

CTA Abdomen and Pelvis

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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 outpatient facility requires CT re-imaging, obtain radiologist advice prior to proceeding with the exam.

The following document is an updated CT protocol for all of the sites at which TRA is responsible for the administration, quality, and interpretation of CT examinations.

Include for ALL exams

- **Scout:** Send all scouts for all cases
- **Reformats:** Made from *thinnest source* acquisition
 - Scroll Display
 - Axial recons - Cranial to caudal
 - Coronal recons - Anterior to posterior
 - Sagittal recons - Right to left
 - Chest reformats should be in separate series from Abdomen/Pelvis reformats, where applicable
- **kVp**
 - 100 @ <140lbs
 - 120 @ >140lbs
- **mAs**
 - Prefer: Quality reference mAs for specific exam, scanner and patient size
 - Auto mAs, as necessary

CTA Abdomen and Pelvis

Indication: Abdominal Aortic Aneurysm (AAA), renal or splenic artery aneurysm, vasculitis, etc.

***NOTES*:**

- **IF VASCULAR STENT OR GRAFT** is present, please refer to Post Endograft or Vascular Surgery protocol (delay will be needed). Review non contrast scan to look for stents / grafts.
- **Non-Contrast:** Rad should be contacted in patients < 40 yo to discuss if necessary.
- **Tera Recon:** Auto-route arterial axial recons (0.6 mm and 2 mm) to Tera Recon

Patient Position: Supine, feet down with arms above head

Scan Range (CC z-axis): Hepatic dome through lesser trochanters

IV Contrast Dose, Flush, Rate, and Delay:

- Dose: (modify volume if using something other than Isovue 370)
 - < 200 lbs 100 mL Isovue 370
 - > 200 lbs 125 mL Isovue 370
- Flush: 50 mL saline
- Rate: 3-4cc/sec (20-gauge or larger IV, at least 4 inches above wrist or pressure injectable line)
- Delay: Bolus trigger off of Abdominal Aorta (threshold 100 HU)

Acquisitions: 2 (non-contrast, arterial)

NOTES:

- Noncontrast may not be necessary in patients < 40 yo (contact Rad to discuss).
- Breathing (all phases): End inspiration
- Coverage (all phases): Hepatic dome through lesser trochanters.
- **Non contrast phase** (contact rad if < 40 yo)
 - Coverage: hepatic dome through lesser trochanter
 - Acquisition helical thickness (slice) 1.25 mm
- **Arterial phase**
 - Coverage: hepatic dome through lesser trochanter
 - Trigger bolus off descending aorta, threshold 100 HU. If trigger bolus not possible, use delay of 30sec.
 - Acquisition helical thickness (slice) 0.6 mm or 0.625 mm

Series + Reformats:

- **Non-contrast** (if done)
 - Axial 1.2-1.5 mm soft tissue kernel

- **Arterial**
 - Axial 0.6-0.625 mm (thinnest axial recon possible) vascular or soft tissue kernel (***TERA RECON***)
 - Axial (not thin) 2-2.5 mm soft tissue kernel (***TERA RECON***)
 - Coronal 2 x 2 mm soft tissue kernel
 - Sagittal 2 x 2 mm soft tissue kernel
 - Sagittal MIP 5 x 2 mm soft tissue kernel
 - Coronal MIP 5 x 2 mm soft tissue kernel

*****Machine specific protocols are included below for reference**

Machine specific recons (axial ranges given above for machine variability):

*NON-CONTRAST PHASE - Soft tissue (ST) Kernel, machine-specific thickness (axial):

- GE = 1.25 mm
- Siemens = 1.2 mm (or 1.5 mm on older generation)
- Toshiba = 1-2 mm

*THIN, AXIAL ARTERIAL PHASE - Soft tissue (ST) Kernel, machine-specific thickness (axial):

- GE = 0.625 mm
- Siemens = 0.6 mm
- Toshiba = 0.625 mm

*AXIAL ARTERIAL PHASE (not thin) - Soft tissue (ST) Kernel, machine-specific thickness (axial):

- GE = 2.5 mm
- Siemens = 2 mm
- Toshiba = 2 mm

General Comments

NOTE:

Use of IV contrast is preferred for most indications *aside from*: pulmonary nodule follow-up, HRCT, lung cancer screening, and in patients with a contraindication to iodinated contrast (see below).

Contrast Relative Contraindications

- **Severe contrast allergy:** anaphylaxis, laryngospasm, severe bronchospasm
 - If there is history of severe contrast allergy to IV contrast, avoid administration of oral contrast
- **Acute kidney injury (AKI):** Creatinine increase of greater than 30% over baseline
 - Reference hospital protocol (creatinine cut-off may vary)
- **Chronic kidney disease (CKD) stage 4 or 5** (eGFR < 30 mL/min per 1.73 m²) **NOT** on dialysis
 - Reference hospital protocol

Contrast Allergy Protocol

- Per hospital protocol
- Discuss with radiologist as necessary

Hydration Protocol

- For eGFR **30-45 mL/min** per 1.73 m²: Follow approved hydration protocol

IV Contrast (where indicated)

- Isovue 370 is the default intravenous contrast agent
 - See specific protocols for contrast volume and injection rate
- If Isovue 370 is unavailable:
 - Osmolality 350-370 (i.e., Omnipaque 250): Use same volume as Isovue 370
 - Osmolality 380-320 (i.e., Isovue 300, Visipaque): Use indicated volume + **25 mL** (*not to exceed 125 mL total contrast*)

Oral Contrast

- Dilutions to be performed per site/hospital policy (unless otherwise listed)
- Volumes to be given per site/hospital policy (unless otherwise listed)
- TRA-MINW document is available for reference if necessary (see website)

Brief Summary

- Chest only
 - ✓ Chest W, Chest WO
 - ✓ CTPE
 - ✓ HRCT
 - ✓ Low Dose Screening/Nodule
 - None
- Pelvis only

- ✓ Pelvis W, Pelvis WO
 - Water, full instructions as indicated

- Routine, excluding chest only and pelvis only
 - ✓ Abd W, Abd WO
 - ✓ Abd/Pel W, Abd/Pel WO
 - ✓ Chest/Abd W, Chest/Abd WO
 - ✓ Chest/Abd/Pel W, Chest/Abd/Pel WO
 - ✓ Neck/Chest/Abd/Pel W, Neck/Chest Abd Pel WO
 - ✓ CTPE + Abd/Pel W

 - TRA-MINW offices: Dilute Isovue-370
 - Hospital sites:
 - ED: Water, if possible
 - Inpatient: prefer Dilute Isovue 370
 - Gastrografin OK if Isovue unavailable
 - Avoid Barium (Readi-Cat)
 - FHS/MHS Outpatient: Gastrografin and/or Barium (Readi-Cat)

- Multiphase abdomen/pelvis
 - ✓ Liver, pancreas
 - Water, full instructions as indicated

 - ✓ Renal, adrenal
 - None

- CTA abdomen/pelvis
 - ✓ Mesenteric ischemia, acute GI bleed, endograft
 - Water, full instructions as indicated

- Enterography
 - Breeza, full instructions as indicated

- Esophogram
 - Dilute Isovue 370, full instructions as indicated

- Cystogram, Urogram
 - None

- Venogram
 - Water, full instructions as indicated