Gundersen Health System

Angio CAP for Dissection

Siemens go.All

Application Examples: aortic dissection

Oral Contrast	1 glass H20
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 32 x 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 60 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	5.5 mGy ± 50%

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

CAP	
Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
CarekV	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, 768 mm

Chest w/o	Recon Type	Width/Increment	Algorithm	Safire	Window	SeriesDescription	Networking	PostProcessing
Recon 1	Axial	5 x 5	Br40	2	Mediastinum	AXIAL WITHOUT	PACS	None

Angio CAP	Recon Type	Width/Increment	Algorithm	Safire	Window	SeriesDescription	Networking	PostProcessing
Recon 1	Axial	3 x 3	Bv40	2	Mediastinum	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	3D:SAGOBL	3 x 3	Bv36	2	Angio	OBL MIP	PACS	Oblique MIP
Recon 5	Axial	0.6 x 0.6	Bv36	2	Angio	AXIAL 0.6 STND	TR & PACS	None
Recon 6	Lung CAD	1 x 0.7	Br60	2	Lung	LUNG CAD	PACS	None

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

Patient Preparation: Give one glass H20 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.

Last Update 1/25/2021

3D: Upon request.