TRA-MINW

CTA Unilateral Upper Extremity Protocol

Reviewed by: Jarvis Chen, MD; Daniel Verdini, MD; T. Ben Johnson, DO
Last Reviewed: June 2019

Contact: (866) 761-4200, Option 1

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 Unilateral Lower Extremity Protocol

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 arch** to hand
- Contiguous .625 mm interval Helical Axial soft tissue with IV contrast during peak arterial enhancement

Reconstruction:

- 1.5 mm axial and .625 mm source axial(thins sent to Tera Recon and Pacs)
    - 2 mm sagittal reformat soft tissue
    - 2 mm coronal reformat soft tissue
    - Sagittal thin MIP 5x2
    - Coronal thin MIP 5x2