

**Chest PE**

Siemens Flash

Application Examples: short of breath (sob) r/o pulmonary embolism

Oral Contrast	No
IV Contrast / Volume	Omnipaque 350 / P3T
Injection Rate	P3T

*Technical Factors*

Care Bolus ROI Location / HU	Right Ventricle / 150
Monitoring Delay	5 seconds
Cycle Time	1.14 seconds
Scan Delay	4 seconds
Breath Hold	Inspiration

Detector Collimator	Acq 128 x 0.6 mm
X-Care	Off
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.28
Pitch	1.2
Typical CTDIvol	6.22 mGy ± 50%

Topogram: Lateral &amp; AP, 512 mm

Chest	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 1.5	I30f	2	Mediastinum	AXIAL	PACS	None
Recon 2	3D:COR	5 x 3	I30f	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	I41f	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon 4	Axial	1.0 x 0.8	I31f	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TR & PACS	None

**IV Placement:** 18 gauge preferred and in antecubital (AC) fossa. Depending on patient weight, may use 20 gauge straight if injection protocol calls for ≤ 5.0 mL /second. A 20 gauge diffusics supports an injection rate up to 10 mL/second.

**Patient Position:** Patient lying supine with arms above head and lower legs supported.

**Scan Range:**

**Pulmonary Arteries Only:** Include aortic arch to 14 cm below the carina or to include lungs only (whichever comes first).

**Entire Chest:** Base of lungs through apices.

**Scan Instructions:** Trigger at first blush of contrast in right ventricle. This protocol is set to scan caudocranial to reduce possible breathing motion; however, images reconstruct craniocaudal.

**Scan Requirements:** Must have good contrast fill in pulmonary arteries. If pulmonary arteries measure < 220HU check images with the Radiologist.

**Recons and Reconstructions:** Adjust FoV to chest wall.