CTA Chest for PE 64 Sensation

CIA CITESI	IOIPE	04 Selisai	.1011	
SOB, Chest pain, cough, e	elevated d-dimer, h	emoptysis		
Detect pulmonary embolism, no	dules or masses and c	haracterize their size and sha	ape, abnormal fluid co	llections in chest
		Helical		
feet first-Supine-inspiration-1cm superior to shoulders				
AP 40mA 120kVp				
120kv 200mas/Care Dose ON/100kv if pt under 140lbs				
		0.5/0.8		
64x0.6				
	_	30.72		
Care Dose				
7mGy-50mGy				
50mGy				
body	thickness			recon
recon part	spacing	kernel	window	destination
1 chest	2mmx 2mm	31medium smooth	mediastinum	pacs
2 lung	1.5mmx 1.5mr	n 70very sharp	lung	pacs
3 coronal chest	2mmx2mm	31medium smooth	mediastinum	pacs
4 sag chest	2mmx2mm	31medium smooth	mediastinum	pacs
5 thin chest	.75mmx.5mm	31medium smooth	mediastinum	mpr
6 axial MIP lung	10mmx2mm	b20s smooth	lung	pacs
7 MIP RT pulmonary a	rt 10mmx2mm 3	31 medium smooth	mediastinum	pacs
8 MIP LT pulmonary ar	rt 10mmx2mm 3	1 medium smooth r	mediastinum	pacs
2cm superior to lung apices				
through adrenal glands/inferior aspect of L-1				
40cm/decrease for lung recons				
decrease appropriately for pt size				
10x2 MIP obliques to pu	Imonary arteries			
80ml if < 200lbs @4cc/se	c 100ml if >200ll	os isovue 370 @5cc/se	С	
Performed as directed	by a supervising	radiologist		
bolus tracking at plumonary trunk(level just inferior to carina)				
Trigger is +90HU				
Comments: Being able to locate the pulmonary trunk is important. The monitoring phase will not trigger				
properly and the scan will r				ıy.
	Approxim	ate Values for CTDI	vol	
Patient size w	reight(kg)	weight(lbs)		CTDIvol(mGy)
SMALL	50-70	110-155		4-10
				0.40
AVERAGE LARGE	70-90 90-120	155-200 200-265		8-16 14-22
	SOB, Chest pain, cough, of Detect pulmonary embolism, noted feet and the second part are second part as a coronal chest as a chest as a coronal ch	SOB, Chest pain, cough, elevated d-dimer, h Detect pulmonary embolism, nodules or masses and of the first-Supine-ins Feet first-Supine-ins	SOB, Chest pain, cough, elevated d-dimer, hemoptysis Detect pulmonary embolism, nodules or masses and characterize their size and she Helical feet first-Supine-inspiration-1cm superior AP 40mA 120kVp 120kv 200mas/Care Dose ON/100kv if pith 120kv 20kv 200mas/Care Dose ON/100kv if pith 120kv 20kv 200mas/Care Dose ON/100kv if pith 20kv 20kv 20kv 20kv 20kv 20kv 20kv 20kv	Detect pulmonary embolism, nodules or masses and characterize their size and shape, abnormal fluid co Helical feet first-Supine-inspiration-1cm superior to shoulders AP 40mA 120kVp 120kV 200mas/Care Dose ON/100kV if pt under 140lbs 0.5/0.8 64x0.6 30.72 Care Dose 7mGy-50mGy 50mGy body thickness recon part spacing kernel window 1 chest 2mmx 2mm 31medium smooth mediastinum 2 lung 1.5mmx 1.5mm 70very sharp lung 3 coronal chest 2mmx2mm 31medium smooth mediastinum 4 sag chest 2mmx2mm 31medium smooth mediastinum 5 thin chest .75mmx.5mm 31medium smooth mediastinum 6 axial MIP lung 10mmx2mm b20s smooth lung 7 MIP RT pulmonary art 10mmx2mm 31 medium smooth mediastinum 8 MIP LT pulmonary art 10mmx2mm 31 medium smooth mediastinum 2 cm superior to lung apices through adrenal glands/inferior aspect of L-1 40cm/decrease for lung recons decrease appropriately for pt size 10x2 MIP obliques to pulmonary arteries 80ml if < 200lbs @4cc/sec 100ml if >200lbs isovue 370 @5cc/sec Performed as directed by a supervising radiologist bolus tracking at plumonary trunk(level just inferior to carina Trigger is +90HU Comments: Being able to locate the pulmonary trunk is important. The monitoring phas properly and the scan will not start correctly if the roi is not placed on the correct anatom Approximate Values for CTDIvol

allowed range should not be performed unless approved by a radiologist.