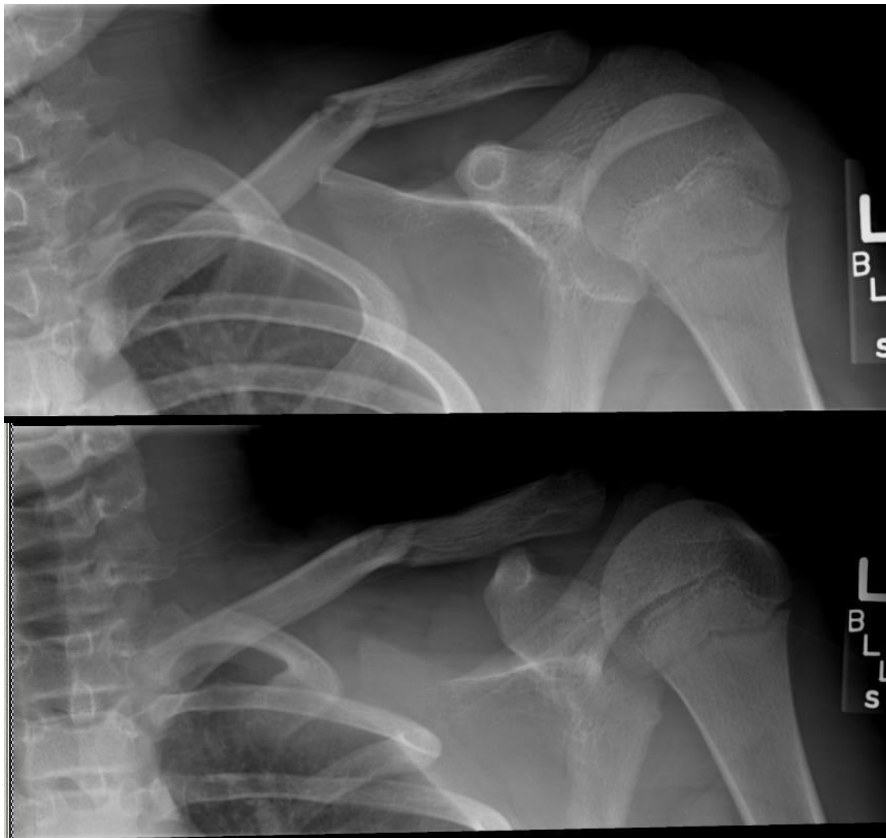
**IMAGING CRITERIA:** AP and AP with a cephalic 25-degree angle to move clavicle out of the lung field and ribs.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP and AP with 25 degree cephalic angle



**EXAM: ELBOW**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait for AP and oblique and landscape for lateral dependent on body habitus

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP, external oblique and 90-degree lateral with thumb up and the humerus at the same level of the elbow for a true lateral. Lateral with 45 degree cephalic angle for trauma.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, external oblique and lateral and trauma shot if done.



**EXAM: FACIAL BONES**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait for all views except for zygomatic arches which should be landscape.

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Water's view, PA or Caldwell, Lateral of affected side (either upright or cross table for air fluid levels), low centered Townes and Zygomatic arches.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Water's view, PA or Caldwell, low centered Townes, lateral of affected side and Zygomatic arches.



**EXAM: FEMUR**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait for all views  
Fuji cassette green stripe up

**IMAGING CRITERIA:** AP and Lateral to include both joints for each view. A frog leg lateral or a shoot through if there is trauma of the hip may be needed to include all the femoral head.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP femur to include knee and lateral femur to include hip joint.



**EXAM: FINGER/ THUMB**

**SUPPLIES:** 14X17 Cassette

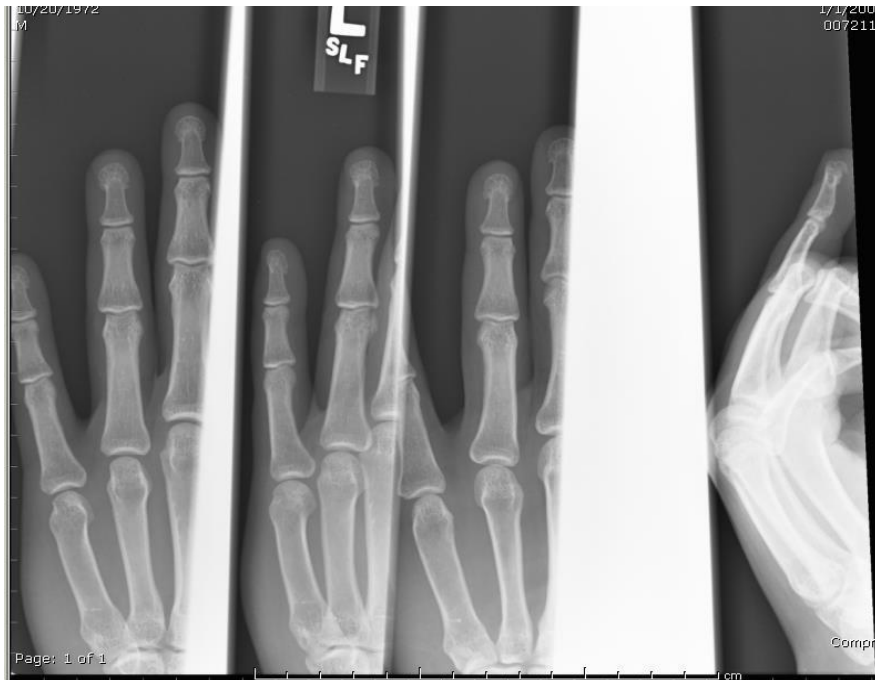
**ORIENTATION OF FILM:** Landscape  
Fuji cassette green stripe to patient's right

**IMAGING CRITERIA:** PA, both obliques and lateral. CR images of the fingers are to be imaged one position per CR cassette.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**  
Fuji S# 150-400

**PACS IMAGING ORDER:** PA, both Obliques and lateral.



**EXAM: FOOT**

**SUPPLIES:** 14X17 Cassettes

**ORIENTATION OF FILM:** Portrait and Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP, internal oblique and lateral to include ankle joint.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, internal oblique and lateral to include ankle joint.



