RIH – UPPER EXTREMITY CTA
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Position/Landmark	Head first or feet first-Supine. The arm should be placed over the patient's head when possible. Zero appropriately
Topogram Direction	Craniocaudal
Respiratory Phase	Suspension
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index**	120kv / smart mA (80-440) / 0.5 sec 1.75:1 , 17.50mm 19.00 (cta)
Detector width x Rows = Beam Collimation	0.625mm x 16 = 10mm
Average Tube Output	ctdi – 6.0 mGy dlp – 480 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination . 1 **upper ext ct angio** 2.5mm x 2.5mm standard pacs 2 thin ct angio .6mm x .6mm soft for mpr
Scan Start / End Locations **DFOV**	determined by technologist or radiologist to include the anatomy of interest 18cm decrease appropriately
IV Contrast Volume / Type / Rate	100mL Iohexol (Omnipaque 350) / 4mL per second
Scan Delay	Smart Prep at aortic arch or proximal extremity
2D/3D Technique Used	CTA: 2mm x 2mm **coronal cta** series, mip mode and 2mm x 2mm **sagittal cta** series, mip mode, (auto-batch off), auto transferred to PACS. Volume Rendering of the arterial anatomy.
Comments: The cta is done using a smart prep at the level of the aortic arch or proximal to the body part to be scanned. Recon 2 of the cta is a soft algorithm, thin for reformats. Coronal and sagittal reformats, 2.0mm x 2.0mm, mip mode, using direct mpr is the standard. **Please ensure Smart mA is turned on.**	
Images required in PACS	Scouts, 2.5mm x 2.5mm axial upper extremity cta, 2mm x 2mm coronal upper extremity cta, 2mm x 2mm sagittal upper extremity cta, volume rendering of the arterial anatomy, Dose Report