

UT Southwestern Department of Radiology

Protocol Name: CTA Chest-Thoracic Aorta (single source)

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

Adult Only

Epic Button: CTA Chest-Thoracic Aorta (single source)

CTDIvol < 60 mGy

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

Acquisitions: 1

Active Protocol

<p>Oral Contrast: None</p>	<p>IV Contrast: Link to Contrast Information</p> <p>Rate (mL/sec): 4</p> <p>Volume (mL): 100</p> <p>IV Access: Power injection: 20g or larger in large vein (prefer AC fossa or forearm)</p> <p>Notes: Bolus tracking: 150 HU in abdominal aorta @ supra-renal level, initiate scan 8 sec after trigger. (send bolus tracker to PACS).</p>	<p>Other Contrast: None</p>	<p>Airway Full inspiration</p> <p>Other Notes Read by Cardiothoracic and VIR divisions. Consult body habitus kVp selection chart.</p> <p>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.</p>
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Last Change: 10/19/2022

Last Review: 1/4/2024

Links: [kVp Body Chart](#)

[General Statements](#)

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

<p>Special Instructions</p>	<p>Retrospective ECG gated with tube current modulation peak @35%RR</p> <p>Send volume to TeraRecon</p>
<p>Acq # / Series Name</p>	<p>1 Early Arterial</p>
<p>Phase Timing</p>	<p>Bolus tracking</p>
<p>Acquisition Protocol</p>	<p>Vascular</p>
<p>Coverage</p>	<p>Base of neck to dome of liver</p>
<p>FOV</p>	<p>Skin to skin at widest portion of patient</p>
<p>Algorithm</p>	<p>Soft Tissue</p>
<p>Axial Recons</p>	<p>2 mm, 0.5 mm</p>
<p>Other Planar Recons</p>	<p>2 mm coronal and sagittal</p>
<p>MIP Recons</p>	<p>7x2mm axial</p>
<p>†DECT Philips</p>	<p>mono E 40 1mm axial, SBI</p>
<p>†DECT Siemens</p>	<p></p>
<p>†PC-CT Siemens</p>	<p></p>

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