**EXAM: FOREARM**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait and Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP, and 90-degree lateral with thumb up and humerus at the same level as the elbow for true lateral.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, lateral





## SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

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### EXAM: FOREIGN BODY CHILD

#### AP

##### Patient Position

- Supine

##### Technical

- Plate in Bucky

##### Image Critique

- AP soft tissue neck
- AP Chest
- AP Abdomen
  - ❖ NOTE: this can be performed nose to rectum if able to fit on one film

#### LAT

##### Patient Position

- Left lateral

##### Technical

- Plate in Bucky

##### Image Critique

- LAT soft tissue neck
- LAT Chest
- LAT Abdomen
  - ❖ NOTE: this can be performed nose to rectum if able to fit on one film

**EXAM: HAND**

**SUPPLIES:** 14X17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** PA, external oblique and splayed finger lateral. If looking for foreign body then do a lateral with fingers superimposed on each other. **Other views requested by referring physician may require deviation from routine.**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** PA, Oblique and splayed finger lateral.



**EXAM: HEEL**

**SUPPLIES:** 14X17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** Tangential view of the os calcis, external lateral  
**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**  
Fuji S# 150-400

**PACS IMAGING ORDER:** Tangential view of the os calcis, external lateral



**EXAM: HIP/BILATERAL HIPS/PEDIATRIC HIPS**

**SUPPLIES:** 14x 17 Cassettes

**ORIENTATION OF FILM:** Landscape for AP Pelvis and Portrait for lateral hip  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP Pelvis with internal rotation of toes (non-trauma) to optimally visualize the femoral neck, if patient has had trauma on one side then invert the good side. Frog leg lateral view of ordered hip for non-trauma, shoot through lateral of ordered hip for trauma. If patient has had prosthesis, then all prosthesis should be included on the films. **For pediatric patients, AP internal rotation to include both hips and frog leg laterals should be on one film.**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP Pelvis, lateral hip/hips



**EXAM: HUMERUS**

**SUPPLIES:** 14x 17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** AP (which is external oblique for True Anatomic Position) and an internal oblique with affected hand on abdomen for the Lateral. Also, a Transthoracic lateral should be performed if the patient's condition does not permit an internal rotation image. The Transthoracic lateral should be done upright with affected arm against the chest board with a breathing technique.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP Humerus, Lateral Humerus



 <p>SELECT RADIOLOGY SOLUTIONS A Division of Radiology Imaging Associates</p>	<b>SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS</b>		
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**EXAM: INTERNAL AUDITORY CANALS**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** Stenvers-pt prone with the skull 45degrees from true lateral, central ray 12 degrees cephalic directed to the pertous ridge. Arcelin- pt supine with the skull angled 45 degrees away from the side being examined. Townes.

THIS EXAM IS RARELY PERFORMED; PLEASE CONSULT WITH RADIOLOGIST BEFORE PERFORMING.

**\*Proper collimation should be performed particularly on pediatric patients**

IMAGE PROCESSING VALUES:  
Fuji S# **200-600**

**PACS IMAGING ORDER:** Stenvers, Arcelin and Townes.

**EXAM: KNEE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** AP (standing), internal oblique, and lateral

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP(standing), internal oblique, and lateral



**EXAM: MANDIBLE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

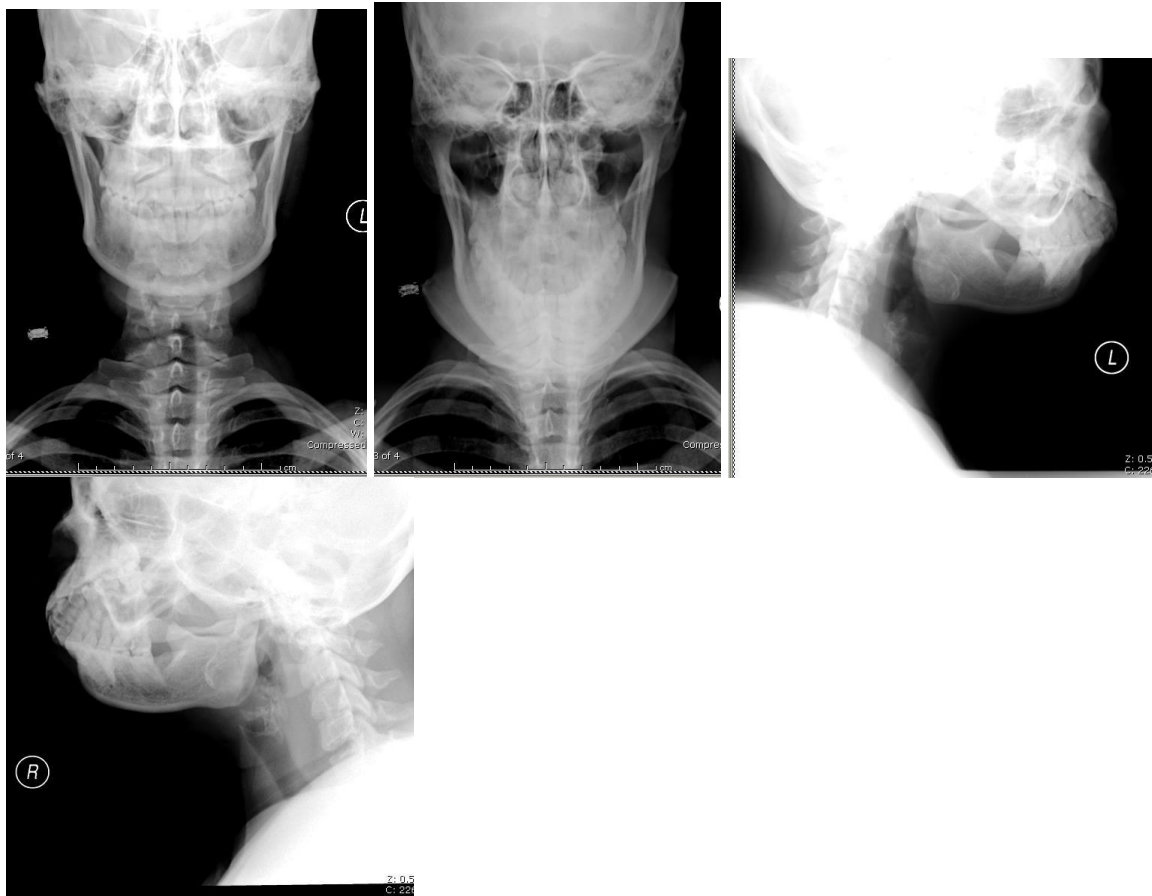
**IMAGING CRITERIA:** AP, low centered Townes, bilat Shullers (laterals)

