

CTA Mesenteric Ischemia

GE- 1112

Maximum CTDI 100

Indication: suspect acute or chronic mesenteric ischemia

PT Prep: NO Oral. 750 cc water prior to getting on the table.
IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I550

Series 2: Arterial Phase –IV contrast per MCR contrast dosing guidelines @ 4cc/sec.
Scan from the diaphragm to the lesser trochanter with a bolus injection of 4cc per second.
Smart Prep cursor just above celiac axis (begin scan here). Instruct patient to hold their breath.
Do entire scan in one acquisition.

| | 750 HD (128) CT2 | Optima 660 OVIC | VCT 64 CT3 | Optima 660 CT1 |
|-------------------------|---|---|---|---|
| Noise Level | 18.23 | 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 | 27.50 | 39.37 | 39.37 |
| Detector Rows | | | | |
| Detector Configuration | | | | |
| Beam Collimation | 40mm | 20mm | 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 0.8 sec | Helical Full 0.8 sec |

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR _____

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/15, 02/14/18, 07/27/21, 4/11/24

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Series 3: Venous Phase: Repeat series 2 after **70 sec delay** diaphragm to greater trochanter

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Networking/ PACs: Send scouts
 Send series 2,3 Standard Soft Tissue Algorithm
 Recon and send series 2 lung images in lung algorithm 5 x 5's
 Recon and send series 2 bone images with bone algorithm
 Recon and send MPR images in both series in standard algorithm
 Recon and send MIPS of series 2
 Send thinnest images from series 2 to 3D to workstation

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