

# CT CTA Aortic Dissection

GE- 1104

Maximum CTDI 65

Indication: Chest pain, suspect or known history of Aortic Dissection

Note: If only chest wanted but dissection continues past L2, follow until dissection ends.

PT Prep: No oral contrast  
IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S60 to I650

Series 2: Scan from above the top of aortic arch to aortic bifurcation **without** IV contrast.

Technique:

	<b>750 HD (128) CT2</b>	<b>Optima 660 (32) OVIC</b>	<b>Optima 660 CT1</b>	<b>VCT 64 CT3</b>
Noise Level	16.10	14.00	11.60	14.00
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	5mm
Pitch	0.984:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
KV/mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.8 sec	Helical Full 0.5 sec	Helical Full 0.8sec

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR

Revised Date: 11/9/04, 1/11/10, 12/8/10, 4/17/13, 12/15/15 2/28/18, 07/27/21, 4/11/24

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Series 3: Inject IV contrast (follow MCR IV contrast dosing guidelines) at 4.5cc/sec.

Technique:

	<b>750 HD (128) CT2</b>	<b>Optima 660 (32) OVIC</b>	<b>Optima 660 CT1</b>	<b>VCT 64 CT3</b>
Noise Level	18.23	15.86	15.86	15.86
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	0.984:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
KV/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.8 sec	Helical Full 0.5 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts  
 Send series 2 Standard Soft Tissue Algorithm  
 Send series 3 Standard Soft Tissue Algorithm  
 Recon and send axial lung images in lung algorithm series 3  
 Recon and send axial images in bone algorithm series 3  
 Recon and send MPR images in standard algorithm of chest  
 Recon and send MPR images in standard algorithm of abdomen/pelvis  
 Recon and send MIP images in standard algorithm  
 Recon and send MIP images in lung algorithm  
 Send thins to 3D

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