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP, low centered Townes, and both Schullers (Laterals)



**EXAM: NASAL BONES**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait and Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

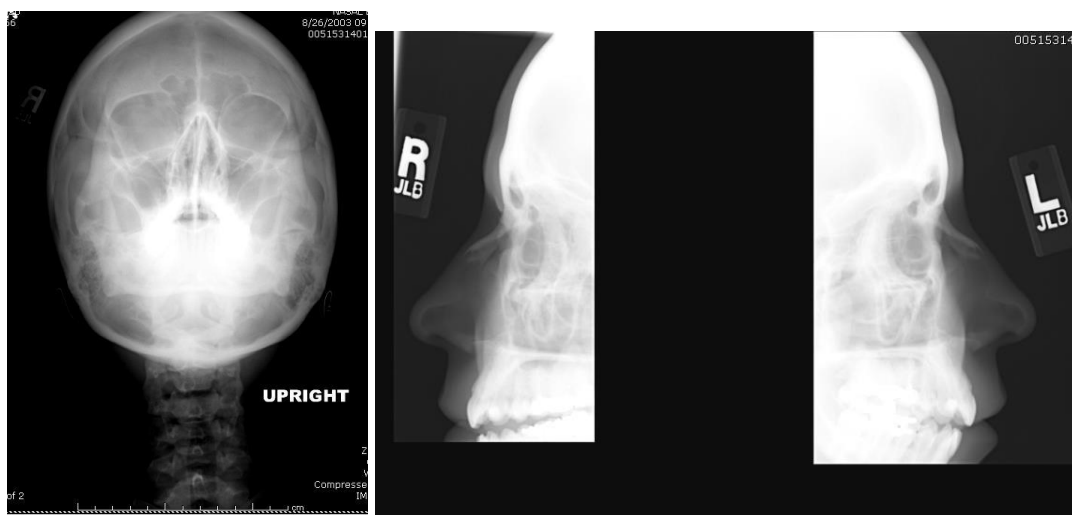
**IMAGING CRITERIA:** Upright Waters, both Laterals. If patient unable to do upright Waters then cross table should be done.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Waters, Laterals



**EXAM: NECK SOFT TISSUE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** Upright AP of the neck with chin extended up to visualize more of the airway, and an upright left Lateral done at 72" distance on inspiration to show airway.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP, Left lateral



**EXAM: ORBITS**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait and Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Waters, Caldwell, Lateral, 3 point landing if needed, possibly Zygomatic arches (submento vertex), and possibly low centered Townes. **If Orbits are being done for preliminary to MRI then only Waters view needs to be done.**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** Waters, Caldwell, Lateral, 3 point landing if needed, Zygomatic Arches if needed, low centered Townes if needed.



**EXAM: PATELLA**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

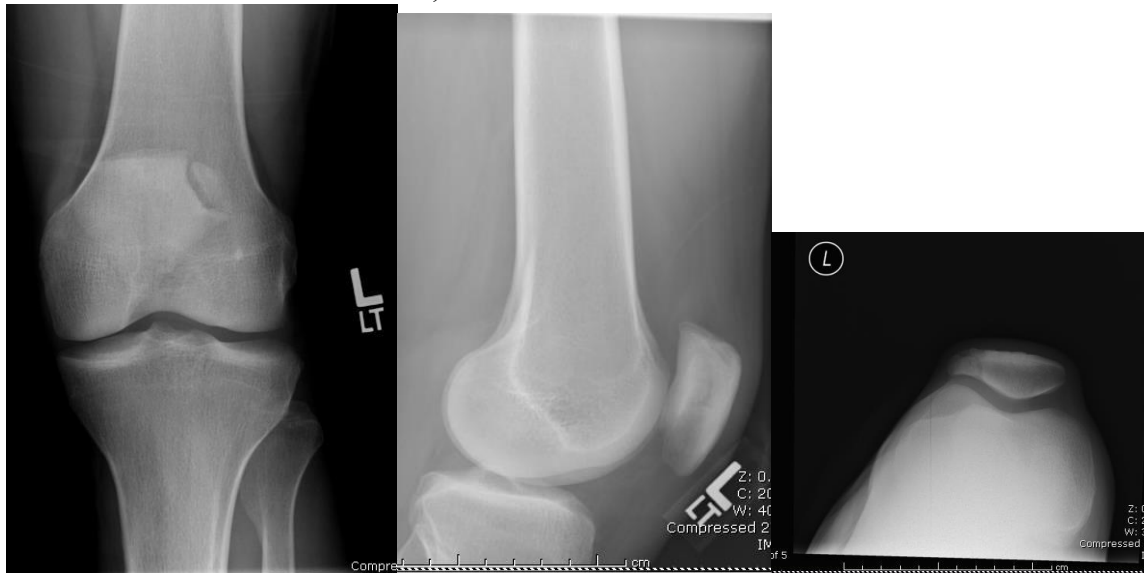
**IMAGING CRITERIA:** AP, lateral and Sunrise view (90 degree flexed knee with the film parallel to the patients femur and the CR angled perpendicular to the film).

