

**RIH – CT FOR AORTIC DISSECTION
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL**

Indications: Suspicion for aortic dissection

Position/Landmark	Head first or feet first-Supine Sternal Notch			
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 (100-440) / 0.5 sec 1.375:1 , 27.50mm 19.0 / 30 / 30%			
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm			
Average Tube Output	ctdi – 11 mGy dlp – 423 mGy.cm			
Helical Set				
Slice Thickness/ Spacing	recon	body part	thickness/ spacing	recon destination .
Algorithm	1	arterial aorta	2.5mm x 2.5mm	standard pacs
Recon Destination	2	thin chest abdomen	1.25mm x .6mm	standard for dmpr
	3	lung	5mm x 5mm	lung pacs
Scan Start / End Locations	1cm superior to lung apices through aortic bifurcation			
DFOV	38cm decrease appropriately			
IV Contrast Volume / Type / Rate	100cc omni 350 / 4cc per second			
Scan Delay	Smart Prep at descending thoracic aorta at level of carina			
2D/3D Technique Used	DMPR of 5mm x 5mm coronal chest abdomen series (auto-batch on), 2mm x 2mm sagittal oblique aorta , average mode, auto-transferred to PACS.			
Comments: The smart prep threshold is + 100 HU .				
Images required in PACS	Scouts, 2.5mm x 2.5mm axial arterial aorta, 5mm x 5mm coronal chest/abdomen, 2mm x 2mm sagittal oblique aorta, 5mm x 5mm axial lungs, Dose Report			