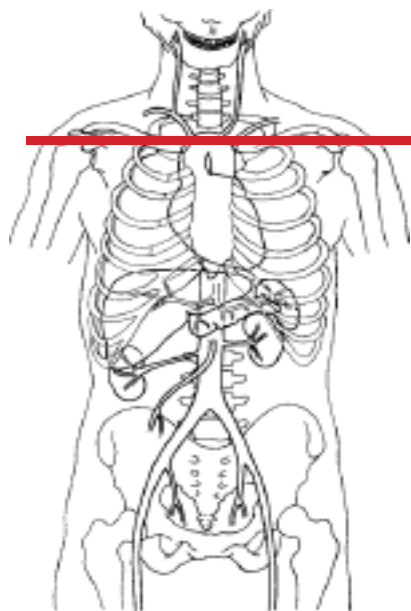


## CTA for AAA Protocol



**Pt Position**

Supine

**Contrast**

FACILITY SPECIFIC

**Injection Rate**

FACILITY SPECIFIC

**Respiration**

Breath - hold

**Acquisition Specs**

Appropriate to achieve images as specified in the following tables **SCAN ENTIRE ABDOMEN or ABDOMEN PELVIS to include entire ANEURYSM, INCLUDE CHEST**

**Indications**

- dissection, acute aorta injury, graft

### Topogram (Scout)

PLANE	ALGORITHM	THICKNESS	INTERVAL	DFOV	
Axial	Abdomen	5.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	Through aorta
Coronal	Abdomen	5.0 mm		INCL. ENTIRE ABDAND OR PELVIS AND CHEST IF INDICATED	reformats of above
Sagittal	Abdomen	5.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
Axial +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
Coronal +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	reformats
Sagittal +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
Coronal +C	MIP	8.0 mm	5.0 mm	INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	



### CTA for AAA Protocol

Sagittal +C	MIP	8.0 mm	5.0 mm	INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
Do the following for post-endo graft:					
Axial +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	3 minute delay scans
Coronal +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
Sagittal +C	Abdomen	3.0 mm		INCL. ENTIRE ABD AND OR PELVIS AND CHEST IF INDICATED	
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