RIH – ABDOMEN PELVIS ANGIO FOR LOWER GI BLEED
GE LIGHTSPEED VCT PROTOCOL

Indications: For rapid detection of lower gastrointestinal bleeding.

Position/Landmark	Head first or feet first-Supine Xyphoid
Topogram Direction	Craniocaudal
Respiratory Phase	Inspiration
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index / ASiR / Dose Reduction**	120kv / smart mA (120-450) / 0.5 sec .984:1 , 39.37mm 11.5 nc and 16 contrast / 70 / 30%
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm
Average Tube Output	Each Helical: ctdi – 11.3mGy dlp – 616 mGy.cm
First Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 **nc abd/pelvis** 5mm x 5mm standard pacs
Second Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 **abd pelvis ct angio** 2.5mm x 2.5mm standard pacs 2 thin ct angio .6mm x .6mm standard for dmpr
Third Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 **delayed abd pelvis** 2.5mm x 2.5mm standard pacs 2 thin delayed ct .6mm x .6mm standard for dmpr
Scan Start / End Locations **DFOV**	1 cm superior to diaphragm lesser trochanters 38cm decrease appropriately
IV Contrast Volume / Type / Rate	100mL Iohexol (Omnipaque 350) 4mL/sec
Scan Delay	Non-Contrast: ----- CTA: smart prep at celiac artery Delay: 80 seconds
2D/3D Technique Used	CTA: DMPR of 2.5 mm x 2.5 mm **coronal abdomen/pelvis** series (auto-batch on), **mip mode**. 10mm x 1mm **inverted coronal abdomen/pelvis mip** series (auto-batch on) Delay: DMPR of 2.5 mm x 2.5 mm **coronal abdomen/pelvis** series (auto-batch on), **mip mode,** auto-transferred to PACS
Comments: A non-contrast study is done first. Then the cta is done using a smart prep at the level of the celiac artery. **Note:** There is a second helical scan done 60 seconds after the cta to look for subtle blood pooling. The arterial series has an inverted coronal mip series. The gray scales should be inverted in pacs for this series only.	
Images required in PACS	Scouts, 5mm x 5mm axial nc abdomen/pelvis, 2.5mm x 2.5mm axial cta abdomen/pelvis, 2.5mm x 2.5mm coronal mip arterial abdomen/pelvis, 10mm x 1mm inverted coronal abdomen/pelvis mip, 2.5mm x 2.5mm axial delayed abdomen/pelvis, 2.5mm x 2.5mm coronal mip delayed abdomen/pelvis, Dose Report

updated Jan 23, 2017