

Chest PE Flash & Aorta Thorax Flash Siemens Flash

Application Examples: short of breath (sob) r/o pulmonary embolism, r/o dissection

Oral Contrast	No
IV Contrast / Volume	Omnipaque 350 / P3T
Injection Rate	P3T / 3.2-7 mL/sec
P3T Protocol	Angio Chest and click yes to transit bolus!
Transit Bolus	PA / Aorta
Breath Hold	None

Technical Factors

Chest without	
Detector Collimator	Acq 128 x 0.6 mm
X-Care	No
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.28
Pitch	0.6
Typical CTDIvol	5.84 mGy ± 50%

Transit Bolus	PA / Aorta
Breath Hold	None

PE & Angio Aorta	
Detector Collimator	Acq 128 x 0.6 mm
X-Care	No
Care kV	On / 120 kV
Care Dose 4D	On / 130 mAs
Rotation Time (seconds)	0.28
Pitch	2.1
Typical CTDIvol	5.84 mGy ± 50%

Topogram: Lateral & AP, 512 mm

Chest without	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	I41f	2	Mediastinum	AXIAL	PACS	None

PE	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 1.5	I30f	2	Mediastinum	AXIAL	PACS	None
Recon 2	3D:COR	5 x 3	I30f	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	I41f	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon 4	Axial	1.0 x 0.8	I30f	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TR & PACS	None

Aorta	Recon Type	W/I	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	I30f	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: OBL	3 x 3	I30f	2	Angio	OBL MIP	PACS	Oblique MIP
Recon 5	Axial	0.6 x 0.6	I30f	2	Mediastinum	AXIAL 0.6 x 0.6 STND	TR & PACS	None

This protocol is used as a double r/o for PE and dissection. Because it is in flash mode, patient chest wall must be ≤ 33 cm and ≤ 240 lbs. Breath hold is not necessary using flash mode.

IV Placement: Required ≥ 20 gauge in antecubital (AC) fossa, 18 gauge preferred.

Patient Position: Patient lying supine with arms above head and lower legs supported.

Patient Instructions: Instruct patient table will move quickly.

Scan Range: Pulmonary Arteries: Include aortic arch to 14 cm below the carina. **Dissection:** Entire chest.

Gundersen Health System

Scan Instructions: Perform transit bolus then put images in DynaEval. Drop three ROIs—PA, Ascending Aorta and Descending Aorta.

Enter HU and peak of PA in MedRad. Note peak for aorta. Enter scan delay for PA then add scan time to this amount then subtract this from peak aorta. Enter this number is for aorta delay.

Recons and Reconstructions: Adjust FoV to chest wall.