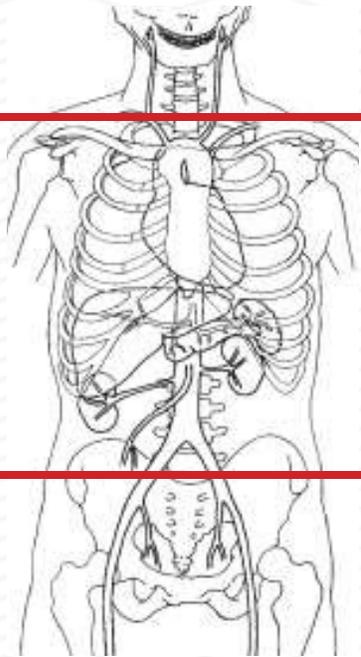


CTA CHEST and ABDOMEN -DISSECTION PROTOCOL



Indications	Dissection, acute aorta injury, graft
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	Include 3D reformats of abdominal aorta. For renal arteries include additional 3D reformats of renal arteries.
	Should be done without and with if the patient had prior aortic surgery.

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
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.