University Health™	Policy #: Rad Proc 13.12.24
SUBJECT: Angio Neck & Chest with Bolus Tracking 3.12	Effective: 10/1/2013 Revised: 7/15/2016
APPROVED BY: Eduardo Gonzalez-Toledo, MD PhD	Page 1 of 2

Purpose: To provide computed tomography staff with the required protocol for performing carotid angio neck with bolus tracking.

Scope: All adults patients 18 years and older.

Procedure:
Clinical Indication: Vascular abnormalities
Patient Preparation: None
Orientation: Head first
Breathing: Normal breathing
Oral Contrast: None
IV Contrast: Per Weight: *If clinically indicated* 1ml/lb or 2ml/kg Visipaque 320 not to exceed 100ml injected @ 4ml/sec
Coverage: Arch through Sells turcica then lung apex through adrenals
Anatomic Reference: Sternal notch
Scan Delay: Smart prep the aorta

Group 1: Start at ARCH just above carina through above the Sella Turcica*

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kV	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical Full	1.25 9.37 0.938:1	1.25	Large 23	140	440 6	N	Bone Standard
VCT 0.8 sec Helical Full	1.25 9.37 0.938:1	1.25	Large 23	140	440 6	N	Bone Standard
AS 64 0.8 sec Helical	1	1	260	120	Ref MAS 350	N	Bone Standard

Group 2: Lung apex through adrenals

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kV	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical Full	1.25 9.37 0.938:1	1.25	Large 23	140	440 6	N	Bone Standard
VCT 0.8 sec Helical Full	1.25 9.37 0.938:1	1.25	Large 23	140	440 6	N	Bone Standard
AS 64 0.8 sec Helical	1	1	260	120	Ref MAS 350	N	Bone Standard

***Sella can be best seen on the Lateral view of the scout.**

Algorithm: Recon 1-Standard; Recon 2-Standard 0.625mm Recon 3-Bone 0.625mm
Reformat: Axial, Sagittal and Coronal MIPS
Network: Recon 1 Axial, sagittal and coronal MIPS to PACS; Recon 2 and 3 to AWSERV