RIH - CAROTID CT ANGIOGRAM
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications: carotid artery stenosis, dissection, aneurysm.

Position/Landmark	Head first or feet first-Supine Sternal Notch
Topogram Direction	Craniocaudal
Respiratory Phase	Suspension
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index / ASiR / Dose Reduction**	120kv / smart mA (100-440) / 0.5sec 1.375:1 , 27.5mm 12.00 / 20 / 20%
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm
Average Tube Output	ctdi – 9.7mGy dlp – 295.6 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination . 1 **carotid cta** 2.5mm x 2.5mm standard pacs 2 thin carotids 1.2mm x .6mm soft for dmpr
Scan Start / End Locations **DFOV**	aortic arch through circle of willis 18cm decrease appropriately
IV Contrast Volume / Type / Rate	80cc omni 350 / 4cc per second
Scan Delay	Smart Prep at aortic arch
2D/3D Technique Used	**Sagittal/oblique and coronal reformats**, 2.0mm x 2.0mm, average mode using DMPR. (auto-batch off), average mode, auto-transferred to PACS
Comments: Sagittal/oblique and coronal reformats, 2.0mm x 2.0mm, average mode using DMPR are routine for this protocol. The sagittal/oblique carotids should also include the vertebral artery.	
Images required in PACS	Scouts, 2.5mm x 2.5mm axial non contrast neck, 2.5mm x 2.5mm axial carotid cta, 2mm x 2mm left sagittal/oblique carotid, 2mm x 2mm right sagittal/oblique carotid, 2mm x 2mm coronal carotids, Dose Report