



## **CTA CHEST (TAA protocol)**

Indications	thoracic aortic aneurysm , presurgical planning , vascular interventional planning
Patient Position	Supine
Contrast	Facility specific
Injection rate	4 ml/sec using 20 g PIV Minimum, prefer 18 g
Respiration	Breath- hold
Scan Parameters	Thoracic inlet to top of kidneys

PLANE	ALGORITHM	THICKNESS	DFOV	
Axial	Abdomen	5.0 mm	Patient Largest + 4 cm	TIMING: 20 sec delay or ROI on aorta @ 200 HU
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 20g needle, preferably 18 g
- Follow GFR and Metformin protocols for contrast studies
- LMP on pts of child-bearing age
- Shield children when possible

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