

**RIH – PE CTA / ABDOMEN PELVIS
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL**

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 and 13.5 / 30 / 30%																												
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm																												
Average Tube Output	First Helical: ctdi – 10 mGy dlp – 357 mGy.cm		Second Helical: ctdi – 17.3mGy dlp – 873 mGy.cm																										
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Scan Start / End Locations	pe cta 1cm inferior to costophrenic angles 1cm superior to lung apices		abdomen/pelvis 1 cm superior to diaphragm lesser trochanters																										
DFOV	38cm decrease appropriately																												
IV Contrast Volume / Type / Rate	Pre-scan contrast: 30cc omni 350 2cc/sec Wait a minimum of 5 minutes Helical scan contrast: 100cc omni 350 4cc/sec																												
Scan Delay	pe cta 22 seconds		abdomen/pelvis 55 seconds																										
2D/3D Technique Used	DMPR of 5mm x 5mm coronal chest, abdomen, pelvis series (auto-batch on), average mode, auto-transferred to PACS.																												
Comments:																													
Images required in PACS	Scouts, 2.5mm x 2.5mm pe chest, 5mm x 5mm abdomen/pelvis, 5mm x 5mm coronal chest, 5mm x 5mm coronal abdomen/pelvis, 5mm x 5mm axial lungs, Dose Report																												