

Bryan Radiology Associates
CTA NECK
Adult

Last update: 2021-01-03 by JN

Setup:

1. Retract shoulders as much as possible
2. Head First Supine lateral scout from below the aortic arch through the bottom half of the orbits

DFOV: Preferred 20 cm

Scan:

CTA Neck

- Scan range: from bottom half of the orbits to AP window (fig 2)
- Smart Prep or Bolus Tracking in the ascending aorta (trigger set at 80 HU on Siemens) (45 HU on GE) (fig 1)
- 10 second monitoring delay on Bolus Tracking/Smart Prep

Contrast:

1. 75ml of 320- 370 mg/dl non-ionic contrast @ 5 ml/sec with an 18 gauge catheter (e.g. Isovue 370 or Omnipaque 350)
2. If unable to access 18 gauge, use a 20 gauge and adjust to 4ml/sec

Injector Setup:

- 30ml Saline Flush @ 5ml/sec
- 75ml contrast @ 5ml/sec
- 100ml Saline Flush @ 5ml/sec
- 250 PSI
- If necessary, the CT tech can modify the above to suit the patient's IV catheter status

PACS Series:

- 1 mm x 1 mm CTA axial (source Images)
- 1 mm x 1 mm CTA Soft Tissue Coronal MIP
- 1 mm x 1 mm CTA Soft Tissue Sagittal MIP



CTDI: ~ 10 – 25 mGy

Fig 1

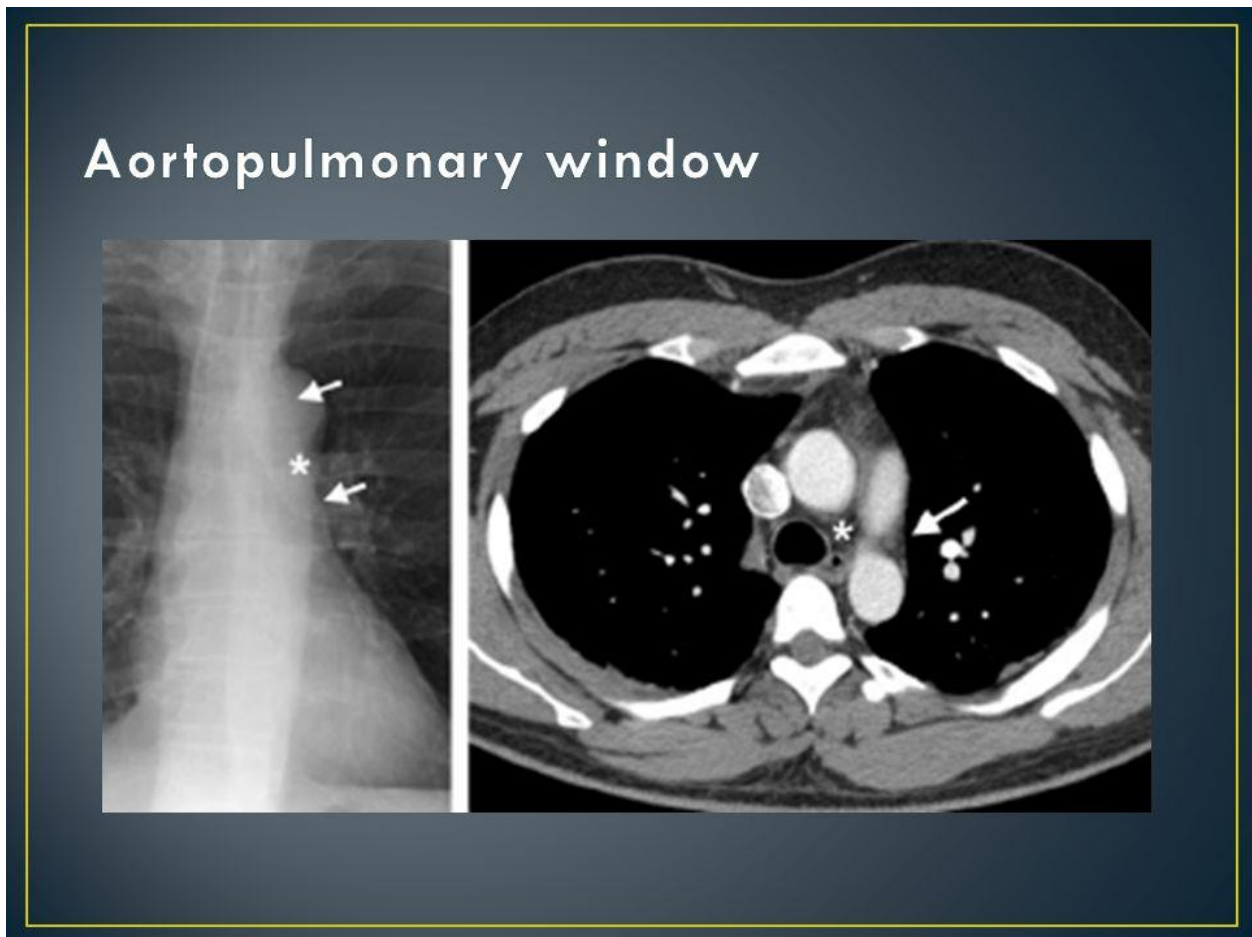


Fig 2: AP window.

Adapted from ARA