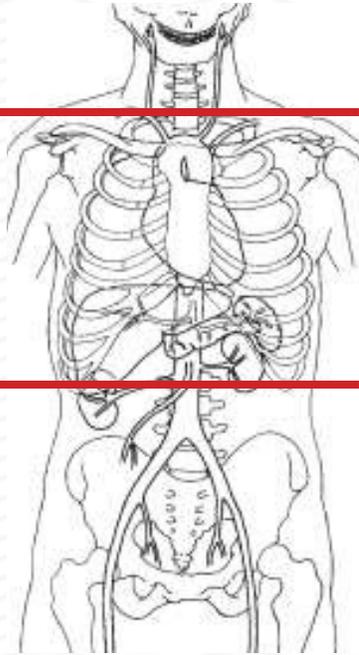


## CTA CHEST (TAA protocol)



<b>Indications</b>	<b>thoracic aortic aneurysm , presurgical planning , vascular interventional planning</b>
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

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