

**Venography AP and Legs**

Siemens Flash

Application Examples: stenosis or occlusion of deep veins in the pelvis and/or legs, pelvic congestion

Oral Contrast	None	
<b>IV Contrast</b>	<b>Omnipaque 350</b>	<b>Injection duration of 40 seconds</b>
<b>Weight</b>	<b>Volume</b>	<b>Injection Rate</b>
< 121 lbs.	100mL	2.5 mL/sec
122-143 lbs	120mL	3.0 mL/sec
144-165 lbs.	135mL	3.4 mL/sec
166-187 lbs.	150mL	3.8 mL/sec
188-209 lbs.	175mL	4.4 mL/sec
>209 lbs.	200mL	5 mL/sec

*Technical Factors*

Scan Type	Spiral
Detector Collimator	Acq 128 x 0.6mm
Care kV	Semi / 100kV
Care Dose 4D	On / 180 mAs
Rotation Time (seconds)	0.5
Pitch	0.8

Scan Delay for AP	110 seconds
Scan Delay for Legs	70 seconds
Breath Hold	Inspiration
Typical CTDIvol	10.21 mGy $\pm$ 50%

Topogram: Lateral 512 mm and AP, 1970 mm

<b>Venography AP</b>	<b>Recon Type</b>	<b>Width/Increment</b>	<b>Algorithm</b>	<b>Safire</b>	<b>Window</b>	<b>Series Description</b>	<b>Networking</b>	<b>Post Processing</b>
<b>Recon 1</b>	Axial	3 x 3	I40f	2	Abdomen	AXIAL	PACS	None
<b>Recon 2</b>	3D:COR	3 x 3	I30f	2	Abdomen	COR	PACS	Coronal MPR
<b>Recon 3</b>	3D:SAG	3 x 3	I30f	2	Abdomen	SAG	PACS	Sagittal MPR
<b>Recon 4</b>	Axial	0.6 x 0.6	I26f	2	Abdomen	AXIAL 0.6 STND	TR & PACS	None

<b>Venography Legs</b>	<b>Recon Type</b>	<b>Width/Increment</b>	<b>Algorithm</b>	<b>Safire</b>	<b>Window</b>	<b>Series Description</b>	<b>Networking</b>	<b>Post Processing</b>
<b>Recon 1</b>	Axial	3 x 3	I40f	2	Abdomen	AXIAL	PACS	None
<b>Recon 2</b>	3D:COR	2 x 2	I30f	2	Abdomen	RUN OFFS COR	PACS	Coronal MPR
<b>Recon 3</b>	3D:SAG	2 x 2	I30f	2	Abdomen	RUN OFFS SAG	PACS	Sagittal MPR
<b>Recon 4</b>	Axial	0.6 x 0.6	I26f	2	Abdomen	AXIAL 0.6 STND	TR & PACS	None

**IV Placement:**  $\geq 20$  gauge, *preferably* in antecubital (AC) fossa.**Patient Position:** Patient lying supine feet first with arms comfortably above head and legs extended flat on table (no cushions or wedges under legs or feet). Position legs as close together as possible in their neutral position.**Scan Instructions:** **Must use 100 kV.** Increase mAs as needed to make CTDI the same as it would be for an abdominal CT at 120 kV. DFoV and x-y coordinates should be identical for both volumes.**Scan Range:** First scan diaphragm through SP then scan legs—just above SP to ankles.**Recons and Reformations:** FoV to fit body contour. Make coronal and sagittal MPRs of abdomen then of legs.**3D:** None