CTA Chest/abd/pelvis 64 GE

		/abd/peivis		•
trauma, acute a	ortic syndrome,	suspected aneurysm/dissection	l	
Detect aneurysms, aortic dissections				
Helical				
Head first-Supine Sternal Notch S60-I550				
AP 120kV 20mA Lat 120kV 40mA				
120kv Auto mA (200-440)				
0.5/1.375:1				
64x0.625				
55				
Noise Index 15.86				
· ·				
			recon	
recon	•		algorithm	destination
	•			pacs
1 011031	•	1.23111111 1.23111111	Staridard	pacs
	body	thickness		recon
rocon	•		algorithm	destination
	•			
				pacs
_			•	pacs
	-			pacs
'				pacs
5 axial r	nip lung	10mmx2mm	standard	pacs
6 thin ca	ар	1.25mmx1.0mm	standard	pacs/TR
7 MIP co	ronal aorta	5mmx2mm	standard	pacs
8 MIP sa	g aorta	5mmx2mm	standard	pacs
	NC 2cm su	perior to lung apices//	arterial 2cm sup	erior to lung apices
NC through hepatic dome// lesser trochanters				
40cm				
100ml isovue 370 3-4cc/sec				
Performed as directed by the supervising radiologist				
				ferior to carina)
can delay Initiate scan manually-enhancement threshold of 80HU				
Comments:		·		
properly and the scan will not start correctly if the roi is not placed on the correct anatomy.				
Approximate Values for CTDIvol				
Patient size	w	• • • • • • • • • • • • • • • • • • • •	weight(lbs)	CTDIvol(mGy)
SMALL		50-70	110-155	4-10
AVERAGE		70-90	155-200	8-16
LARGE		90-120	200-265	14-22
Ī			·	ose Notification levels less than the with CTDI vol values less than the minimum
	recon 1 chest 2 lung 3 sag ca 4 corona 5 axial r 6 thin ca 7 MIP co 8 MIP sa 100ml isov Performed Comments: properly and Patient size SMALL AVERAGE LARGE -*The AAPM recor	body recon part 1 chest body recon part 1 chest 2 lung 3 sag cap 4 coronal cap 5 axial mip lung 6 thin cap 7 MIP coronal aorta 8 MIP sag aorta NC 2cm su 100ml isovue 370 3- Performed as directed bolus to Initia Comments: Being able to properly and the scan will in Patient size we small. AVERAGE LARGE 'The AAPM recommended NEMA X	trauma, acute aortic syndrome, suspected aneurysm/dissection Detect aneurysms, aortic dissections He Head first-Supine S AP 120kV 20mA 120kv Auto i 0.5/1 64x Noise In 7mGy 50i body thickness recon part spacing 1 chest 1.25mmx 1.25mm body thickness recon part spacing 1 chest 1.25mmx 1.25mm 1 chest 1.25mmx 1.25mm asag cap 2mmx2mm 2 lung 1.25mmx 1.25mm sag cap 2mmx2mm 4 coronal cap 2mmx2mm 5 axial mip lung 10mmx2mm 6 thin cap 1.25mmx1.0mm 7 MIP coronal aorta 5mmx2mm NC 2cm superior to lung apices// NC through hepatic do 40i 100ml isovue 370 3-4cc/sec Performed as directed by the supervising radii bolus tracking in ascending a or properly and the scan will not start correctly if the roi Approximate Va Patient size weight(kg) SMALL 50-70 AVERAGE 70-90 LARGE 90-120 *The AAPM recommended NEMA XR29 Dose Notification Value for an	trauma, acute aortic syndrome, suspected aneurysm/dissection Detect aneurysms, aortic dissections

allowed range should not be performed unless approved by a radiologist.