CTA Chest for PE 16 Emotion

	COD Chest nain any				
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	feet first-Supine-inspiration-1cm superior to shoulders				
Topogram	AP 40mA 130kVp				
kVp/Reference mass	130kv 240mAs/Care dose ON				
Rotation time/pitch	0.6/1.0				
Detector Configuration	16x.6				
Table Speed/Increment	9.6				
Dose reduction	Care Dose				
Allowed CTDI ranges*	7mGy-50mGy				
XR29 Dose Notification value	50.0				
Helical Set	body thickness				recon
	recon part	spacing	kernel	window	destination
	1 chest	2mmx 2mm	31medium smooth	mediastinum	pacs
	2 lung	1.5mmx 1.5mn	-	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	for mpr
	-	10mmx2mm	b20f smooth		-
Coon Startland Lagotian	g			lung	pacs
Scan Start/end location	1 31				
	through adrenal glands/inferior aspect of L-1				
DFOV	45cm				
	decrease for lungs				
3D Technique Used	10x2 angled MIP obliques to pulmonary arteries				
IV contrast volume/type	st volume/type 80ml if < 200lbs @4cc/sec 100ml if >200lbs isovue 370 @5cc/sec				
	Performed as directed by the supervising radiologist				
Scan delay	bolus tracking at plumonary trunk(level just inferior to carina)				
	Trigger is +70HU				
	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				
	Patient size weight(kg) weight(lbs)			CTDIvol(mGy)	
	SMALL	50-70	110-155		4-10
	AVERAGE	70-90	155-200		8-16
NOTE	LARGE	90-120 MA XR20 Doco Notificatio	200-265 n Value for an adult torso is 50m0	N Doso Notification lavel	14-22
NUTE		The maximum CTDI vol shou	ld match the dose notification value.		

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