CTA CHEST TOS

GE Revolution

Approval: M. Gange MD rev:1 5/13/2026

INDICATION	Aneurysm, vessel stenosis, Thoracic Outlet Syndrome, Dynamic Thoracic Outlet obstruction
POSITION / LANDMARK	Supine / Chin
START/END LOCATIONS	Carotid bifurcations through lungs
CONTRAST PARAMETERS	80cc, Isovue 370 4cc per sec with Saline (18g,20g IV must be in opposite unaffected side)
RESPIRATORY PHASE	Inspiration
SCAN DELAY	Initial scan w/ arms down at 60s immediately followed by arms up scan
SCAN TYPE	Helical

KV	mA	Rot Time (sec)	Pitch	Speed (mm/rot)	Noise Index	ASiR	Dose Reduction
120	Smart mA 50-560	0.5	0.984:1	39.37	27	30%	

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	Source data	Chest	See note	2x2	STND	Adjust FOV to include bilateral axilla region With arms DOWN by sides
3	Source data	Chest	See note	2x2	STND	Adjust FOV to include bilateral axilla region With arms ABOVE head and head turned to affected side (document if unable)

Recons

Recon source Series #	Recon	Body Part	Thick / Space	Algorithm	W/L	Notes
2	COR	Chest	2x2	STND		Perpendicular to aortic arch (front to back)

*Please note, recons are displayed as thickness X spacing

2	SAG	Chest	2x2	STND		Parallel to aortic arch (right to left)
3	AX	Chest	2.5x2.5	Lung		Adjust FOV to include bilateral axilla region
3	COR	Chest	2x2	STND		Perpendicular to aortic arch (front to back)
3	SAG	Chest	2x2	STND		Parallel to aortic arch (right to left)
3	AX MIP	Chest	10x2	Lung		

2D / 3D Processing

Source: Axial with 2x2 standard window

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

Series required in PACS

Loc, Dose Report, Source data, ALL recons, ALL 3D recons

ADDITIONAL INSTRUCTIONS:

*Please note, recons are displayed as thickness X spacing