RIH – AORTIC DISSECTION
SIEMENS DEFINITION AS20 PROTOCOL

Indications: Suspicion for aortic dissection

Position/Landmark	Head first or feet first-Supine 2cm superior to shoulders
Topogram Direction	Craniocaudal / Craniocaudal
Respiratory Phase	Inspiration
Scan Type	Helical
Ref kV/Ref mAs/Rotation time (sec) **Pitch / Speed (mm/rotation)** **Safire Strength / Dose Optimization**	Care kV 120 / Care Dose4D 180 / 0.5 sec 1.2:1 , 24.00mm 3 / 6
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm
Average Tube Output	ctdi – 9 mGy dlp – 620 mGy.cm

Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon	body part	thickness/ spacing	algorithm	recon destination .
	1	**axial aorta**	2mm x 2mm	I40f medium	pacs
	2	**lungs**	5mm x 5mm	I70f very sharp	pacs
	3	**coronal aorta**	5mm x 5mm	I40f medium	pacs
	4	thin chest abd	1.5mm x 1mm	I40f medium	terarecon

Scan Start / End Locations **DFOV**	1cm superior to lung apices through aortic bifurcation (level of S1) 38cm decrease appropriately
IV Contrast Volume / Type / Rate	100mL Iohexol (Omnipaque 350) / 4mL per second
Scan Delay	Bolus Tracking at descending thoracic aorta at level of carina
2D/3D Technique Used	Workstream 4D mpr of 5mm x 5mm **coronal chest/abdomen** series, auto-transferred to PACS. From the 3d card: 2mm x 2mm **sagittal oblique aorta** series, transferred to PACS.
Comments: Recon 4 is a thin helical volume of the chest and abdomen that is archived to the TeraRecon server.	
Images required in PACS	Topograms, 2mm x 2mm axial arterial chest abdomen, 5mm x 5mm coronal chest and abdomen, 2mm x 2mm sagittal oblique aorta, 5mm x 5mm axial lungs, Patient Protocol

updated Jan 23, 2017