

CTA Abdominal Aorta – Urgent/Acute

Maximum CTDI 65

GE- 6002

Indication: **Aneurysm Leak –3D post processing**

Note: If order does not include pelvis you must ensure that you scan through the entire aneurysm – even if that means you scan down into the pelvis.

PT Prep: NO Oral
IV contrast – Yes (follow IV contrast administration guidelines)
20g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I450

Series 2: **Unenhanced** - Scan from dome of liver to bottom of symphysis pubis

Technique:

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.86	19.80	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	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 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec

Series 3: **Enhanced** Scan –100cc of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on CrCl)
Scan from lung bases to bottom of symphysis pubis.

Begin **Smart Prep** at the celiac artery with threshold +100 HU

Delay: of 60 seconds to look for subtle leak **ONLY** if the patient has a graft/stent

Original Date: 4-8-04

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 04/17/13 12/15/2015 2/28/18

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Approved by: Dr. Rehfuß , MCR

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Networking/ PACs: Send scouts
 Send series 2 and 3 Standard Soft Tissue Algorithm
 Recon and send lung images in Lung Algorithm
 Recon and send bone images with Bone Algorithm
 Recon and send MPR images in Standard Algorithm
 Recon and send MIPS to PACS
 Send thins to 3D workstation
 Record DLP in PACS comments

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