Protocol Name:	MESENTERIC CTA AD	ULT		
INDICATIONS:	Evaluation of mesenteric at (SMA) which feed the bow		LABEL:	SCOUT*, ABDOMEN*. The * means anything after these beginnings will hang correct in pacs
IV CONTRAST:	100 cc nonionic contrast (3 mg/ml). 4cc/sec, 20ga or b IV in a large vein.	RECON 1:	.625mm thick/.625 mm interval Std recon at 700ww/60wl.	
ORAL CONTRAST:	No barium for abdominal C Water is an option if oral co is needed.		RECON 2:	2.5mm thick /2.5 mm interval. Std recon 700ww/60wl.
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Landmark at mid sternum. are taken from a few cuts in lungs through the bifurcation pubis if pelvis is also order Same DFOV as previous abdomen CTs.	nto the	ADDITIONAL PROCESSING:	
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images. DFOV.	400	SEND EXAM:	Send scout, 2.5mm axials, and sag and cor images to pacs.
TRIGGER OR CONTRAST DELAY:	Smart prep or can use timin bolus in aorta by the SMA seconds after optimal aorta is good timing for SMA).	(7-10	ARCHIVE:	
TECHNIQUE120 kvp. Auto ma on.GUIDELINES:			BILL AS:	ABDOMEN CTA OR ABDOMEN AND PELVIS CTA
	SCOUT PRO	ТОСО	L SET IN SCAN	INER
Scan Start Type Loc	End Loc	kV	mA	Scout Voice Plane Lights Timer

Type	LOC	Loc			Flanc	Timer	
Scout	S0.00	I650.00	120	10	90 and 0	2T	
	Diaphragm	Pubis					

AXIAL IMAGE PROTOCOL SET IN SCANNER												
Scan Start Type Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Direct Vis
Helical S0.0 Full 0.6 sec Abov rotation Diaph agm		0.625 55.00 1.375:1	0.625	S0.0	Large Body	120	450 22.10~ Auto ma on DR 50%	40.0	0.625mm Std 400ww 50wl For recons SS50	2.5mm Std 400ww 50wl Send to Pacs SS50		On 5mm Cor and Sag MIPs

Updated 02/01/2018