Indications	SOB, Chest pain, cough, elevated d-dimer, hemoptysis			
Diagnostic Task	Detect pulmonary embolism, nodules or masses and characterize their size and shape, abnormal fluid collections in chest			
Scan mode	Helical			
Position/Landmark	Head first-Supine Sternal Notch S60-I350			
Topogram	AP 120kV 20mA Lat 120kV 40mA			
kVp/Reference mass	120kv Auto mA (200-440)			
Rotation time/pitch	0.5/0.984:1			
Detector Configuration	64x0.625			
Table Speed/Increment	39.37			
Dose reduction	Noise Index 15.86			
Allowed CTDI ranges*	7mGy-50mGy			
XR29 Dose Notification value	50mGy			
Helical Set	body	thickness	2	recon
	,	spacing	algorithm	destination
	1 chest	1.25mmx 1.25mm	standard	pacs
	2 lung	1.25mmx 1.25mm	lung	pacs
	3 sag chest	2mmx2mm	standard	pacs
	4 coronal chest	2mmx2mm	standard	pacs
	5 axial mip lung	10mmx2mm	standard	pacs
When super D or stereo chest	6 thin chest	1.25mmx1.0mm	standard	pacs
	7 MIP Pulmonary art R		standard	pacs
	8 MIP Pulmonary art LT		standard	pacs
Scan Start/end location	2cm superior to lung apices			
Scan Start/end location	through adrenal glands/inferior aspect of L-1			
	u	L-1		
DFOV	40cm/decrease for lung recons 80ml if < 200lbs @4cc/sec 100ml if >200lbs isovue 370 @5cc/sec			
IV contrast volume/type				
	Performed as directed by the supervising radiologist			
- ···	bolus tracking at pulmonary trunk(level just inferior to carina)			
Scan delay	Initiate scan manually-enhancement threshold of 80HU			
	Comments: Being able to locate the pulmonary trunk is important. The monitoring phase will not trigger			
	properly and the scan will not start correctly if the roi is not placed on the correct anatomy. Approximate Values for CTDIvol			
		ot(kg) 0-70	weight(lbs) 110-155	CTDIvol(mGy) 4-10
		-90	155-200	8-16
		-120	200-265	14-22
NOTE*	*The AAPM recommended NEMA XR29 AAPM recommended can be set. The maxin allowed range should not be performed	num CTDI vol should match the dose	e notification value. Exams with C	

CTA Chest for PE 64 GE

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