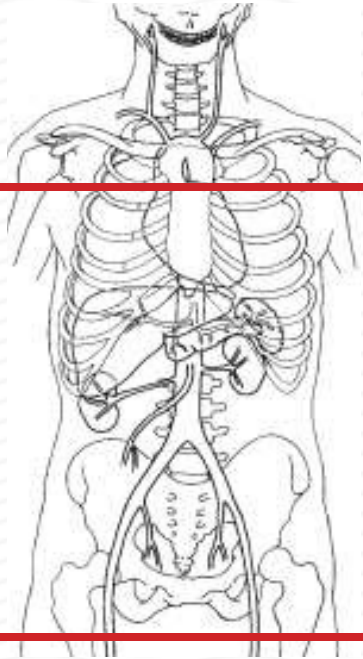


CTA ABDOMEN & PELVIS - AAA



| | |
|--------------------|--|
| Indications | abdominal pain , aortic aneurysm , presurgical planning , vascular interventional planning |
| Patient Position | Supine |
| Contrast | Facility specific |
| Injection rate | Facility specific |
| Respiration | Breath- hold |
| Scan Parameters | Scan entire abdomen pelvis to include the possible aneurysm. If looking for thoracic aneurysm, include the chest from thoracic inlet through pelvis. |

| PLANE | ALGORITHM | THICKNESS | DFOV | |
|--------------------------|----------------------|------------------------|--|---------------------------------|
| Axial | Abdomen | 5.0 mm | include entire abd and or pelvis, and chest if indicated | 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 |
| Do the | following for | post-endo graft | | |
| 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.