

CTA AORTA & BIL RUNOFF or CTA CHEST/ABD/PELVIS & BIL RUNOFF	
INDICATION:	ANEURYSM, CLAUDICATION
FORMS	Consent to Contrast Material Pregnancy Status Form (Female Patients) Medication Reconciliation Form (Outpatients)
ORAL CONTRAST	NONE
IV CONTRAST	4-5 CC/SEC FOR 150 CC/NS 50 CC
POSITIONING	SUPINE, FEET FIRST; ARMS UP & OUT OF WAY; CENTER AT STERNAL NOTCH; INSPIRATION BREATH-HOLD
SCOUT	S60 / I 500, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE –16/64/128 SLICE NONCONTRAST <i>Only to be performed if pt has had Prior thoracic surgery (stent/graft) OR having acute chest pain- please Scan entire chest.</i>	HELICAL; 2.5 MM, STD W400/L40 120 KVP @ AUTO/SMART MA – 40% ASIR SFOV – LG BODY/DFOV-FIT TO ANATOMY SCAN FROM AORTIC ARCH TO APEX OF HEART AND THRU AORTIC STENT IF PT HAS ONE
TECHNIQUE – 64 SLICE ANGIO	HELICAL; 0.625 MM, STD W800/L100 KVP 120 @ AUTO/SMART MA-40% ASIR, SFOV-LG BODY/DFOV-FIT TO ANATOMY SMART PREP UPPER THIGH, SCAN FROM AORTIC ARCH THRU TOES
TECHNIQUE – 128 SLICE	
TECHNIQUE- 3 MIN DELAY ONLY FOR AORTIC STENT	HELICAL; 5 MM, STD W400/L40 120 KVP @ AUTO/SMART MA – 40% ASIR SFOV – LG BODY/DFOV-FIT TO ANATOMY SCAN THRU AORTIC STENT IF PT HAS ONE
RECONS	2.5 MM, STD W400/L40 2.5 MM, LUNG W1400/L-600
REFORMATIONS	CORONALS & SAGITTAL – AVG 2.5 THICK/SPACING, W800/L100 CANDY CANE VIEW 8 MM THICK/ 1.5 SPACING, W800/L100 3D - 360 DEGREES RT TO LT & 360 DEGREES END OVER END
PACS	SCOUT

	2.5 MM - NONCONTRAST (IF DONE) 2.5 MM - CTA 5MM - DELAY (IF DONE) 2.5 MM LUNG CTA COR & CTA SAG & CTA AX MIP & CANDY CANE VIEW 3D VIEWS
CHARGE	CTA CHEST/ABD/PELVIS & BIL RUNOFF
REMARKS	