CTA Chest for PE 16 Sensation

Indications	SOB. C	hest pain, cough	n, elevated d-dimer	. hemoptysis		
Diagnostic Task	Detect pulmonary embolism, nodules or masses and characterize their size and shape, abnormal fluid collections in chest					
Scan mode	Helical					
Position/Landmark	feet first-Supine-inspiration-1cm superior to shoulders					
Topogram	AP 50mA 120kVp					
kVp/Reference mass	120kv 240mAs/Care dose ON					
Rotation time/pitch	0.5/0.95					
Detector Configuration	16x.75					
Table Speed/Increment	11.4					
Dose reduction	Care Dose					
Allowed CTDI ranges*	7mGy-50mGy					
XR29 Dose Notification value						
Helical Set		body	thickness			recon
	recon	part	spacing	kernel	window	destination
	1	chest	2mmx 2mm	31medium smooth	mediastinum	pacs
	2	lung		n 70very sharp	lung	pacs
	3	thin chest	.75mmx.7mm	•	mediastinum	for mpr
	4.	thin chest	.75mmx.7mm		ung	for mpr
Scan Start/end location	2cm superior to lung apices					
	through adrenal glands/inferior aspect of L-1					
DFOV	45cm					
	decrease for lungs					
IV contrast volume/type	2x2 coronal and sag chest reformats for recon 3,					
	10x2 angled MIP obliques to pulmonary arteries					
	10x2 axial mip lung from recon 4					
	Performed as directed by the supervising radiologist					
	bolus tracking at plumonary trunk(level just inferior to carina)					
Scan delay	Trigger is +75HU					
	Comments: Being able to locate the pulmonary trunk is important. The monitoring phase will not trigger					
	properly and the scan will not start correctly if the roi is not placed on the correct anatomy. Approximate Values for CTDIvol					
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	Patient size	<u>}</u>	weight(kg) 50-70	weight(lbs)		CTDIvol(mGy) 4-10
	SMALL AVERAGE		70-90	110-155 155-200		8-16
	LARGE		90-120	200-265		14-22
NOTE	*The AAPM recommended NEMA XR29 Dose Notification Value for an adult torso is 50mGy. Dose Notification levels less than the					
	AAPM recommended can be set. The maximum CTDI vol should match the dose notification value. Exams with CTDI vol values less than the minimum					
	allowed range should not be performed unless approved by a radiologist.					
NOTE	AAPM recom	nmended can be set. Th	e maximum CTDI vol should	match the dose notification value. E	•	