Angio Abdomen and/ or Pelvis   Siemens go.All

Application Examples: vascular anomalies

Oral Contrast	1 glass H20
IV Contrast / Volume	Omnipaque 350 / MedRad P3T
Injection Rate	P3T / 3.5-7 mL / sec

Technical Factors

Care Bolus ROI Location / HU	Aorta / 100
Monitoring Delay	10 seconds
Cycle Time	1 second
Scan Delay	7 seconds
Breath Hold	Inspiration

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 100 kV
Care Dose 4D	On / 90 mAs
Rotation Time (seconds)	0.5
Pitch	1.2
Typical CTDIvol	6.00 mGy ± 50%

Topogram: Lateral and AP, 512 mm

AngioAbdomen	Recon Type	Width/Increment	Algorithm	Safire	Window	SeriesDescription	Networking	PostProcessing
Recon 1	Axial	3 x 3	Bv40	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Bv36	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	Bv36	2	Angio	SAG MIP	PACS	Sagittal MIP
Recon 4	Axial	0.6 x 0.6	Bv36	2	Angio	AXIAL 0.6 STND	TR & PACS	None

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

Patient Preparation: Give one glass H20 just prior to scan.

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

Scan Instructions: Take pre-monitoring at level of start position and place ROI in aorta.

Scan Range: Scan range is just above diaphragm to iliac crest or through femoral bifurcations, per order. If stent, do 3 minute delay through entire stent. **If CTA pelvis only** (with or without runoffs), start scan at top of L3 to include distal aorta and bifurcation through femoral biforcations.

Recons and Reformations: Adjust FoV to fit body contour.

3D: Upon request.