RIH – LOWER EXTREMITY RUNOFF CTA
SIEMENS DEFINITION AS+ PROTOCOL

Indications: peripheral artery disease, claudication

Position/Landmark	Head first or feet first-Supine Xyphoid
Topogram Direction	Craniocaudal
Respiratory Phase	Suspension
Scan Type	Helical
Ref kV/Ref mAs/Rotation time (sec) **Pitch / Speed (mm/rotation)** **Safire Strength / Dose Optimization**	Care kV 120 / Care Dose4D 180 / 0.5sec .8:1 , 40.00mm 3 / 6
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm (128 x .6mm)
Average Tube Output	ctdi – 8.1 mGy dlp – 1130 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 **run-off ct angio** 2mm x 2mm I31f med smooth pacs 2 thin ct angio .75mm x .7mm I31f med smooth mpr/TereRecon
Scan Start / End Locations **DFOV**	mid diaphragm through the feet 38cm decrease appropriately
IV Contrast Volume / Type / Rate	120mL Iohexol (Omnipaque 350) / 4mL per second if needed
Scan Delay	Bolus tracking at celiac artery
2D/3D Technique Used	**3mm x 3mm coronal abdomen** region, **femoral** region, and **lower leg** region series, mip mode manually transferred to PACS. **3d run-off** ct angiogram, manually transferred to PACS. Thick **run-off mip rotation**, manually transferred to PACS.
Comments: The cta is done using bolus tracking at the level of the celiac artery. The threshold trigger is +150 HU. Recon 2 is thin for reformats. 3mm x 3mm coronal reformats, mip mode of the abdomen, femoral region and lower leg region are created from this helical image data set. Thick mip rotation of the arterial anatomy.	
Images required in PACS	Topograms, 2mm x 2mm axial run-off cta, 3mm x 3mm coronal abdomen/pelvis cta, 3mm x 3mm coronal femoral cta, 3mm x 3mm coronal lower leg cta, 3d run-off ct angiogram rotation. Thick mip rotation of the arterial anatomy. Patient Protocol

updated Jan 23, 2017