CTA ABDOMEN/PELVIS w/ and w/o (ANEURYSM / DISSECTION)

GE Revolution

Approval: E Alvarez, MD rev:1 11/2025

INDICATION	AAA, Possible dissection, pre-endovascular repair, vascular malformation
POSITION / LANDMARK	Supine / Xiphoid
START/END LOCATIONS	Above diaphragm through lesser trochanters of the femurs
CONTRAST PARAMETERS	100cc Isovue300, 4cc per second
RESPIRATORY PHASE	Inspiration
SCAN DELAY	Smart prep - track in aorta
SCAN TYPE	Helical

	KV	mA	Rot Time (sec)	Pitch	Speed (mm/rot)	Noise Index	ASiR	Dose Reduction
wo	120	Smart mA 50-560	0.5	0.984:1	39.37	20		
w	120	Smart mA 50-560	0.5	0.984:1	39.37	20		

TECHNIQUE	Using automated exposure control and adjustment of the mA and/or kV according to patient size, radiation dose to be kept as low as reasonably achievable to obtain optimal diagnostic quality images.

Scans

Series #	Series	Body Part	DFOV	Thick/Space	Algorithm	Notes
1	Loc					AP/Lat
2	w/o	Abd/Pel	36	5x5	Soft tissue	Without contrast
3	Source data	Abd/Pel	36	2.5x2.5	STND	With contrast

Recons

Recon source Series #	Recon	Body Part	Thick / Space	Algorithm	W/L	Notes
3	AX	Abd/Pel	1.25x0.625	STND		Do not send to PACS, use for recons
AX 1.25x0.625	COR	Abd/Pel	2x2	STND		

*Please note, recons are displayed as thickness X spacing

AX 1.25x0.625	SAG	Abd/Pel	2x2	STND		
AX 1.25x0.625	COR	Abd/Pel	20x20	STND		

2D / 3D Processing

Source: Axial with 2.5x2.5 standard window

1. MIP and VR rotation – rotate 360 with 36 images

Series required in PACS

Loc, Dose Report, wo series, Source data, ALL recons except 1.25x0.625 AX, ALL 3D post processed images

ADDITIONAL INSTRUCTIONS:

If any 3D post-processing (including, but not limited to, volume renderings, curved planar reformats, or vessel measurements) is anticipated to add more than five (5) minutes of delay to the delivery of critical results, such post-processing should be omitted. The imaging protocol should otherwise be followed as listed, including acquisition of required thin slices, specified multiplanar reformats (MPRs), and console generated maximum intensity projections (MIPs).

Without done for special instructions on order

With and without done if patient has endo stent for leak check. See dedicated post op endo stent protocol.

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