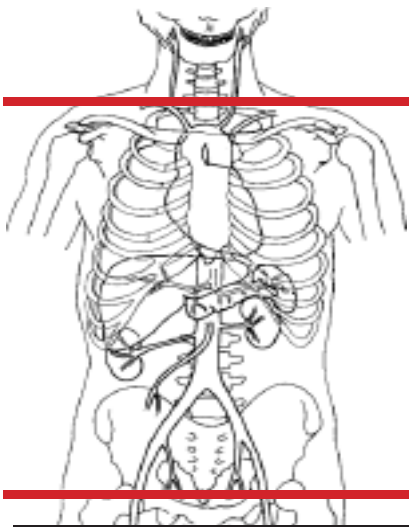


CTA for Dissection Protocol



Pt Position	Supine
Contrast	Facility Specific
Injection Rate	Facility Specific
Respiration	Breath - hold Appropriate to achieve images as specified in the following tables SCAN ENTIRE CHEST and ABDOMEN to include entire AORTA

Indications

dissection, acute aorta injury, graft

Topogram (Scout) INCL. ENTIRE CXR AND ABD					
PLANE	ALGORITHM	THICKNESS	INTERVAL	DFOV	
Axial	Abdomen	5.0 mm			
Coronal	Abdomen	5.0 mm		INCL. ENTIRE CXR AND ABD	reformats of above
Sagittal	Abdomen	5.0 mm		INCL. ENTIRE CXR AND ABD	reformats of above
Axial +C	Abdomen	3.0 mm		INCL. ENTIRE CXR AND ABD	
Coronal +C	Abdomen	3.0 mm		INCL. ENTIRE CXR AND ABD	reformats
Sagittal +C	Abdomen	3.0 mm		INCL. ENTIRE CXR AND ABD	
Coronal +C	MIP	8.0 mm	5.0 mm		
Sagittal +C	MIP	8.0 mm	5.0 mm		
Do the following for post-endo graft:					
Axial +C	Abdomen	3.0 mm		INCL. ENTIRE CXR AND ABD	3 minute delay scans
Coronal +C	Abdomen	3.0 mm		INCL. ENTIRE CXR AND ABD	
Sagittal +C	Abdomen	3.0 mm			
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