GE VCT 64 SLICE PROTOCOLS

Protocol I	Name:	CA	ARDIA	C (COR	ONARY	() CTA	ADUI	LT (sele	ct segm	ent 30-74 s	small or	large)		
INDICATIONS:			Usually evaluation of coronary arteries. Heart function and structure can also be evaluated if									SCOUT*, CORONARY*. The means anything after these beginnings will hang correct in		
IV CONTRAST:			ordered. 150 cc nonionic contrast (370 mg/ml) and saline-dual injection. 5cc/sec, 18 ga in AC preferred. 20ga or better IV in a large vein at least.				RECON 1:				pacs .625mm thick/.625 mm interval Std recon.			
ORAL CC	NTRA	ST:	None	<u>.</u>			RECON 2:			R	Retro recon additional series			
PATIENT POSITION SCAN AR	NING A	AND	Patient supine. Feet first. Landmark above chest. Cuts are taken from carina to below heart. 250 DFOV.				ADDITIONAL POST PROCESSING:			a	Send 2.5 mm cuts, 0.625mm to awwkstn1 for radiologist processing			
GENERAL EXAM See cheat sheet.							SEND EXAM:				Send scout, 2.5mm axials to pacs.			
GUIDELINES: TRIGGER OR Timing bolus CONTRAST DELAY:							ARCHIVE:							
TECHNIQUE120 kvp. Auto ma on.GUIDELINES:							BILL AS: Usually cardiac coronary a CT.					onary arter		
				SCOU	T PRC	ΤΟΟΟΙ	SET	TIN SC	CANNE	R				
Scan Type		Start Loc		End Loc		kV			mA		Scout Plane		Voice Lights Timer	
Scout		S60.00		1300.00		120		20		90 and	10	7T		
		Above chest		Mid abdomen										
			Δ	XIAL IN	AGE	PROTO		SET D	JSCAN	INFR				
Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Direct Vis	
Helical Full 0.35 sec rotation	I50.0 carina	I150.0 Below heart	0.625 6.40 0.16:1	0.625	S0.0	Cardiac Large	120	ECG 325 70-80 Or ECG 800 70-80	25.0	0.625mm Std- Full FOV SnapShot Segment 800ww 100wl SS50 For recons	2.5mm Std Full FOV 400w 401 SS40	1.25m Std Sm FOV 400w 401		

Updated 2/26/2018