

Protocol

Maximum CTDI 65

Indication: To evaluate size of Aorta and surrounding structures. **Please do a venous phase just through the stent if a stent is present.**

PT Prep: NO Oral
 IV contrast – Yes (follow IV contrast administration guidelines)
 20g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I450

Series 2: Unenhanced - Scan from dome of liver to bottom of symphysis pubis

Technique:

	128 slice	32 slice w/ASIR	16 slice	64 slice w/ASIR 30%
Noise Level	15.86	19.80	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

Series 3: Enhanced Scan – 100cc of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on CrCl)
 Scan from the apices to the aortic bifurcation or lesser trochanter (if pelvis ordered) with bolus injection of 4cc sec. **Smart prep** cursor on descending aorta at level of carina.
 Instruct patient to hold their breath. Do entire scan in one acquisition.

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR

Revised Date: 11-9-04, 1-11-10, 9-16-10 12/8/10 04/17/13 12/15/2015 2/28/18, 4/11/24, 9/12/24

**CTA (Abd/Pelvis)
Protocol
Maximum CTDI 65**

GE- 6002

Technique:

	128 slice	32 slice w/ASIR	16 slice	64 slice w/ASIR 30%
Noise Level	15.86	15.86	11.60	11.60
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.5 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

Series 4: Repeat series 3 after **70 sec delay** (from injection), top of graft to bottom of graft.

Technique:

	128 slice	32 slice w/ASIR	16 slice	64 slice w/ASIR 30%
Noise Level	15.86	15.86	12.00	12.00
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	27.5	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.5 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

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Page 2 of 3

GE MDCT

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Networking/ PACs: Send scouts
 Send series 2 Standard Soft Tissue Algorithm
 Send series 3 Standard Soft Tissue Algorithm
 Send thinnest from series 3 to 3D workstation and M2S (MMS) if order states.
 Recon and send series 3 lung images in Lung algorithm
 Recon and send series 3 bone images with Bone algorithm
 Send series 4 Standard Soft Tissue Algorithm
 Recon and send MPR of all series in Standard Algorithm
 Recon and send MIPS of series 3 to PACS
 Recon and send MIPS in lung algorithm
 Record DLP in PACS comments

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Page 3 of 3

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