

CTA Chest-PE (Pulmonary Embolus)

GE- 5004

Maximum CTDI 50

Indication: Suspected Pulmonary Embolus

PT Prep: No oral contrast
IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Sternal Notch S20 to I350

Series 2: Helical scan inferior to superior, L2 to apex of lungs.
Inject IV contrast (Omnipaque 350 if patient meets criteria) per MCR IV contrast dosing guidelines @ 4.5/sec. Always use a bolus saline flush.

Smart Prep on Main Pulmonary Artery.

Helical scan inferior to superior, L2 to apex of lungs

Use timing bolus/automatic trigger to 200HU in main Pulmonary Artery.

Technique:

	Optima 660 (32) OVIC	VCT 64 CT3	Optima 660 CT1	750 HD 128 CT2
Noise Level	15.86	15.00	15.00	15.00
Interval	1.25mm	1.25mm	1.25mm	1.25mm
Axial/Helical Thickness	1.25mm	1.25mm	1.25mm	1.25mm
Pitch	0.984:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows	32	64	64	64
Detector Configuration				
Beam Collimation	40 mm	40mm	40mm	40mm
KV/mA	120KV/440mA	120KV/440mA	120KV/440mA	120KV/650mA
Scan Type	Helical Full 0.5 sec	Helical Full 0.7sec	Helical Full 0.7 sec	Helical Full 0.5sec

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm 2.5mm/1.25mm
Recon and send axial lung images in Lung algorithm 1.25mm
Recon and send axial images in Bone algorithm 1.25mm
Recon and send MPR images in Soft Tissue
Recon and send MIP and Lung algorithm

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR

Revised Date: 11/9/04, 1/11/10, 9/16/10, 12/8/10, 11/14/12, 6/30/15, 12/15/2015, 2/28/18, 07/27/21, 4/11/24

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Record DLP in PACS comments

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GE MDCT