

# CTA Mesenteric Ischemia

GE- 1112

**Maximum CTDI** 100

Indication: suspect acute or chronic mesenteric ischemia

PT Prep: NO Oral. 750 cc water prior to getting on the table.  
IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I550

Series 2: Arterial Phase –IV contrast per MCR contrast dosing guidelines @ 4cc/sec.  
Scan from the diaphragm to the lesser trochanter with a bolus injection of 4cc per second.  
**Smart Prep** cursor just above celiac axis (begin scan here). Instruct patient to hold their breath.  
Do entire scan in one acquisition.

	<b>750 HD (128) CT2</b>	<b>Optima 660 OVIC</b>	<b>VCT 64 CT3</b>	<b>Optima 660 CT1</b>
Noise Level	18.23	15.86	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	27.50	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	20mm	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 0.7 sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR \_\_\_\_\_

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/15, 02/14/18, 07/27/21, 4/11/24

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Series 3: Venous Phase: Repeat series 2 after **70 sec delay** diaphragm to greater trochanter

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Networking/ PACs: Send scouts  
 Send series 2,3 Standard Soft Tissue Algorithm  
 Recon and send series 2 lung images in lung algorithm 5 x 5's  
 Recon and send series 2 bone images with bone algorithm  
 Recon and send MPR images in both series in standard algorithm  
 Recon and send MIPS of series 2  
 Send thinnest images from series 2 to 3D to workstation

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