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, lateral and Sunrise view



**EXAM: PELVIS**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Landscape patient size dependent

Fuji cassette green stripe to patient's right

**IMAGING CRITERIA:** AP Pelvis with internal rotation of toes (non-trauma) to optimally visualize the femoral neck, if patient has had trauma on one side then invert the good side. This is to include both lateral aspects of the femurs, additional 10x12 AP of the "clipped" hip may be necessary.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP Pelvis



**EXAM: RIBS UNILATERAL/BILATERAL**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait or Landscape patient size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

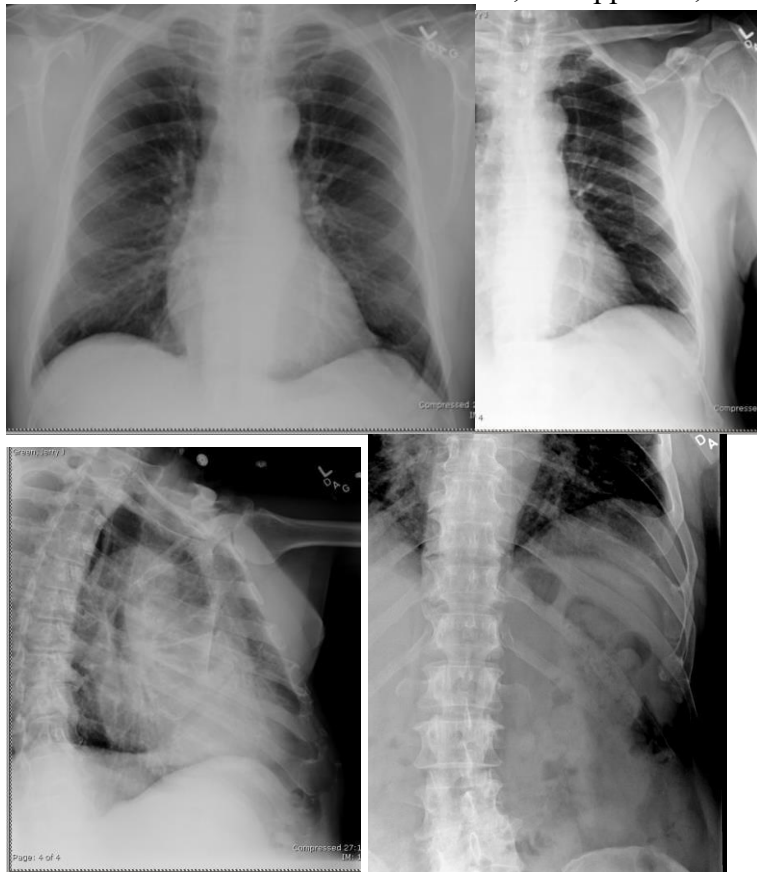
**IMAGING CRITERIA:** Upright PA Chest to include both lung apices as well as both costophrenic angles, as well as AP upper Rib to include the first rib (affected or ordered side), oblique Rib (oblique patient to the affected side) to include first rib, and AP lower rib to include the last rib, below diaphragm.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **400-800**

**PACS IMAGING ORDER:** PA Chest, AP upper rib, Oblique, and AP lower rib.





## SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

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### EXAM: SACROILIAC JOINTS

#### SI JOINTS

##### AP

##### Patient Position

- Supine

##### Technical

- Plate in Bucky
- CR 30 (males)-35 (females) degrees cephalad entering 1.5 " to 2" superior to symphysis pubis

##### Image Critique

- SI Joints

#### AP OBLIQUES (Both RPO and LPO)

##### Patient Position

- Semi-supine 25-30 degrees oblique

##### Technical

- Plate in Bucky
- CR perpendicular to 1" medial to elevated ASIS

##### Image Critique

- SI joint opened on side up
- RPO - left SI
- LPO - right SI



# SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS

Approval: E. Alvarez, MD

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## EXAM: SACRUM AND COCCYX

### SACRUM

#### AP

##### Patient Position

- Supine

##### Technical

- Plate LW in Bucky
- CR 15 degrees cephalad entering 2” superior to symphysis pubis
- Short scale contrast

##### Image Critique

- Entire sacrum

### LATERAL

##### Patient Position

- Left lateral

##### Technical

- Plate LW in Bucky
- Collimate
- Short scale contrast
- CR perpendicular to ASIS and 3" posterior to median coronal plane

##### Image Critique

- Lateral view of sacrum and coccyx free of rotation

### COCCYX

#### AP

##### Patient Position

- Supine

##### Technical

- Plate LW in Bucky
- CR 10 degrees caudad entering 2” superior to symphysis pubis
- Short scale contrast
- Collimate

##### Image Critique

- Entire coccyx and sacrum

### LATERAL

##### Patient Position

- Left lateral

##### Technical

- Plate LW in Bucky
- Collimate
- Short scale contrast
- CR perpendicular to ASIS and 3" posterior to median coronal plane

##### Image Critique

- Lateral view of sacrum and coccyx free of rotation

**EXAM: SCAPULA**

**SUPPLIES:** 14x17 Cassettes patient size dependent

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

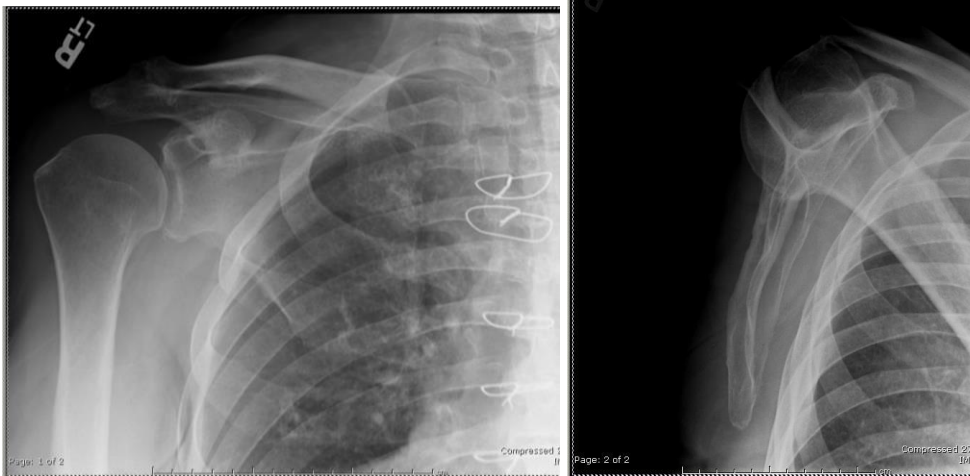
**IMAGING CRITERIA:** AP of the scapula with arm externally rotated to flatten scapula, and a lateral or tangential view of the scapula.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, lateral or tangential view



