CTA CAROTID GE 16

Indications	**Severe headaches, memory loss, slurred speech, dizziness, blurred or double vision.**
Diagnostic Task	**Detect carotid aneurysms, narrowing or a blockage or arteries**
Scan mode	Helical
Position/Landmark	Head first Supine Sternal notch S150-I250
Topogram	AP 120kV 10mA Lat 120kV 40mA
kVp/Reference mass	kv 120 Smart mA (100-440)
Rotation time/pitch	1.0/1.375:1
Detector Configuration	16x0.625
Table Speed/Increment	13.75
Dose reduction	Noise Index 12.60
Allowed CTDI ranges*	30mGy-80mGy
XR29 Dose Notification value	80mGy

Helical Set

recon	body part	thickness spacing	algorithm	recon destination
1	neck cta thin	0.625mmx .625mm	standard	mpr/pacs
2	coronal MIP	4mmx1mm	standard	pacs
3	rt sag oblique MPR	1mmx1mm	standard	pacs
4	lt sag oblique MPR	1mmx1mm	standard	pacs
5	sag neck MPR	2mmx2mm	standard	pacs

Scan Start/end location	1cm below aortic arch
	1cm above circle of willis
DFOV	18cm decrease appropriately
IV contrast volume/type	60ml isovue 370 3-4cc/sec Performed as directed by the supervising radiologist
	contrast should be injected into RT arm if possible
Scan Delay	Smart Prep in Aortic arch-manually trigger when graph hits 90
NOTE*	The Diagnostic Reference Dose (CTDI vol) is 75mGy(with 16cm CTDI phantom). The pass/fail limit (ACR and Washington state) is 80mGy. Most routine head scans on modern scanners have CTDIvol ranges between 40 and 60mGy.
	*The AAPM recommended NEXA XR29 Dose Notification Value for an adult head is 80mGy. The maximum CTDIvol should match
	the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless

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Approved by Dr Walker