

RIH – ABDOMINAL ANGIOGRAM
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications: Abdominal arterial aneurysm, dissection.

Position/Landmark	Head first or feet first-Supine Xyphoid				
Topogram Direction	Craniocaudal				
Respiratory Phase	Inspiration				
Scan Type	Helical				
KV / mA / Rotation time (sec)	120kv / smart mA (100-440) / 0.5 sec				
Pitch / Speed (mm/rotation)	1.375:1 , 27.50mm				
Noise Index / ASiR / Dose Reduction	19 / 30 / 30%				
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm				
Average Tube Output	ctdi – 17.3mGy dlp – 872 mGy.cm				
First Helical Set	<u>recon</u>	<u>body part</u>	<u>thickness/ spacing</u>	<u>algorithm</u>	<u>recon destination .</u>
Slice Thickness/ Spacing	1	abd ct angio	2.5mm x 2.5mm	standard	pacs
Algorithm	2	thin ct angio	1.25mm x .6mm	soft	for dmpr/vessel analysis
Recon Destination					
Scan Start / End Locations	1 cm superior to diaphragm lesser trochanters 38cm decrease appropriately				
DFOV					
IV Contrast Volume / Type / Rate	100cc omni 350 4cc/sec				
Scan Delay	smart prep at celiac artery				
2D/3D Technique Used	CTA: DMPR of 2mm x 2mm coronal abdomen/pelvis series (auto-batch on), mip mode, and 2mm x 2mm sagittal aorta series (auto-batch off), mip mode, auto-transferred to PACS.				
Comments:	The cta is done using a smart prep at the level of the celiac artery. The threshold for smart prep is +100 HU.				
Images required in PACS	Scouts, 2.5mm x 2.5mm axial cta abdomen/pelvis, 2mm x 2mm coronal arterial abdomen/pelvis, 2mm x 2mm sagittal arterial aorta, vessel analysis, Dose Report				