Gundersen Health System

Venography AP

Siemens go.All

Application Examples: stenosis or occlusion of deep veins in the pelvis, pelvic congestion

Oral Contrast	None				
IV Contrast	Omnipaque 350	Injection duration of 40 seconds			
Weight	Volume	Injection Rate			
< 121 lbs.	100mL	2.5 mL/sec			
122-143 lbs	120mL	3.0 mL/sec			
144-165 lbs.	135mL	3.4 mL/sec			
166-187 lbs.	150mL	3.8 mL/sec			
188-209 lbs.	175mL	4.4 mL/sec			
>209 lbs.	200mL	5 mL/sec			

Technical Factors					
Scan Type	Spiral				
Detector Collimator	Acq 32 x 0.7 mm				
Care kV	Semi / 100 kV				
Care Dose 4D	On / 180 mAs				
Rotation Time (seconds)	0.5				
Pitch	0.8				
	-				
Scan Delay for AP	110 seconds				
Breath Hold	Inspiration				
Typical CTDIvol	$12.00 \text{ mGy} \pm 50\%$				

Topogram: Lateral 512 mm and AP, 512 mm

Venography AP	Recon Type	Width/Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br40	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br36	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	Br36	2	Abdomen	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	Br36	2	Abdomen	AXIAL 0.6 STND	TR & PACS	None

Injector- Pick the Enterography protocol and adjust according to the above weight chart.

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

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

Scan Instructions: Must use 100 kV. Increase mAs as needed to make CTDI the same as it would be for an abdominal CT at 120 kV.

Scan Range: Scan diaphragm through SP.

Recons and Reformations: FoV to fit body contour. Make coronal and sagittal MPRs of abdomen.