**EXAM: SCOLIOSIS STUDY**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

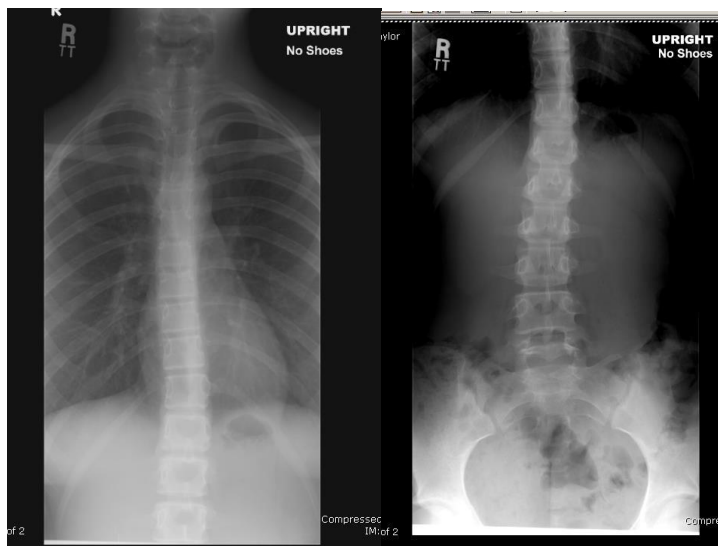
**IMAGING CRITERIA:** AP standing view of the Thoracic and Lumbar spines. Patient should have shoes off. If more than one film is utilized then it is imperative the patient must not move or shift while changing the film. Do NOT over collimate, as not to cut off part of the spine. Try to get as much spine on the initial T-spine film as possible.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP T-spine, and AP L-spine



 <p>SELECT RADIOLOGY SOLUTIONS A Division of Radiology Imaging Associates</p>	<b>SRS ROUTINE DIAGNOSTIC PROCEDURE PROTOCOLS</b>		
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**EXAM: SELLA TURSICA**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** Coned down AP or PA, and True lateral of the Sella Tursica. Refer to Merrill's Atlas Volume 2.

THIS EXAM IS RARELY PERFORMED; PLEASE CONSULT WITH RADIOLOGIST BEFORE PERFORMING.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP or PA and true lateral.

**EXAM: SHOULDER**

**SUPPLIES:** 14x17 Cassettes patient size dependent

**ORIENTATION OF FILM:** Landscape patient size dependent

Fuji cassette green stripe to patient's right

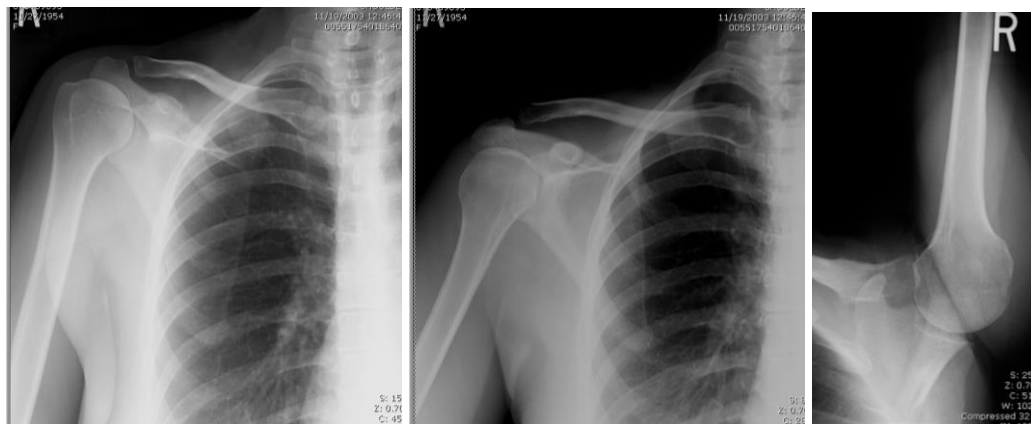
**IMAGING CRITERIA:** AP (internal rotation of the arm) to include all the shoulder as well as the clavicle, Lateral (external rotation of the arm) to include all the shoulder as well as the clavicle, and a shoot through to include the shoulder joint. If the patient is unable to do the shoot through then a Y view of the shoulder should be done. If patient has trauma and is unable to rotate arm then a Transthoracic lateral of the shoulder should be done.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **150-400**

**PACS IMAGING ORDER:** AP, Lateral and shoot through





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### EXAM: SHUNT SERIES DIAGNOSTIC

#### AP

##### Patient Position

- Supine

##### Technical

- Plate in Bucky

##### Image Critique

- AP skull
- AP cervical spine
- AP chest
- AP abdomen

#### LAT

##### Patient Position

- Supine

##### Technical

- Plate in Bucky

##### Image Critique

- LAT skull
- LAT cervical spine
- LAT chest
- LAT abdomen

**EXAM: SINUSES**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** Open mouth Waters (if possible), Caldwell, and Lateral of affected side (if neither side worse then do a left lateral). Make sure to take out removable metal dentures as sometimes they do cause artifact in the maxillary sinuses.

**All films should be done upright if possible; if not then a cross table lateral should be done for air fluid levels.**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Open mouth Waters, Caldwell and Lateral.



