

CT TAA (Chest/Abd/Pelvis)
Pre Stent or Pre Stent MMS(M2S) Protocol
Maximum CTDI 60

GE- 6005

Indication: To evaluate aorta before stent placement. Check aneurysm for leakage

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 Sternal Notch S20 to I550

Series 2: Enhanced Scan – 100mL of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on eCrCl) Scan from the apices to the aortic bifurcation or lesser trochanter (if Pelvis ordered) with a bolus injection of 4cc sec. **Smart Prep** cursor on descending aorta at level of carina.
 No Breath Hold. Do entire scan in one acquisition.

Technique:

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.86	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	27.5	39.37	39.37
Detector Row				
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 0.5 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

Networking/ PACs: Send scouts
 Send series 2,3,4 Standard Soft Tissue Algorithm
 Send thins from series 3 to 3D workstation and M2S (MMS) if order states
 Recon and send series 3 lung images in Lung algorithm
 Recon and send series 3 bone images with Bone algorithm
 Recon and send MPR of all series in Standard Algorithm
 Recon and send MIPS of series 3 to PACS
 Record DLP in PACS comments

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Approved by: Dr. Rehfuss , MCR

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