RIH – CTA FOR PULMONARY EMBOLISM
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications: Evaluation for suspected pulmonary artery embolism

Position/Landmark	Head first or feet first-Supine Sternal Notch
Topogram Direction	Craniocaudal
Respiratory Phase	Suspension of Respiration (not 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 1.375:1 , 27.50mm 19.0 / 30 / 30%
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm
Average Tube Output	ctdi – 10.0 mGy dlp – 357 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/spacing / algorithm / recon destination 1 **pe cta** 2.5mm x 2.5mm standard pacs 2 thin chest 1.25mm x .6mm standard for dmpr 3 **lung** 5mm x 5mm lung pacs
Scan Start / End Locations **DFOV**	1cm superior to lung apices 1cm inferior to costophrenic angles 38cm decrease appropriately
IV Contrast Volume / Type / Rate	100cc omni 350 / 4cc per second
Scan Delay	22 seconds
2D/3D Technique Used	DMPR of 5mm x 5mm **coronal chest** series (auto-batch on), average mode, auto-transferred to PACS.
Comments:	
Images required in PACS	Scouts, 2.5mm x 2.5mm axial pe cta, 5mm x 5mm coronal chest, 5mm x 5mm axial lungs, Dose Report

updated Jan 23, 2017