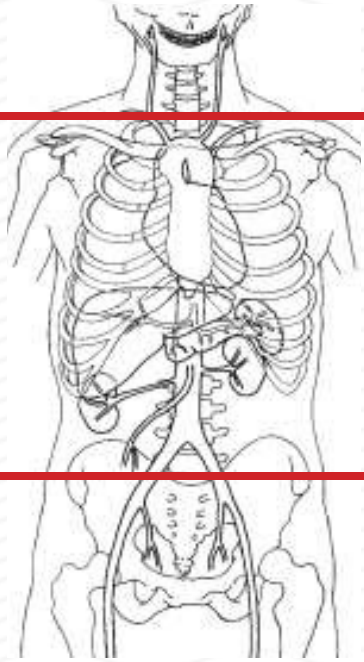


## CTA CHEST and ABDOMEN -DISSECTION PROTOCOL



<b>Indications</b>	<b>Dissection, acute aorta injury, graft</b>
Patient Position	Supine
Contrast	Facility specific
Injection rate	Facility specific
Respiration	Breath- hold
Scan Parameters	Scan entire abdomen or chest, abdomen pelvis to include entire aorta.
Special notes	<p>Include 3D reformats of abdominal aorta. For renal arteries include additional 3D reformats of renal arteries.</p> <p><b>Should be done without and with if the patient had prior aortic surgery.</b></p>

PLANE	ALGORITHM	THICKNESS	DFOV	
Axial	Abdomen	5.0 mm	include entire chest and abd	Through aorta
Coronal and Sagittal	Abdomen	5.0 mm		Reformats of above
Axial + C	Abdomen	3.0 mm		
Coronal and Sagittal + C	Abdomen	3.0 mm		Reformats of contrast run above
Coronal and Sagittal + C	MIP	8.0 mm x 5.00 mm		Reformats
<b>Do the</b>	<b>following for</b>	<b>post-endo graft</b>		
Axial + C	Abdomen	3.0 mm		3 minute delays
Coronal and Sagittal + C	Abdomen	3.0 mm		Reformats

### NOTES:

- Use at least 22g needle, preferably 18 g
- 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.