

CTA Runoff

GE- 1113

Maximum CTDI 60

CTA Runoff Lower Extremities:

Indication: aorta-iliac occlusion or peripheral vascular disease of the leg, lower extremity, claudication/ischemia, lower extremity gangrene or ulcers

PT Prep: IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S60 to I1300

Series 2: Helical scan from diaphragm to feet. **Smart prep on aorta below kidneys. (SMA)**
Inject IV contrast per MCR contrast dosing guidelines @ 4.5cc/sec with a 100cc saline flush to follow.

Technique: Arterial Phase

	750 HD (128) CT2	Optima 660 OVIC	Optima 660 CT1	VCT 64 CT3
Noise Level	18.23	13.31	11.60	11.60
Interval	1.25mm	1.25mm	1.25mm	1.25mm
Axial/Helical Thickness	1.25mm	1.25mm	1.25mm	1.25mm
Pitch	1.375:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	55	39.37	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 0.7 sec	Helical Full 0.8sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm
Recon and send axial bone images with Bone Algorithm
Recon and send MPR images in Standard Algorithm of abdomen/pelvis.
Recon and send MPR images in Standard Algorithm of lower extremities.
Recon and send MIPS
Send thinnest images to 3D

*** Please ALWAYS use the thinnest series to create the MPR and MIPS.

Original Date: 4-8-04

Approved by: Dr. R. Thomas, MCR _____

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/15, 07/27/21