

Angio CAP for Dissection

Siemens Flash

Application Examples: aortic dissection	
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Oral Contrast	1 glass H2O
IV Contrast / Volume	Omnipaque 350 / Medrad P3T
Injection Rate	P3T 3.5 – 7 mL/sec

Technical Factors

Unenhanced Chest	
Scan Type	Spiral
Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 65 mAs
Rotation Time (seconds)	0.28
Pitch	0.9
Typical CTDIvol	4.40 mGy ± 50%

Care Bolus ROI Location / HU	Aortic Arch / 150
Monitoring Delay	10 seconds
Cycle Time	1.5 seconds
Scan Delay	4 seconds
Breath Hold	Inspiration

CAP	
Scan Type	Spiral
Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 130 mAs
Rotation Time (seconds)	0.5
Pitch	1.2
Typical CTDIvol	8.79 mGy ± 50%

Topogram: Lateral and AP, 768 mm

Chest w/o	Recon Type	Width/Increment	Algorithm	Safire	Window	SeriesDescription	Networking	PostProcessing
Recon 1	Axial	5 x 5	I41f	2	Mediastinum	AXIAL WITHOUT	PACS	None

Angio CAP	Recon Type	Width/Increment	Algorithm	Safire	Window	SeriesDescription	Networking	PostProcessing
Recon 1	Axial	3 x 3	I40f	2	Mediastinum	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	I30f	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	I30f	2	Angio	SAG MIP	PACS	Sagittal MIP
Recon 4	3D:SAGOBL	3 x 3	I30f	2	Angio	OBL MIP	PACS	Oblique MIP
Recon 5	Axial	0.6 x 0.6	I26f	2	Angio	AXIAL 0.6 STND	TR & PACS	None

IV Placement: ≥ 18 gauge, *preferably* in antecubital (AC) fossa.**Patient Preparation:** Give one glass H2O just prior to scan if non-emergent dissection.**Patient Position:** Patient lying supine with arms comfortably above head and lower legs supported.**Scan Instructions:** Then take pre-monitoring ROI in aortic arch, away from any calcium deposits.**Scan Range:****Unenhanced Chest:** scan apices to diaphragm.**Angio CAP:** Apices through femoral bifurcations.**Recons and Reformations:** Adjust FoV to fit body contour. Make coronal, sagittal and oblique MIPs.**3D:** Upon request.