RIH – GATED AORTA AND CAROTID CTA
GE LIGHTSPEED VCT PROTOCOL

Position/Landmark	Feet first-Supine Sternal Notch
Topogram Direction	Craniocaudal
Respiratory Phase	Inspiration
Scan Type	Helical and Cine
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index / ASiR / Dose Reduction**	120kv / 600 mA / 0.35 sec 40.00mm - / 30 / 20%
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm
Average Tube Output	ctdi – 13.5mGy dlp – 498 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination . 1 **gated cta** 1.25mm x 1.25mm standard pacs 2 thin gated cta .6mm x .6mm standard workstation
Scan Start / End Locations **DFOV**	2cm inferior to heart 2cm above circle of willis 32cm
IV Contrast Volume / Type / Rate	60mL Iohexol (Omnipaque 350) / 5mL per second 50mL Iohexol (Omnipaque 350) / 4mL per second 40mL saline / 4mL per second
Scan Delay	Smart Prep at **ascending thoracic aorta** at level of carina
2D/3D Technique Used	2mm x 2mm **sagittal oblique and coronal oblique reformats** of the thoracic aorta, mip mode manually transferred to pacs.
Comments: The ct angiogram is a gated scan from the bottom of the heart through through the circle of willis. • The cardiac monitor leads should be below the clavicles and just below the curvature of the left ribs.	
Images required in PACS	Scouts, 1.25mm x 1.25mm axial arterial thoracic aorta and carotids, 2mm x 2mm sagittal oblique and coronal oblique reformats of the thoracic aorta, Dose Report