 University Health™	Policy #: Rad Proc 13.12.4
SUBJECT: Angio Head with Bolus Tracking 1.7	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 angio head 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: C2 through vertex

Anatomic Reference: Orbitomeatal line

Scan Delay: Smart prep the aorta

Group 1: Start at C2 through above the vertex

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

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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

NOTES:

The protocol is loaded, however below is how to perform MIPS on Siemen's:

- Load exam into exam card
- Add recon job
- Click 3D box
- Description - SAGITTAL MIP OR CORONAL MIP
- Recon axis – SAGITTAL OR CORONAL
- Type – MIP Thin
- Slice – 6 mm
- Increment – 3 mm
- Window – CT Angio

How to perform MIPS on GE scanners

- Images works to Reformat
- Move thickness bar to 6mm
- Batch
- Spacing between images is 3
- Slice thickness is 6
- Mode is MIP
- FOV is same as on scan
- Label correct view i.e. sagittal MIP