

RIH – CTA FOR PULMONARY EMBOLISM GE LIGHTSPEED VCT 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	Maximum lateral diameter < 48 cm 100kv / smart mA (120-450) / 0.5 sec 0.984:1 , 39.37mm 16.5 / 70 / 30%				
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	Maximum lateral diameter > 48 cm 120kv / smart mA (120-500) / 0.5 sec .984:1 , 39.37mm 14.5 / 70 / 30%				
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm				
Average Tube Output	ctdi – 8.9 mGy dlp – 347 mGy.cm				
Helical Set					
Slice Thickness/ Spacing	recon	body part	thickness/ spacing	algorithm	recon destination .
Algorithm	1	pe cta	2.5mm x 2.5mm	standard	pac
Recon Destination	2	thin chest	.6mm x .6mm	standard	for dmpr
	3	lung	5mm x 5mm	lung	pac
Scan Start / End Locations	1cm superior to lung apices 1cm inferior to costophrenic angles				
DFOV	38cm decrease appropriately				
IV Contrast Volume / Type / Rate	100 mL Iopamidol (Isovue 370) / 4 mL per second				
Scan Delay	22 seconds				
2D/3D Technique Used	DMPR of 2.5mm x 2.5mm coronal chest series (auto-batch on), mip mode, auto-transferred to PACS.				
Comments: Helical scan direction for pe cta is from top to bottom. Recon 1 is a standard 2.5mm algorithm for vasculature. Recon 2 is a single thin helical group of the chest for direct mpr. Recon 3 is a lung algorithm.					
Images required in PACS	Scouts, 2.5mm x 2.5mm axial pe cta, 2.5mm x 2.5mm coronal chest mip, 5mm x 5mm axial lungs, Dose Report				