**EXAM: SKULL**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait and Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

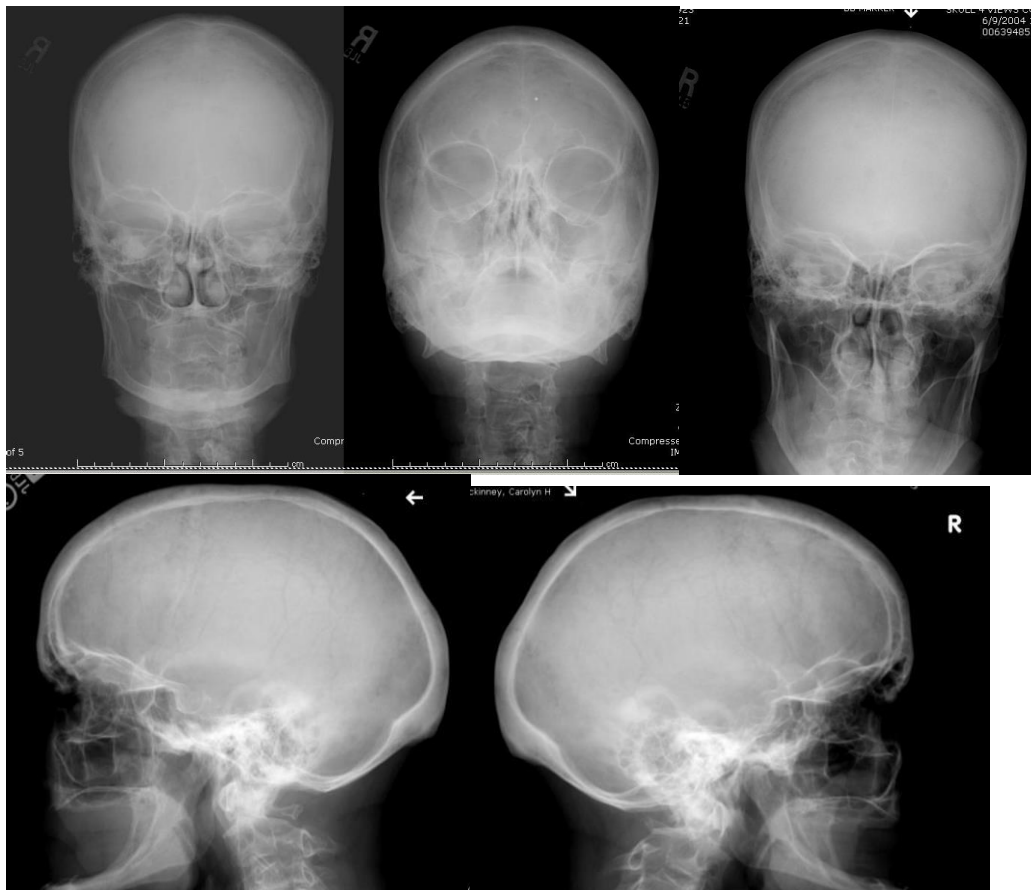
**IMAGING CRITERIA:** AP or PA to include all the skull, Waters, Townes, and both Laterals. For trauma an upright Lateral or a cross table Lateral need to be done.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP or PA, Waters, Townes, and both Laterals.



**EXAM: SPINE CERVICAL**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

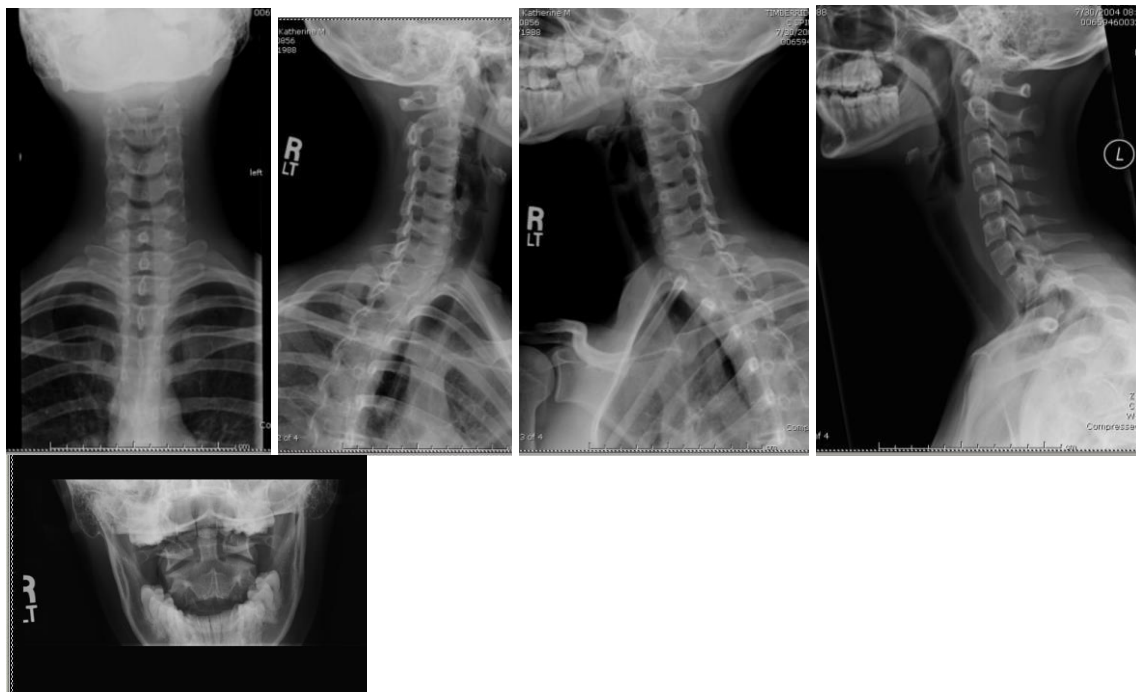
**IMAGING CRITERIA:** AP, both obliques demonstrating an open neurofoamina, Lateral, Lateral swimmers (only if needed), and odontoid if trauma. All images should be done upright if possible. If only flexion and extension views are ordered, then a neutral Lateral C-spine must be done also. All lateral images should be done at 72" and the chin should be extended as much as possible on all images to remove the mandible from the cervical region.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP, both Obliques, Lateral, Lateral swimmers, and Odontoid. If flexion and extension are ordered, those images should follow the neutral Lateral.



