

<b>Protocol Name:</b> POST ABDOMINAL STENT PLACEMENT CTA ADULT	
INDICATIONS:	Evaluation of known AAA.
IV CONTRAST:	100 cc nonionic contrast (370 mg/ml). 4cc/sec, 20ga or better IV in a large vein.
ORAL CONTRAST:	No barium for abdominal CTAs. Water is an option if oral contrast is needed.
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Landmark at mid sternum. Cuts of the abdomen and pelvis are taken from a few cuts into the lungs to the pubis. Same DFOV as previous abdomen CTs. Do noncontrast 2.5 mm cuts, then do arterial phase using smart prep 2.5 mm cuts with sag, cor & 3D recons, next repeat the arterial phase with 2.5 mm cuts approximately 1-2 minutes after injection started.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images. 400 DFOV.
TRIGGER OR CONTRAST DELAY:	Smart prep or can use timing bolus
TECHNIQUE GUIDELINES:	120 kvp. Auto ma on.
LABEL:	SCOUT*, ABDOMEN*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon at 700ww/60wl.
RECON 2:	2.5mm thick /2.5 mm interval. Std recon 700ww/60wl.
ADDITIONAL POST PROCESSING:	Send 0.625mm to awwkstn1 for 3Ds. Save a 40 image rotation of the 3D aorta to pacs.
SEND EXAM:	Send scout, 2.5mm axials, and sag and cor images to pacs.
ARCHIVE:	
BILL AS:	ABDOMEN AND PELVIS CTA

**SCOUT PROTOCOL SET IN SCANNER**

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I650.00	120	10	90 & 0	2T
	Diaphragm	Pubis				

**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 Rocon2	Show Rocon3	Direct Vis
Helical Full 0.6 sec rotation	S0.0	I400.0	0.625	0.625	S0.0	Large Body	120	450	40.0	0.625mm Std	2.5mm Std		On
	Above Diaphragm	Below Pubis	55.00	1.375:1				Auto ma on		400ww 50wl	400ww 50wl		5mm Cor and Sag MIPs
								DR 50		For recons SS50	Send to Pacs SS50		