Purpose: To provide computed tomography staff with the required protocol for performing CT Angio Abdomen Pelvis with Bilateral LE Runoff

Scope: All adult patients 18 years and older.

Clinical Indication: Abdominal aneurysm, Vascular Abnormalities
Patient Preparation: Clear liquid diet (6 hours prior to exam)
Orientation: Feet first
Breathing: Inspiration
Oral Contrast: None
IV Contrast per Weight: 1ml/lb or 2ml/kg not to exceed 150ml injected @ 4ml/sec
Coverage: Dome of diaphragm through the tips of toes
Anatomic Reference: Xiphoid process;
Scan Delay: Smart prep or care bolus

Group 1: Non-contrast – Dome of diaphragm to iliac crest

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kVp	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical Full	5 27.50 1.375:1	5	Large	120	80-440 11.5	N	Standard
VCT 0.8 sec Helical Full	5 55.00 1.375:1	5	Large	120	80-600 11.5	N	Standard
AS 64 0.5 sec Helical	5 1	5	360	120	Ref MAS 250	N	Standard

Group 2: Arterial phase- SmartPrep aorta at celiac level (above kidneys)

Smart prep (GE) or care bolus (Siemens) liver: Monitoring delay 5 sec ISD 3 Threshold 100

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kVp	mA Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical	2.5 27.50 1.375:1	2.5	Large	120	80-440 11.5	Smart Prep Aorta	Standard
VCT 64 0.8 sec Helical Full	2.5 55.00 1.375:1	2.5	Large	120	80-600 11.5	Smart Prep Aorta	Standard
AS 64 0.5 sec	3 1	3	380	120	Ref MAS 250	Care Bolus Aorta	Standard

Algorithm: Recon 1 & 2 Standard
Reformation: 2.0 Sagittal and Coronal reformations
Network: Recon 1 (5mm) to PACS. Recon 2 (1.25) auto transmit to AWSERV

Notes: Auto mA must be on and mA table checked prior to scanning. ** Include non-contrast images when requested by Radiologist. If there is an aneurysm put Smart Prep cursor in aneurysm at largest part.**