Gundersen Health System

Angio Run Offs PAD

Siemens go.All

Application Examples: claudification

Oral Contrast	1 glass H20
IV Contrast / Volume / Injection Rate **(< 240lbs)**	Omnipaque 350 / 100 mL / 4 mL/sec
IV Contrast / Volume / Injection Rate **(≥ 240lbs)**	Omnipaque 350 / 125 mL / 5 mL/sec

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 100 kV
Care Dose 4D	On / 80
Rotation Time (seconds)	0.5
Pitch	0.6 / Adjust so scan time is 30 seconds

Care Bolus ROI Location / HU	Aorta / 100
Monitoring Delay	10 seconds
Cycle Time	1 second
Scan Delay	5 seconds
Breath Hold	Inspiration
Typical CTDIvol	5.38 mGy ± 50%

Topogram: Lateral 512 mm and AP, 1970 mm

Angio RunOffs	Recon Type	Width/Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
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	3D:COR	2 x 2	Bv36	2	Angio	RUN OFFS COR MIP	PACS	Coronal MIP
Recon 5	3D:SAG	2 x 2	Bv36	2	Angio	RUN OFFS SAG MIP	PACS	Sagittal MIP
Recon 6	Axial	0.6 x 0.6	Bv36	2	Angio	AXIAL 0.6 STND	TR & PACS	None

Intermittent vascular claudication usually refers to cramping pains in the legs caused by poor circulation of the blood in the arteries to the leg muscles.

IV Placement: ≥ 20 gauge, *preferably* in antecubital (AC) fossa.

Patient Position: Patient lying supine feet first with arms comfortably above head and legs extended flat on table (no cushions or wedges under legs or feet). Position legs as close together as possible in their neutral position.

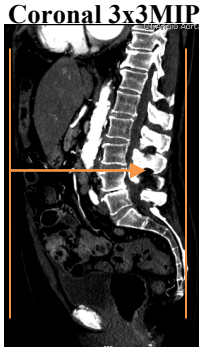
Scan Instructions: Place pre-monitoring at level of start position, ROI in aorta. Adjust pitch so that the scan time is about 30 seconds.

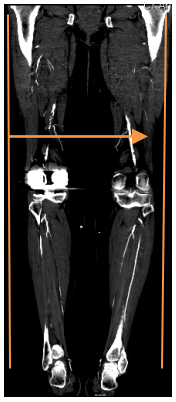
Scan Range: Diaphragm through ankles. If abdominal stent is present, do 3 minute delay through entire stent. No delays are necessary for stents in legs. If you cannot visualize contrast all the way down to ankles immediately do another scan from just above knees down. **If CTA pelvis only** (with or without runoffs), start scan at top of L3 to include distal aorta and bifurcation through ankles.

Recons and Reformations: FoV to fit body contour. Make coronal and sagittal MIPs of diaphragm through femoral bifurcations and coronal and sagittal MIPs of legs.

Coronal 2x2 RunOff MIP & Sagittal 2x2 RunOff MIP

Coronal 3x3MIP **Sagittal 3x3 MIP**





3D: Upon request.