

CT Neck Angiogram

Reviewed By: Marcus Lacey, MD

Date of Last Revision: April 2026

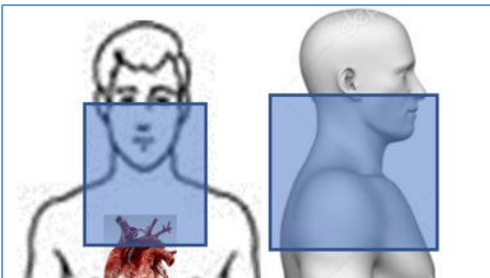
Date of Last Review: https://docs.google.com/spreadsheets/d/1a1on-GqIksrbCU8zpnnYqisOOebEUGCd_TKeLW5-CIq/edit?gid=0#gid=0

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.

Scan Ranges and Acquisitions: Neck CTA

EAM (below orbits) through Aortic Arch - Do not include Circle of Willis

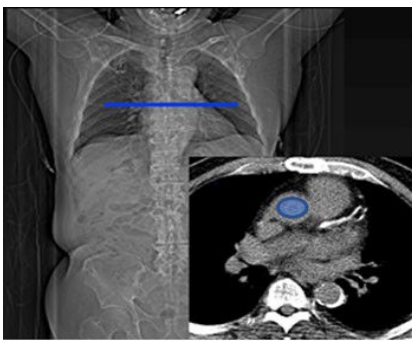


CONTRAST: (Isovue 370)

Recommended IV Gauge 18-20

Injection Volume: 60 cc, injected via right arm if possible

Scan Delay: Bolus Tracking in Ascending Aorta at the level of the carina, trigger when HU is + 100





Reconstructions:

0.625mm CTA Std (source images)
Coronal MIP 4mm x 1mm
Rt Sag Oblique MIP 1mm x 1mm
Lt Sag Oblique MIP 1mm x 1mm
Sag Neck 2mm std
180mm FOV (decrease as appropriate)

Thresholds:

CTDI:

37.5mGy 32cm Phantom
65 mGy 16cm Phantom

Contrast:

Standard Injection Rate 3-4mL/sec