

RIH – NECK CTA, CHEST ABDOMEN PELVIS RUN OFF GE LIGHTSPEED VCT PROTOCOL

Position/Landmark	Head first - Supine Sternal Notch				
Topogram Direction	Craniocaudal				
Respiratory Phase	Inspiration				
Scan Type	Helical				
KV / mA / Rotation time (sec)	120kv / smart mA (100-550) / 0.7 sec				
Pitch / Speed (mm/rotation)	1.375:1 , 55.00mm				
Noise Index / ASiR / Dose Reduction	9.0 / 30 / 30%				
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm				
Average Tube Output	ctdi – 15.3mGy dlp – 1848 mGy.cm				
Helical Set	body		thickness/ spacing		recon
Slice Thickness/ Spacing	recon	part			destination .
Algorithm	1	total body	2.5mm x 2.5mm		standard
Recon Destination	2	thin body	.6mm x .6mm		soft
	3	thin body	.6mm x .6mm		bone
Scan Start / End Locations	2cm superior to sella tursica through the feet				
DFOV	38cm decrease appropriately				
IV Contrast Volume / Type / Rate	80mL Iohexol (Omnipaque 350) / 3mL per second 15mL saline / 3mL per second start monitoring scans at this point 100mL Iohexol (Omnipaque 350) / 4mL per second 40mL saline / 4mL per second				
Scan Delay	smart prep at aortic arch, the trigger is +200 HU				
2D/3D Technique Used	From Recon2: 2mm x 2mm left sagittal/oblique carotid, 2mm x 2mm right sagittal/oblique carotid, 2mm x 2mm coronal carotids, 2mm x 2mm axial small fov carotids, 5mm x 5mm coronal chest abdomen pelvis, 3mm x 3mm coronal lower extremities. Recon 3 is a thin bone volume incase spines are ordered.				
<p>Comments: 80cc of contrast is pre injected to be able to evaluate for solid organ injury. The second 100cc is injected immediately after the first injection is completed to perform a smart prepped total body ct angiogram.</p> <ol style="list-style-type: none"> 1. Perform pre-monitoring scan at the aortic arch, Place the ROI in the arch 2. Inject the 80mL Iohexol (Omnipaque 350) pre-scan contrast 3. As soon as the power injector hold begins, inject the CTA contrast and begin the monitoring phase/smart prep ct angiogram. <p>The noise index is lowered to 9.0 and the max mA is raised to 550 because the patient is typically scanned with arms down.</p>					
Images required in PACS	Scouts, 2.5mm x 2.5mm axial total body, 2mm x 2mm left sagittal/oblique carotid, 2mm x 2mm right sagittal/oblique carotid, 2mm x 2mm coronal carotids, 2mm x 2mm axial small fov carotids, 5mm x 5mm coronal chest abdomen pelvis, 5mm x 5mm axial lungs, 3mm x 3mm coronal lower extremities, Dose Report				