RIH – AORTIC DISSECTION
SIEMENS DEFINITION AS+ 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 1:1 , 24.00mm 3 / 6
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm (128 x .6mm)
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	.75mm x .7mm	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

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