**EXAM: SPINE CERVICAL FLEXION AND EXTENSION**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

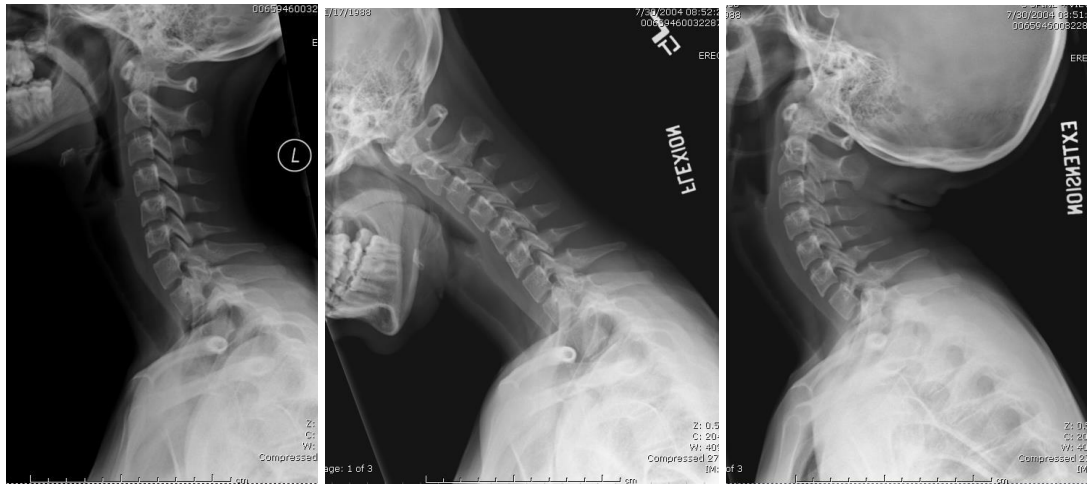
**IMAGING CRITERIA:** Neutral Lateral C-spine, Flexion (head looking at feet), and Extension (head looking at ceiling). All films should be done upright.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Neutral Lateral, Flexion, Extension.



**EXAM: SPINE LUMBAR**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** AP, both Obliques (45 degrees), left Lateral, L5-S1 spot film.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP, Obliques, left Lateral, and spot if necessary.



**EXAM: LUMBAR SPINE FLEXION AND EXTENSION**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** Upright left Lateral neutral, upright Flexion (flexing at the lumbar spine not the hips), and upright Extension (extending the lumbar spine and not the hips).

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Neutral left Lateral, Flexion, and Extension.



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**EXAM: SPINE SURVEY**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** AP, left lateral Cervical Spine, and Swimmers view if needed. AP, left lateral (breathing technique) Thoracic Spine. AP, left lateral Lumbar Spine and L5-S1 spot.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP, left Lateral, and swimmers view Cervical Spine. AP, left lateral breathing technique Thoracic Spine and AP, left lateral Lumbar Spine and Cone down L5-S1.

**EXAM: SPINE THORACIC AND T-L JUNCTION**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** AP, left Lateral (breathing technique), and swimmers to include C7-T1 junction.

Junction films should include all the L-spine as well as the T-L junction on both AP and left Lateral films. This should be done on a 14x17 film and should be centered somewhat higher than routine lumbar spine films as to include the T-L junction.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** AP, left Lateral, and swimmers view

T-Spine



T-L Junction



**EXAM: STERNOCLAVICULAR JOINTS**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Landscape patient size dependent

Fuji cassette green stripe to patient's right

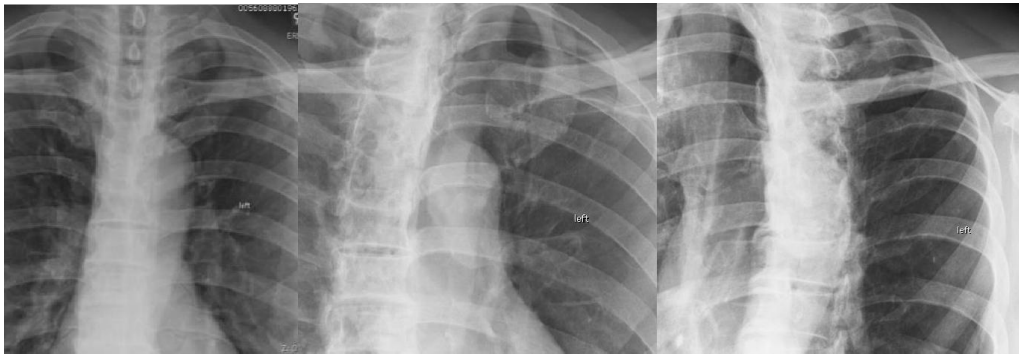
**IMAGING CRITERIA:** PA, RAO, LAO, all images may be done upright if patient is stable.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** PA, RAO, LAO



**EXAM: STERNUM**

**SUPPLIES:** 14x17 Cassettes patient size dependent

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

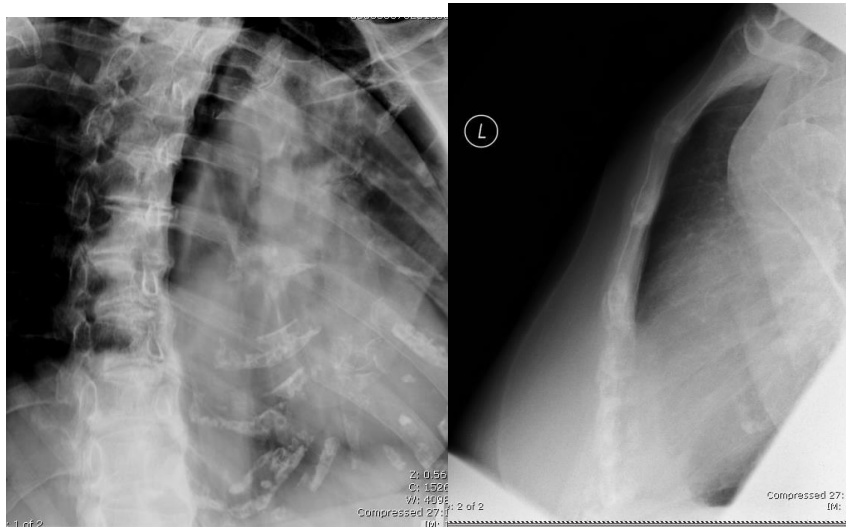
**IMAGING CRITERIA:** RAO breathing technique, Lateral on deep inspiration

