

Chest PE & AP

Siemens go.All

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 / 150
Monitoring Delay	6 seconds
Cycle Time	1 second
Scan Delay	4 seconds
Breath Hold	Stop Breathing

Chest PE

Detector Collimator	Acq 32 x 0.7 mm
X-Care	Off
Care kV	On / 100 kV
Care Dose 4D	On / 55 mAs
Rotation Time (seconds)	0.5
Pitch	1.2
Typical CTDIvol	PE 3.70 mGy ± 50%

Abdomen

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	10.34 mGy ± 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	Bv36	2	Mediastinum	AXIAL	PACS	None
Recon2	3D:COR	5 x 3	Bv36	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	Bv40	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon4	Axial	1.0 x 0.8	Bv36	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TR	None
Recon 5	Lung CAD	1 x 0.7	Br60	2	Lung	LUNG CAD	PACS	None

Abdomen	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Br40	2	Abdomen	AXIAL	PACS	None
Recon2	3D:COR	3 x 3	Br40	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D:SAG	3 x 3	Br40	2	Abdomen	SAG	PACS	Sagittal MPR
Recon4	Axial	0.6 x 0.6	Br40	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.