

UT Southwestern Department of Radiology

Protocol Name: CTA Chest/Abd/Pel (single source)

Orderable Name: CT ANGIOGRAM AORTA ENTIRE W AND/OR WO IV CONTRAST

Adult Only

Epic Button: CTA Chest/Abd/Pel (single source)

CTDIvol < 60 mGy

Indications: Thoracic and/or Abdominal aortic aneurysm, Pre-op

Acquisitions: 2

Active Protocol

Oral Contrast: None	IV Contrast: Link to Contrast Information Rate (ml/sec): 4 Volume (ml): 100 IV Access: Power injection: 20g or larger in large vein (prefer AC fossa or forearm) Notes: Bolus tracking: 150 HU in abdominal aorta @ supra-renal level, initiate scan 8 sec after trigger. (send bolus tracker to PACS).	Other Contrast: None	Airway Full inspiration Other Notes Read by VIR division Consult body habitus kVp selection chart. UTSW: Check attenuation of the suprarenal aorta (same location as bolus tracking) on the arterial phase at the time of scan. If HU< 250 HU, call radiologist to determine next steps and document in tech note.
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Last Change: 2/21/2025

Last Review: 2/21/2025

Links: [kVp Body Chart](#)

[General Statements](#)

[CTA aorta parameter table 8-22 update](#)

Special Instructions	Send volume to TeraRecon and Syngo Via	Inject 50ml @ 4ml/s. Bolus track at 150 HU at ascending aorta. Use prospective ECG triggered @ 35% RR.
Acq # / Series Name	1 Early Arterial	2 Reinjection
Phase Timing	Bolus tracking	Bolus tracking 3min after arterial injection
Acquisition Protocol	Vascular	Vascular
Coverage	Base of neck to lesser trochanters	Carina to diaphragm
FOV	Skin to skin at widest portion of patient	Skin to skin at widest portion of patient
Algorithm	Soft Tissue	Soft Tissue
Axial Recons	2 mm, 0.5 mm	2 mm, 0.5 mm
Other Planar Recons	2 mm coronal and sagittal	2 mm coronal and sagittal
MIP Recons	7x2mm axial, sagittal and coronal	7x2mm axial, sagittal and coronal
†DECT Philips	mono E 40 1mm axial, SBI	mono E 40 1mm axial, SBI
†DECT Siemens		
†PC-CT Siemens		

† When dual energy (DE) or photon counting (PC) CT is used

