

**RIH – CT FOR PULMONARY EMBOLISM
SIEMENS DEFINITION AS+ PROTOCOL**

Indications: Evaluation for suspected pulmonary artery embolism

Position/Landmark	Head first or feet first-Supine 2cm superior to shoulders
Topogram Direction	Craniocaudal / Craniocaudal
Respiratory Phase	Quiet respiration
Scan Type	Helical
Ref kV/Ref mAs/Rotation time (sec) Pitch / Speed (mm/rotation) Safire Strength / Dose Optimization	Care kV 120 / Care Dose4D 150 / 0.5 sec 1:1 , 24.00mm 3 / 7
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm (128 x .6mm)
Average Tube Output	ctdi – 9 mGy dlp – 350 mGy.cm
Helical Set	body thickness/ recon part spacing algorithm recon destination .
Slice Thickness/ Spacing	1 axial pe 2mm x 2mm I40f medium pacs
Algorithm	2 lungs 5mm x 5mm I70f very sharp pacs
Recon Destination	3 coronal chest mip 2mm x 2mm I40f medium pacs 4 thin chest .75mm x .6mm I40f medium terarecon
Scan Start / End Locations	1cm superior to lung apices 1cm inferior to costophrenic angles
DFOV	38cm decrease appropriately
IV Contrast Volume / Type / Rate	80mL Iohexol (Omnipaque 350) / 4mL per second
Scan Delay	20 seconds
2D/3D Technique Used	Workstream 4D mpr of 2mm x 2mm coronal chest mip series, auto-transferred to PACS. (Recon 3)
Comments: Recon 4 is a thin helical volume of the chest that is archived to the TeraRecon server.	
Images required in PACS	Topograms, 2mm x 2mm axial pe cta , 2mm x 2mm coronal chest mip, 5mm x 5mm axial lungs, Patient Protocol