

CTA Pulmonary Vein

Reviewed by: Daniel Verdini, MD; Rachael Edwards, MD

Last Reviewed: January 2019

Contact: (866) 761-4200, Option 1

In accordance with the ALARA principle, TRA policies and protocols promote the utilization of radiation dose reduction techniques for all CT examinations. For scanner/protocol combinations that allow for the use of automated exposure control and/or iterative reconstruction algorithms while maintaining diagnostic image quality, those techniques can be employed when appropriate. For examinations that require manual or fixed mA/kV settings as a result of individual patient or scanner/protocol specific factors, technologists are empowered and encouraged to adjust mA, kV or other scan parameters based on patient size (including such variables as height, weight, body mass index and/or lateral width) with the goals of reducing radiation dose and maintaining diagnostic image quality.

If any patient at a TRA outpatient facility requires CT re-imaging, obtain radiologist advice prior to proceeding with the exam.

Indication: Atrial fibrillation, pre-PVI (pulmonary vein isolation), pre-Watchman, pulmonary vein stenosis, etc.

Patient Position: Supine

Prep: NO medications

Scan Range (CC Z-AXIS):

Arterial: Carina through bottom of heart

Delay: Upper half of the arterial field (to ensure left atrial appendage is included)

IV Contrast:

- < 200 lbs: 80ml
- > 200 lbs: 100ml
- Rate: 3-4cc / sec
- Bolus triggering (Asc Ao, threshold 100HU) or Test bolus 15ml

Acquisitions:

TWO acquisitions typically: EKG gated Arterial and EKG gated Delay

- Breathing Instructions (both phases): End Expiration (NOT like other cardiac CTAs!!)
- Gating (both phases): Scanner specific prospective, manual pulsing, systolic based

1. Arterial
 - Trigger from Asc Ao (threshold of 100HU)

2. Delay

- Coverage is upper half of arterial FOV (to include left atrial appendage)
- Perform 10 seconds after arterial scan

Series + Reformats:****Make sure study is automatically sent to TeraRecon******1. Arterial**

- Axial 0.625-1 mm ST or Vascular kernel, FOV coned down to heart (used for post-processing)
- Axial 2-2.5 mm ST kernel, full Chest CT style FOV
- Coronal 2 mm ST kernel (from full Chest CT style FOV)
- Sagittal 2 mm ST kernel (from full Chest CT style FOV)
- Axial 10 x 2 mm MIP ST kernel

2. Delay

- Axial 0.625-1 mm ST or Vascular kernel, full Chest CT style FOV