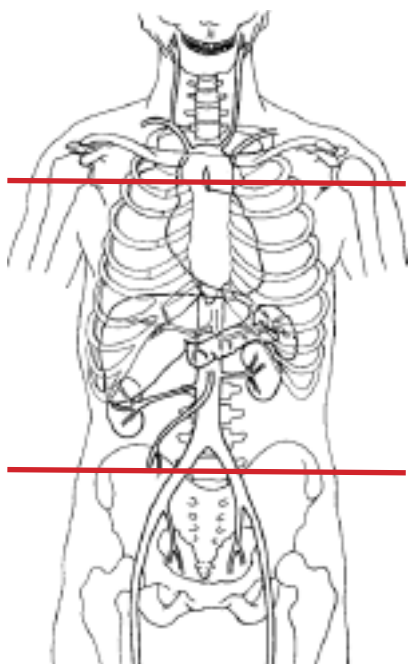


CTA for AAA Protocol



Pt Position	Supine
Contrast	100 mL
Injection Rate	3.5 mL/sec minimum 22g prefer 18g
Respiration	Breath - hold
Aquisition Specs	Appropriate to achieve images as specified in the following tables
Indications	- Just above heart thru aortic bifurcation dissection, acute aorta injury, graft

Topogram (Scout)					
PLANE	ALGORITHM	THICKNESS	INTERVAL	DFOV	
Axial	Abdomen	5.0 mm		pt largest + 4cm	Through aorta
Coronal	Abdomen	5.0 mm		pt largest + 4 cm	reformats of above
Sagittal	Abdomen	5.0 mm		pt largest + 4cm	
Axial +C	Abdomen	3.0 mm		pt largest + 4cm	
Coronal +C	Abdomen	3.0 mm		pt largest + 4cm	reformats
Sagittal +C	Abdomen	3.0 mm		pt largest + 4cm	
Coronal +C	MIP	8.0 mm	5.0 mm	pt largest + 4cm	
Sagittal +C	MIP	8.0 mm	5.0 mm	pt largest + 4cm	
Do the following for post-endo graft:					
Axial +C	Abdomen	3.0 mm		pt largest + 4cm	3 minute delay scans
Coronal +C	Abdomen	3.0 mm		pt largest + 4cm	
Sagittal +C	Abdomen	3.0 mm		pt largest + 4cm	
Include 3D reformats of abdominal aorta *for renal arteries: include additional 3D reformats of renal arteries					

NOTES:

- Use at least 22g needle
- Follow GFR and Metformin protocols for contrast studies
- LMP on pts of child-bearing age
- Shield children when possible
- **NOT** to be used for PTE exam/CT pulmonary angio to r/o PE

Any deviation from protocol MUST be radiologist approved. Rad Director will be notified if this occurs without prior approval