

Indications

Aneurysm, dissection, post op, chest pain, etc.

Notes

The post contrast images go to TERA RECON
Contact rad if pt < 40 years old to see if non-contrast necessary
If history of vascular surgery / TEVAR / stent / Venous evaluation, then delay (90sec after contrast) is also needed

Patient Positioning Supine, Feet First, Arms extended Overhead

Scan Range Caudocranial : Sternal heads to just below diaphragm

Contrast:

- Oral n/a
- Injected Isovue 370
- Other

Injected amount 100ml for BMI > 35; 80cc for BMI < 35

Injected Rate 5ml/second

Scan Delay Gated Cardiac Exam, Smart Prep @ Level of the Aortic Root (trigger bolus at 50HU)

Acquisition Guidelines

Gated scan: above Aortic Arch (level of sternal head) through inferior Cardiac Margin; CAUDOCRANIAL

Reconstructions

Pre IV Contrast

Noncontrast	1mm
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Scout/Scanogram (include orientation, range, kVp, and mA):

Supine, Range: Lateral; 120kvp 40 mA
Supine, Range: AP; 120 kv 10 mA

Scanning Parameter : Superior Apices through Lesser Trochanters

Scan Mode (e.g. axial, helical etc.)	Cardiac Snapshot Seg
kVp	100 for BMI < 35; 120 for BMI > 35
mA or mAs (include min and max mA or mAs levels)	manual 300 for BMI < 35, 400 for BMI > 35
Tube current modulation settings (Noise Index, Quality Reference mAs, SD, etc.)	NI 22
Rotation Time (sec)	0.37
Scan FOV / DFOV	Cardiac Large / Large
Reconstruction Algorithm	Standard
Detector Configuration (e.g. 64x0.6 mm)	40 x 1.25
Table Speed/Increment	9.6
Pitch Factor (if applicable)	.24:1
Reconstructed Slice Thickness and Interval	1.25
Other Dose Reduction Options/ASIR	20%
Allowed CTDI_{vol} Dose Ranges*	26.86
XR29 Dose Notification Value (CTDI_{vol})	
XR29 Dose Planned Value (CTDI_{vol})	26.86

Post IV contrast (gated)

CTA (axial)	CTA 0.75mm (best systolic, vascular kernel)
	TERA RECON
Full field	Lung recon, 2 x 2mm
Sagittal	2 x 2mm (vascular)
Coronal	2 x 2mm (vascular)
LUNG MIPS	10 x 2 mm (lung)

Delay (For TEVAR / stent / venous eval)

Axial 1	1mm
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