Gundersen Health System

Angio Head

Siemens Flash

Application Examples: cerebral vascular abnormalities

Oral Contrast	No				
IV Contrast / Volume	75 ml Omnipaque 350				
Injection Rate	5 mL/sec				

Technical Factors						
Care Bolus ROI Location / HU	*see scan instructions					
Monitoring Delay	10 seconds					
Cycle Time	1.5 seconds					
Scan Delay	2 seconds					
Breath Hold	N/A					

Detector Collimator	Acq 128 x 0.6 mm			
Care kV	Semi / 120 kV			
Care Dose 4D	On / 165 mAs			
Rotation Time (seconds)	0.5			
Pitch	1.2			
Typical CTDIvol	$25.24 \text{ mGy} \pm 50\%$			

Topogram: Lateral, 256 mm

AngioHead	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	0.6 x 0.6	J30f	2	Angio	160	AXIAL	PACS & TR	Rotating MIP & VR
Recon 2	3D:COR	10 x 4	J30f	2	Angio	1	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	10 x 4	J30f	2	Angio	-	SAG MIP	PACS	Sagittal MIP
Recon 4	3D: AXIAL	10 x 4	J30f	2	Angio	-	AXIAL MIP	PACS	Axial MIP

First preference is to scan using Dual Energy (DE).

IV Placement: \geq 18 gauge, *preferably* in antecubital (AC) fossa.

Patient Preparation: Have patient remove any detachable dental work.

Patient Position: Patient lying supine with arms at sides. Tuck chin slightly and position head so the sella is parallel to the gantry in a symmetrical position (no rotation or tilt).

Scan Range: Begin at C2 and scan through skull vertex.



Scan Instructions: *Take pre-monitoring around level of carotid bifurcations and place ROI in air. Manually trigger scan as soon as first blush of contrast is in carotid arteries.

Recons and Reformations: Center on circle of willis (COW). Make coronal, sagittal and axial MIPs as depicted below.



3D: Rotating MIP of bone subtracted data set. VR of COW. See post processing protocol for further details.