Gundersen Health System

Chest PE

Siemens go.All

Application Examples: short of breath (sob) r/o pulmonary embolism

Oral Contrast	No
IV Contrast / Volume	Omnipaque 350 / P3T
Injection Rate	P3T

Technical Factors

Care Bolus ROI Location / HU	Right Ventricle / 120
Monitoring Delay	6 seconds
Cycle Time	1 second
Scan Delay	4 seconds
Breath Hold	Stop Breathing

Detector Collimator	Acq 32 x 0.7 mm
X-Care	Off
Care kV	On / 100 kV
Care Dose 4D	On / 55 mAs
Rotation Time (seconds)	0.5
Pitch	1.5
Typical CTDIvol	3.69 mGy ± 50%

Topogram: Lateral & AP, 512 mm

Chest	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 1.5	Bv36	2	Mediastinum	AXIAL	PACS	None
Recon 2	3D:COR	5 x 3	Bv36	2	Angio	COR MIP	PACS	Coronal MIP
Recon 3	3D:SAG	3 x 3	Bv40	2	Mediastinum	SAG	PACS	Sagittal MPR
Recon 4	Axial	1.0 x 0.8	Bv36	2	Mediastinum	AXIAL 1.0 x 0.8 STND	TeraRecon	None
Recon 5	Lung CAD	1 x 0.7	Br60	2	Lung	LUNG CAD	PACS	None

IV Placement: 18 gauge preferred and in antecubital (AC) fossa. Depending on patient weight, may use 20 gauge straight if injection protocol calls for ≤ 5.0 mL /second. A 20 gauge diffusics supports an injection rate up to 10 mL/second.

Patient Position: Patient lying supine with arms above head and lower legs supported.

Scan Range:

Pulmonary Arteries Only: Include aortic arch to 14 cm below the carina or to include lungs only (whichever comes first).
Entire Chest: Base of lungs through apices.

Scan Instructions: Trigger at first blush of contrast in right ventricle. This protocol is set to scan caudocranial to reduce possible breathing motion; however, images reconstruct craniocaudal.

Scan Requirements: Must have good contrast fill in pulmonary arteries. If pulmonary arteries measure < 220HU check images with the Radiologist.

Recons and Reconstructions: Adjust FoV to chest wall.