

CTA Abd/Pelvis 64 GE

Indications	trauma, acute aortic syndrome, suspected aneurysm/dissection				
Diagnostic Task	Detect aneurysms, aortic dissections				
Scan mode	Helical				
Position/Landmark	Head first-Supine Sternal Notch S60-I350				
Topogram	AP 120kV 20mA Lat 120kV 40mA				
kVp/Reference mass	120kv Auto mA (200-700)				
Rotation time/pitch	0.5/0.984:1				
Detector Configuration	64x0.625				
Table Speed/Increment	39.37				
Dose reduction	Noise Index 15.86				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50mGy				
Helical Set non con	body	thickness		recon	
	recon	part	spacing	algorithm	
	1	abd/pelvis	1.25mmx 1.25mm	standard	pacs
	if patient under 40 ask about non contrast images				
Helical Set arterial	body	thickness		recon	
	recon	part	spacing	algorithm	
	1	abd/pelvis	1.25mmx 1.25mm	standard	pacs
	2	sag abd/pel	2mmx2mm	standard	pacs
	3	coronal abd/pel	2mmx2mm	standard	pacs
	4	thin abd/pel	1.25mmx1.0mm	standard	pacs/TR
	5	MIP coronal aorta	5mmx2mm	standard	pacs
6	MIP sag aorta	5mmx2mm	standard	pacs	
Scan Start/end location	Hepatic dome Symphysis pubis				
DFOV	40cm				
IV contrast volume/type	100ml isovue 370 3-4cc/sec				
	Performed as directed by the supervising radiologist				
	bolus tracking in aorta T-12 level				
Scan delay	Initiate scan manually-enhancement threshold of 110HU??				
	Approximate Values for CTDIvol				
	Patient size	weight(kg)	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	
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.				

