GE- 1104

CT CTA Aortic Dissection *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 IV contrast administration guidelines) 20g to 18 g peripheral IV in AC or Injectable PICC for contrast administration.
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:

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
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

Series 3: Inject 100cc of IV contrast @ 4cc/sec. (Contrast dose may be adjusted based on CrCl)

Technique:

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
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 2 and 3 Recon and send axial images in bone algorithm series 2 and 3 Recon and send MPR images in standard algorithm Recon and send MIP images in standard algorithm Send thins to 3D