

RIH – CT ANGIOGRAM ABDOMEN/PELVIS GI BLEED SIEMENS DEFINITION AS20 PROTOCOL

Indications: Evaluation for acute lower GI bleed

Position/Landmark	Head first or feet first-Supine Sternal Notch																									
Topogram Direction	Craniocaudal / Craniocaudal																									
Respiratory Phase	Inspiration																									
Scan Type	Helical																									
Ref kV/Ref mAs/Rotation time (sec) Pitch / Speed (mm/rotation) Safire Strength / Dose Optimization	Care kV 120 / Care Dose4D 180 / 0.5 sec 1.2:1 , 15.00mm non con 3 / 4 contrast 3 / 8																									
Detector width x Rows = Beam Collimation	.625mm x 20 = 12.5mm																									
Average Tube Output	ctdi – 10.0mGy dlp – 500mGy.cm																									
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Scan Start / End Locations DFOV	1 cm superior to diaphragm lesser trochanters 38cm decrease appropriately																									
IV Contrast Volume / Type / Rate	100mL Iohexol (Omnipaque 350) 4mL/sec																									
Scan Delay	Bolus tracking at level of celiac artery																									
2D/3D Technique Used	Workstream 4D mpr of 3mm x 3mm sagittal and coronal ct angiogram series, auto-transferred to PACS.																									
Comments:	A non-contrast study is done first. Then the cta is done using a smart prep at the level of the celiac artery. Note: There is a second contrast helical scan done 60 seconds after the cta to look for blood pooling.																									
Images required in PACS	Topograms, 5mm x 5mm axial abd pelvis, 5mm x 5mm coronal abd pelvis, 3mm x 3mm axial ct angio abdomen pelvis, 3mm x 3mm coronal ct angio abdomen pelvis, 3mm x 3mm sagittal ct angio abdomen pelvis, 3mm x 3mm axial ct contrast abdomen pelvis, 3mm x 3mm coronal ct contrast abdomen pelvis, 3mm x 3mm sagittal ct contrast abdomen pelvis, Patient Protocol																									