Angio Neck

Siemens Flash

Application Examples: carotid stenosis

Oral Contrast	No
IV Contrast / Volume / Injection Rate **(<240lbs)**	Omnipaque 350 / 75 mL / 5 mL/sec
IV Contrast / Volume / Injection Rate **(≥240lbs)**	Omnipaque 350 / 100 mL / 6mL/sec

Technical Factors

Care Bolus ROI Location / HU	Aortic Arch / 130
Monitoring Delay	10 seconds
Cycle Time	1.14 seconds
Scan Delay	3 seconds
Patient Instructions	Do not swallow

Detector Collimator	Acq 128 x 0.6 mm
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.28
Pitch	1.2
Typical CTDIvol	7.45 mGy ± 50%

Topogram: Lateral and AP, 512 mm

Angio Neck	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	0.6 x 0.6	I30f	2	Angio	160	AXIAL	PACS & TR	Rotating MIP & CRPs
Recon 2	3D:COR	1 x 1	I30f	2	Angio	-	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	1 x 1	I30f	2	Angio	-	SAG MIP	PACS	Sagittal MIP

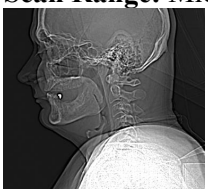
First preference is to scan using DE.

IV Placement: ≥ 18 gauge, *preferably* in **right** antecubital (AC) fossa.

Patient Preparation: Have patient remove any detachable dental work.

Patient Position: Patient lying supine with arms at sides. Tuck chin slightly and position head so the sella is parallel to the gantry in a symmetrical position (no rotation or tilt) with neck in neutral position.

Scan Range: Mid aortic arch to external auditory canal.



Scan Instructions: Place pre-monitoring ROI in aortic arch.

Recons and Reformations: Center on carotid arteries. Make coronal and sagittal MIPs as depicted below.

Coronal 1x1 MIP **Sagittal 1x1 MIP**

3D: Rotating MIP of bone subtracted data and CPR of carotids. See post processing protocol for further details.