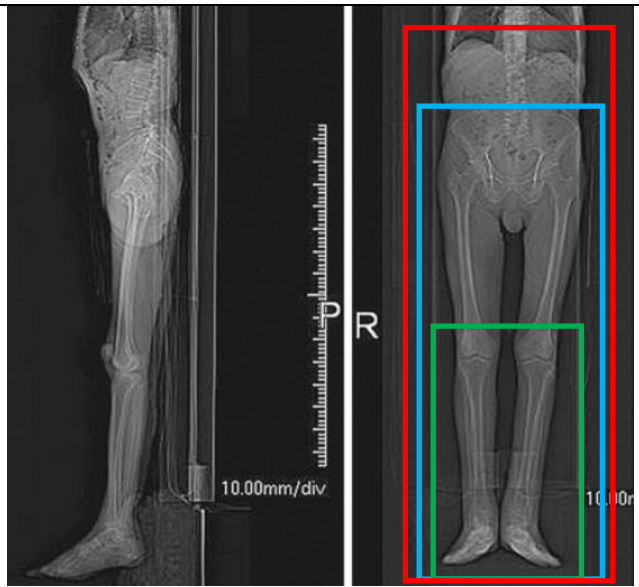


CTA Lower extremity Runoff and CTA Abdomen Pelvis Runoff

Position/Landmark	CTA Lower Ext - Top of Iliac crest CTA Abdomen/Pelvis – Diaphragm
Scout	
Scan coverage	Diaphragm through the feet
Respiratory Phase	Inspiratory
Scan Type	CTA
IV access	20g or 18g
IV contrast	125ml of OMNI 350 @ 4.0mL/sec
Pediatric IV contrast	2ml/kg of patient weight. OMNI 300 @ 1.0-4.0ml/sec
Contrast Delay	Bolus Tracked: Trigger Scan from HU. - Each scanner has a different HU trigger.
PO Prep	None
Reason For Exam	Evaluation for iliac occlusive disease, peripheral vascular disease, and patients with a “cold foot”

Scan Settings – CTA Lower Extremity Runoff and CTA Abd/Pelv Runoff
(Same for each phase unless noted otherwise)

	Siemens SOMATOM Force	Philips iCT/Ingenuity	Canon Aquilion ONE Vision
kV Setting:	CAREkV Ref kV= 120 (runoff 110)	120	120
mA/mAs/TCM Setting:	CAREdose4D QRM = 147	DoseRight DRI = 16, Liver DRI Boost +3 for non con abd/pelv No boost for runoffs	SureExposure3D (SD=7.5)

	(runoff 90), Dose Slider Settings at 3 for non con, 9 for run off, 7 for knees to toes		
Iterative Reconstruction Setting:	Admire Strength 3	iDose 3	AIDR 3D Standard

Scan and Recon Instructions - CTA Lower Extremity Runoff

1.	Position patient feet first supine, arms above their head. - Make sure toes are included in the FOV and flexed. - Wrap extremities in tape or Coban to decrease patient movement in toes.
2.	Scout top of iliac crest through toes.
3.	Non-contrast scan Iliac Crest through Toes. (Blue box) - Axial 3mm x 3mm
4.	Place locator/bolus tracker just above Iliac Bifurcation. - 125ml of contrast @ 4.0mL/sec
5.	Arterial scan Iliac Crest through toes. (Blue box) - Make sure contrast is visible in the vessels all the way down to the toes. - Axial 3mm x 3mm - Coronal MIP 5mm x 2.5mm - Coronal MPR 5mm x 2.5mm - Sagittal MPR 5mm x 2.5mm
6.	Delayed scan from above the Knees down, directly after the Arterial scan. (Green box) - Axial 3mm x 3mm - Coronal MPR 5mm x 2.5mm - Sagittal MPR 5mm x 2.5mm

Scan and Recon Instructions - CTA Abdomen and Pelvis Runoff

1.	Position patient Feet First Supine, arms above their head. - Make sure toes are included in the FOV and dorsiflexed. - Wrap extremities in tape or Coban to decrease patient movement in toes.
2.	Scout top of Diaphragm through Toes.
3.	Non-contrast scan diaphragm through toes. (Red box) - Axial 3mm x 3mm
4.	Place locator/bolus tracker just above Iliac Bifurcation.

	- 125ml of contrast @ 4ml/sec
5.	Arterial scan Diaphragm through Toes. (Red box) Make sure contrast is visible in the vessels all the way down to the toes. Body - Axial 3mm x 3mm - Coronal MIP 5mm x 2.5mm - Coronal MPR 2mm x 1mm - Sagittal MPR 2mm x 1mm Extremity - Axial 3mm x 3mm - Coronal MIP 5mm x 2.5mm - Coronal MPR 5mm x 2.5mm - Sagittal MPR 5mm x 2.5mm
6.	Delayed scan from above the Knees down, directly after the Arterial scan. (Green box) - Axial 3mm x 3mm - Coronal MPR 5mm x 2.5mm - Sagittal MPR 5mm x 2.5mm