CTA CAROTID GE 64

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 S250-I150
Topogram	AP 120kV 20mA Lat mA 20 kV 80
kVp/Reference mass	kv 120 Auto mA (150-700)
Rotation time/pitch	0.55/0.516:1
Detector Configuration	64x0.625
Table Speed/Increment	20.62
Dose reduction	Noise Index 7.60
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 @40mA-manually initiate scan when 110 threshold is reached
	monitor location is the same image at 1st image of scan
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 Dr Walker