RIH – UPPER EXTREMITY CTA
SIEMENS DEFINITION AS+ 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
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 – 330 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**	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	**3mm x 3mm sagittal and coronal upper extremity**, 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 aortic arch. The threshold trigger is +100 HU. Recon 2 is thin for reformats. 3mm x 3mm coronal reformats, mip mode 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 upper extremity cta, 3mm x 3mm sagittal upper extremity cta, 3d run-off ct angiogram rotation, Thick mip rotation of the arterial anatomy. Patient Protocol