

## CTA Bilateral Lower Extremity Protocol

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*In accordance with the ALARA principle, TRA policies and protocols promote the utilization of radiation dose reduction techniques for all CT examinations. For scanner/protocol combinations that allow for the use of automated exposure control and/or iterative reconstruction algorithms while maintaining diagnostic image quality, those techniques can be employed when appropriate. For examinations that require manual or fixed mA/kV settings as a result of individual patient or scanner/protocol specific factors, technologists are empowered and encouraged to adjust mA, kV or other scan parameters based on patient size (including such variables as height, weight, body mass index and/or lateral width) with the goals of reducing radiation dose and maintaining diagnostic image quality.*

**\*If any patient at a TRA-MINW outpatient facility requires CT re-imaging, obtain Radiologist advice prior to proceeding with the exam.**

### CTA Bilateral Lower Extremity

#### Requirements:

- Exam requires 20 gauge IV site, at least 4 inches above the wrist, or pressure injectable line
- Dual syringe with 60 ml normal saline and 100 ml Isovue 370
- 4 mls/second with Smartprep

#### Arterial phase IV Contrast:

- **Aortic bifurcation** to the bottom of feet
- Immediate delay rescan from top of **patella to the bottom of feet**
- .625 mm axial soft tissue during peak arterial enhancement

# TRA-MINW

## **Reconstruction of bilateral lower extremities:**

- 1.5 mm axial and .625 mm source axial(thins sent to Tera Recon and Pacs)
- 2 separate sets of 4 reconstructions, the first from aortic bifurcation to tibial plateau, the second from top of patella to ankle.
  - 2 mm sagittal reformat soft tissue
  - 2 mm coronal reformat soft tissue
  - Sagittal thin MIP 5x2
  - Coronal thin MIP 5x2
  
- Immediate delay From top of patella to ankle
  - 2 mm sagittal reformat soft tissue
  - 2 mm coronal reformat soft tissue