

# UT Southwestern Department of Radiology

**Protocol Name:** CTA Chest/Abd/Pel (dual source)

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

Adult Only

**Epic Button:** CTA Chest/Abd/Pel (dual source)

CTDIvol < 60 mGy

**Indications:** Thoracic involvement of aortic aneurysm

**# Acquisitions:** 1

Active Protocol

**Oral Contrast:** None

**IV Contrast:** [Link to](#)

**Other Contrast:** None

**Airway**

Full inspiration

**Rate (mL/sec):** 4

**Volume (mL):** 80

**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 10 sec after trigger. (send bolus tracker to PACS).

**Other Notes**

Read by VIR division  
Consult body habitus kVp selection chart.  
Use FLASH mode when scanning on Siemens Flash/Force.

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.

Last Change: 8/16/2022

Last Review: 8/16/2022

Links: [kVp Body Chart](#)

[General Statements](#)

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

<b>Special Instructions</b>	use FLASH mode prospective ECG triggered @ 35% RR Send volume to TeraRecon
<b>Acq # / Series Name</b>	<b>1</b> Early Arterial
<b>Phase Timing</b>	Bolus Tracking
<b>Acquisition Protocol</b>	<a href="#">Vascular</a>
<b>Coverage</b>	Base of neck to lesser trochanters
<b>FOV</b>	Skin to skin at widest portion of patient
<b>Algorithm</b>	Soft Tissue
<b>Primary Axial Recon</b>	2 mm, 0.5 mm
<b>Other Recons</b>	2mm coronal and sagittal
<b>MIP Recons</b>	7x2mm axial
<b>*Dual Energy Philips</b>	
<b>*Dual Energy Siemens</b>	

\* When dual energy or spectral CT is used

