

Chest PE & AP

Siemens Flash

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

Oral Contrast	Yes
IV Contrast / Volume	Omnipaque 350 / P3T
Injection Rate	P3T

Technical Factors

Care Bolus ROI Location / HU	Right Ventricle / 130
Monitoring Delay	5 seconds
Cycle Time	1.14 seconds
Scan Delay	4 seconds
Breath Hold	Inspiration

Chest PE

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	PE 6.22 mGy \pm 50%

Abdomen

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 150 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	10.14 mGy \pm 50%

Topogram: Lateral & AP, 768 mm

Chest PE	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
Recon2	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
Recon4	Axial	1.0 x 0.8	I31f	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TR & PACS	None

Abdomen	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	I41f	2	Abdomen	AXIAL	PACS	None
Recon2	3D:COR	3 x 3	I41f	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	I41f	2	Abdomen	SAG	PACS	Sagittal MPR
Recon4	Axial	0.6 x 0.6	I31f	2	Abdomen	AXIAL 0.6 STND	TeraRecon	None

IV Placement: 18 gauge preferred and in antecubital (AC) fossa. Depending on patient weight, may use 20 gauge straight catheter 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: Chest is scanned from diaphragms to apices in caudocranial direction. Abdomen is scanned from diaphragms through ischial tuberosities.

Scan Instructions: Adjust abdomen delay to scan at approximately 65 seconds. Trigger at first blush of contrast in right ventricle.

Scan Requirements: If pulmonary arteries measure < 220 HU check images with the Radiologist.

Recons and Reconstructions: Adjust FoV to chest wall for PE.