Adult CTA Dissection Protocol - (09/03/2014)

CTDI: ~5 - 25 mGy

**PT Preparation**: (Breast Shield used after Scout for all Female Patients)

**Setup**: Supine, AP Scout from above the apices through the Ischial tuberosities

**DFOV**: Appropriate for patients body habitus. Use same DFOV as prior exam when available.

**Scan Parameters**:

**Scan 1**

1. **Chest without Contrast only**: Scan from above the apices through the adrenal glands

**Scan 2**

1. **CTA Chest Abdomen and Pelvis**
   
   IV Contrast at the discretion of the Radiologist
   
   a. 1.5ml/kg of 320-370 mg/dl non-ionic contrast @ 4 ml/sec (not to exceed 150ml)
   
   b. Followed by 50 ml normal saline @ 4 ml/sec

2. **Bolus Tracking/Smart Prep** used at the level of the Aortic Arch ROI set at 90 HU

3. **Scan from above the apices through the Ischial tuberosities**

**Reconstructions**:

1. **Recon 1 scan 1** is a 2.5/3mm thickness x 2.5/3mm increment ST axial data set

2. **Recon 1 scan 2** is a 2.5/3mm thickness x 2.5/3mm increment ST axial data set

3. **Recon 2 scan 2** is a 2.5/3mm thickness x 2.5/3mm increment Lung Window

4. **Recon 3** is used for Multi Planar reformations and or MIPs (can be used for Volume Rendered images as needed)
   
   - MPR’s should be reformatted at 2.5/3mm thickness x 2.5/3mm increment
   
   - MIP’S should be reformatted at 10mm thickness x 2.5/3mm increment

**PACS Series**: Topogram, Mediastinum, Arterial Soft Tissue, Lung, Coronal MPR, Sagittal MPR, Coronal MIP, Sagittal MIP, VRT

*Protocol designed to minimize the amount of radiation while maximizing the yield and produce diagnostically acceptable image quality*