



253-761-4200

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CTA Abdomen and Pelvis with Bilateral Runoffs

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Last Reviewed: August 2024

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In accordance with the ALARA principle, TRA policies and protocols promote the utilization of radiation dose reduction techniques for all CT examinations. For scanner/protocol combinations that allow for the use of automated exposure control and/or iterative reconstruction algorithms while maintaining diagnostic image quality, those techniques can be employed when appropriate. For examinations that require manual or fixed mA/kV settings as a result of individual patient or scanner/protocol specific factors, technologists are empowered and encouraged to adjust mA, kV or other scan parameters based on patient size (including such variables as height, weight, body mass index and/or lateral width) with the goals of reducing radiation dose and maintaining diagnostic image quality.

If any patient at a TRA outpatient facility requires CT re-imaging, obtain radiologist advice prior to proceeding with the exam.

The following document is an updated CT protocol for all of the sites at which TRA is responsible for the administration, quality, and interpretation of CT examinations.

Include for ALL exams

- **Scout:** Send all scouts for all cases
- **Reformats:** Made from *thinnest source* acquisition
 - Scroll Display
 - Axial recons - Cranial to caudal
 - Coronal recons - Anterior to posterior
 - Sagittal recons - Right to left
 - Chest reformats should be in separate series from Abdomen/Pelvis reformats, where applicable
- **kVp**
 - 100 @ <140lbs
 - 120 @ >140lbs
- **mAs**
 - Prefer: Quality reference mAs for specific exam, scanner and patient size
 - Auto mAs, as necessary



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CTA Abdomen and Pelvis With Run-Offs

CTA Abdominal Aorta + Run-Offs

Indication: Peripheral arterial disease (PAD), claudication, cold foot, trauma, etc.

***NOTES*:**

- **Delayed phase:** Aortic bifurcation to feet (caudocranial), *immediately* after arterial
- **Post processing:** Auto-route arterial axial recons (thin and thick) to Via or Tera Recon

Patient Position: Supine, feet down with arms above head

Scan Range (CC z-axis): Top of hepatic dome through feet

IV Contrast Dose, Flush, Rate, and Delay:

- Dose: (modify volume if using something other than Isovue 370)
 - < 200 lbs 100 mL Isovue 370
 - > 200 lbs 125 mL Isovue 370
- Flush: 50 mL saline
- Rate: 3-4cc/sec (20g or larger IV, at least 4 inches above wrist or pressure injectable line)
- Delay:
 - Arterial: Trigger off of Aorta at top slice of coverage (threshold 100 HU)
 - Delayed acquisition: Immediately following arterial acquisition

Acquisitions: 3 (non contrast, arterial, delay)

NOTES:

- **Non contrast phase**
 - Coverage: Hepatic dome to feet
 - Acquisition helical thickness (slice) 1 - 1.25 mm
- **Arterial phase**
 - Coverage: Hepatic dome to feet
 - Trigger bolus off abdominal aorta, threshold 100 HU. If trigger bolus not possible, use delay of 30sec.
 - Acquisition helical thickness (slice) 0.6 mm - 1 mm
- **Delay phase**
 - Coverage: **aortic bifurcation (L4)** to feet
 - Scanned craniocaudal, immediately after arterial scan (no separate breathing instructions)
 - Acquisition helical thickness (slice) 0.6 - 1 mm

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Series + Reformats (machine specific slice thicknesses below):

- **Non-contrast**
 - Axial 1 - 1.25 mm soft tissue kernel ("Noncon")
- **Arterial**
 - Axial 0.6 – 1 mm vascular or soft tissue kernel "AxThin"
 - Axial 2 - 2.5 mm vascular or soft tissue kernel "AxThick"
 - Coronal Ab/Pel (through femoral head) 2 x 2 mm soft tissue kernel "AP COR"
 - Sagittal Ab/Pel (through femoral head) 2 x 2 mm soft tissue kernel "AP SAG"
 - Coronal Lower extremities (top of femoral head to feet) 2 x 2 mm soft tissue kernel
 - Sagittal Lower extremities (top of femoral head to feet) 2 x 2 mm soft tissue kernel
 - Coronal MIP 5 x 2 mm entire field "MIPS"
- **Delay** (feet to knees)
 - Axial 0.6 – 1 mm soft tissue kernel; please label "Delay"

