

GE VCT 64 SLICE PROTOCOLS

Protocol Name: CHEST CT ANGIOGRAM ADULT (aorta or p.e. studies)	
INDICATIONS:	Evaluation of aorta-known AAA Followup or to rule out a pulmonary embolism.
IV CONTRAST:	100 cc nonionic contrast (370 mg/ml). 4cc/sec, 20ga or better IV in a large vein.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Arms above head. Landmark above chest. Cuts are taken from apices through adrenal glands. Same DFOV as previous chest CTs.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images. 400 DFOV.
TRIGGER OR CONTRAST DELAY:	Smart prep or can use timing bolus (at level of pulmonary artery for P.E. study or descending aorta for aorta study.)
TECHNIQUE GUIDELINES:	120 kvp. Auto ma on.
LABEL:	SCOUT*, CHEST*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon at 400ww/30wl. With cor and sag 5mm mip DMPRs.
RECON 2:	2.5mm thick /2.5 mm interval. Std recon 400ww/30wl.
ADDITIONAL POST PROCESSING:	Send 0.625mm to awwkstn1 for 3Ds if aorta is the focus. Save a 40 image rotation of the 3D aorta to pacs. No 3D imaging for P.E. studies.
SEND EXAM:	Send scout, 2.5mm axials, and sag and cor images to pacs.
ARCHIVE:	
BILL AS:	CHEST CT ANGIOGRAM

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I400.00	120	30 and 20	90 and 0	2T
	Above chest	Mid abdomen				

AXIAL IMAGE PROTOCOL SET IN SCANNER

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 0.6 sec rotation	S0.0	I300.0	0.625 39.37 0.984:1	0.625	S0.0	Large Body	120	480 22.10~ Auto ma on DR 50%	40.0	0.625mm Std 500ww 70wl For recons SS50	2.5mm Std 400ww 40wl Send to Pacs SS50		On 5mm Cor and Sag MIPs