

# 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 aortic aneurysm

**# Acquisitions:** 1

Active Protocol

<p><b>Oral Contrast:</b> None</p>	<p><b>IV Contrast:</b> <a href="#">Link to Contrast Information</a></p> <p><b>Rate (mL/sec):</b> 4</p> <p><b>Volume (mL):</b> 100</p> <p><b>IV Access:</b> Power injection: 20g or larger in large vein (prefer AC fossa or forearm)</p> <p><b>Notes:</b> Bolus tracking: 150 HU in abdominal aorta @ supra-renal level, initiate scan 8 sec after trigger. (send bolus tracker to PACS).</p>	<p><b>Other Contrast:</b> None</p>	<p><b>Airway</b> Full inspiration</p> <hr/> <p><b>Other Notes</b> 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 &lt; 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: 2/9/2022

Links: [kVp Body Chart](#)

[General Statements](#)

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

<b>Special Instructions</b>	Retrospective ECG gated with tube current modulation peak @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 dome of liver
<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>	2 mm coronal and sagittal
<b>MIP Recons</b>	7x2mm axial
<b>*Dual Energy Philips</b>	mono E 40 1mm axial, SBI
<b>*Dual Energy Siemens</b>	



\* When dual energy or spectral CT is used