Commented [AE1]: Does anyone want coronal/sag MIP of just extremities?
Trying to minimize # recons for this exam. No one uses MIPS for diagnostic purposes



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Machine specific recons (axial ranges given above for machine variability):

*AXIAL NON CON PHASE - machine-specific thickness (axial):

- GE = 1.25 mm
- Siemens = 1-1.25 mm
- Toshiba = 1 mm

*AXIAL ARTERIAL THIN - machine-specific thickness (axial):

- GE = 0.625 mm
- Siemens = 0.75 – 0.8 mm
- Toshiba = 1 mm

*AXIAL ARTERIAL NOT THIN - machine-specific thickness (axial):

- GE = 2.5 mm
- Siemens = 2 mm
- Toshiba = 2 mm

*AXIAL DELAYED PHASE - machine-specific thickness (axial):

- GE = 0.625 mm
- Siemens = 0.75 – 0.8 mm
- Toshiba = 1 mm


General Comments


NOTE:

Use of IV contrast is preferred for most indications *aside from*: pulmonary nodule follow-up, HRCT, lung cancer screening, and in patients with a contraindication to iodinated contrast (see below).



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Contrast *Relative* Contraindications

- **Severe contrast allergy:** anaphylaxis, laryngospasm, severe bronchospasm
 - If there is history of severe contrast allergy to IV contrast, avoid administration of oral contrast
- **Acute kidney injury (AKI):** Creatinine increase of greater than 30% over baseline
 - Reference hospital protocol (creatinine cut-off may vary)
- **Chronic kidney disease (CKD) stage 4 or 5** (eGFR < 30 mL/min per 1.73 m²) **NOT** on dialysis
 - Reference hospital protocol

Contrast Allergy Protocol

- Per hospital protocol
- Discuss with radiologist as necessary

Hydration Protocol

- For eGFR **30-45 mL/min** per 1.73 m²: Follow approved hydration protocol

IV Contrast (where indicated)

- Isovue 370 is the default intravenous contrast agent
 - See specific protocols for contrast volume and injection rate
- If Isovue 370 is unavailable:
 - Osmolality 350-370 (i.e., Omnipaque 250): Use same volume as Isovue 370
 - Osmolality 380-320 (i.e., Isovue 300, Visipaque): Use indicated volume + **25 mL** (*not to exceed 125 mL total contrast*)

Oral Contrast


- Dilutions to be performed per site/hospital policy (unless otherwise listed)
- Volumes to be given per site/hospital policy (unless otherwise listed)
- TRA-MINW document is available for reference if necessary (see website)

Brief Summary

- Chest only
 - ✓ Chest W, Chest WO
 - ✓ CTPE
 - ✓ HRCT
 - ✓ Low Dose Screening/Nodule
 - None
- Pelvis only
 - ✓ Pelvis W, Pelvis WO
 - Water, full instructions as indicated
- Routine, excluding chest only and pelvis only
 - ✓ Abd W, Abd WO
 - ✓ Abd/Pel W, Abd/Pel WO



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- ✓ Chest/Abd W, Chest/Abd WO
- ✓ Chest/Abd/Pel W, Chest/Abd/Pel WO
- ✓ Neck/Chest/Abd/Pel W, Neck/Chest Abd Pel WO
- ✓ CTPE + Abd/Pel W
 - TRA-MINW offices: Dilute Isovue-370
 - Hospital sites:
 - ED: Water, if possible
 - Inpatient: prefer Dilute Isovue 370
 - Gastrografin OK if Isovue unavailable
 - Avoid Barium (Readi-Cat)
 - FHS/MHS Outpatient: Gastrografin and/or Barium (Readi-Cat)
- Multiphase abdomen/pelvis
 - ✓ Liver, pancreas
 - Water, full instructions as indicated
 - ✓ Renal, adrenal
 - None
- CTA abdomen/pelvis
 - ✓ Mesenteric ischemia, acute GI bleed, endograft
 - Water, full instructions as indicated
- Enterography
 - Breeza, full instructions as indicated
- Esophogram
 - Dilute Isovue 370, full instructions as indicated
- Cystogram, Urogram
 - None
- Venogram
 - Water, full instructions as indicated