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** RAO, Lateral



**EXAM: TEMPERO-MANDIBULAR JOINTS**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

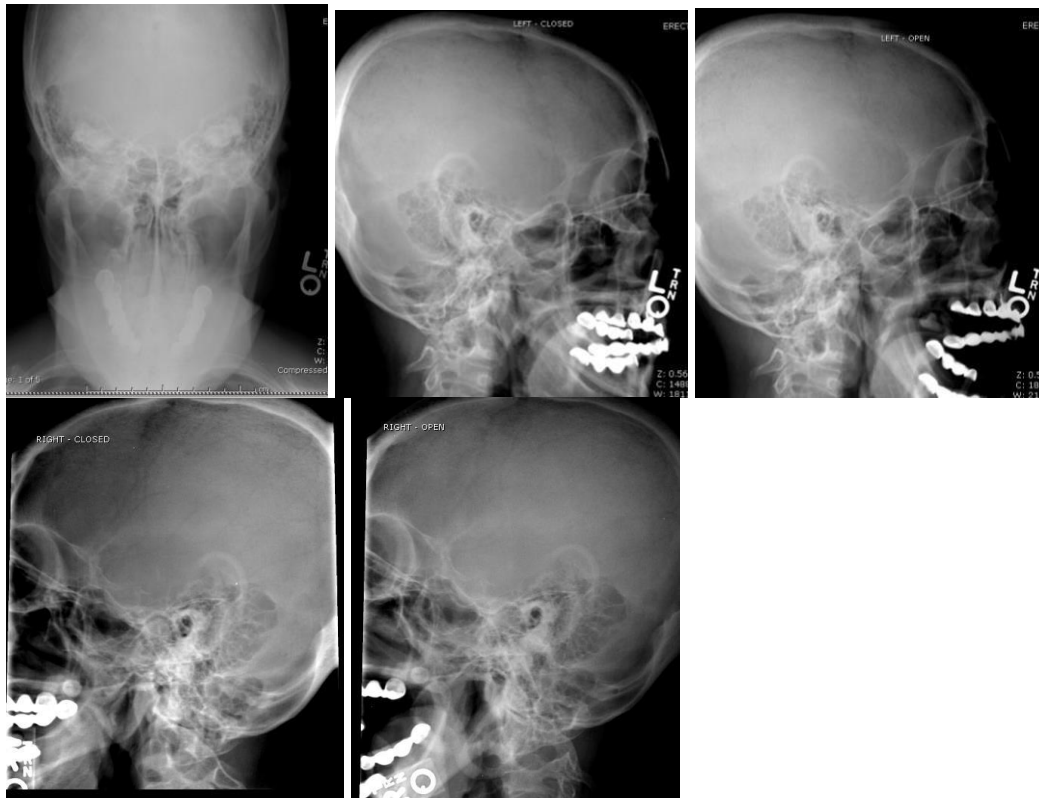
**IMAGING CRITERIA:** Low centered Townes, a relaxed lateral Schullers with a 17-25 degree caudal angle, open and closed mouth (bilaterally).

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** Low centered Townes, and open mouth and closed mouth of either side and then the open and closed mouth of the opposite side.





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## EXAM: TIBIA/FIBULA

**SUPPLIES:** 14x17 Cassettes patient size dependent

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

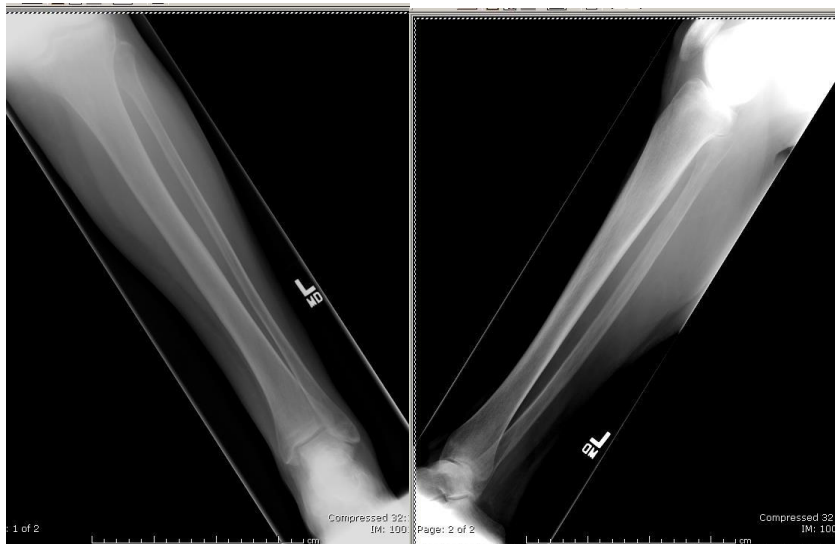
**IMAGING CRITERIA:** AP, external Lateral, both joints should be included on both views.

\*Proper collimation should be performed particularly on pediatric patients

### IMAGE PROCESSING VALUES:

Fuji S# 150-400

**PACS IMAGING ORDER:** AP, Lateral



**EXAM: TOE**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Landscape  
Fuji cassette green stripe to patient's right

**IMAGING CRITERIA:** PA, both obliques, and lateral. CR images of the toes are to be imaged one position per CR cassette.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**  
Fuji S# 150-400

**PACS IMAGING ORDER:** PA, both Obliques, and lateral.



**EXAM: WRIST**

**SUPPLIES:** 14x17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** PA, external Oblique, and Lateral. CR images of the wrist are to be imaged one position per CR cassette.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** PA, Oblique, and Lateral



**EXAM: WRIST GAMUT SERIES**

**SUPPLIES:** 14 x 17 Cassettes

**ORIENTATION OF FILM:** Portrait

Fuji cassette green stripe up

**IMAGING CRITERIA:** PA, PA clenched fist, PA ulnar deviation, PA radial deviation, Lateral, Lateral clenched fist, Lateral flexion, Lateral extension. **This exam should be ordered by a hand or orthopedic specialist or should state Gamut series on the order. This exam is also done as a scout and post films for a wrist arthrogram.**

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# **150-400**

**PACS IMAGING ORDER:** PA, PA clenched fist, PA ulnar deviation, PA radial deviation, Lateral , Lateral clenched fist, Lateral flexion, Lateral extension.





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