

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 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 I550

Series 2: Arterial Phase –100cc of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on GFR)
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.

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

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

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

Original Date: 4-8-04 Approved by: Dr. Rehfuss , MCR _____

Revised Date: 11-9-04, 1-11-10 12/8/10 04/17/13 12/15/15 02/14/18 Page 1 of 3

