Chest PE

Siemens 16 Slice

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

Oral Contrast	No
IV Contrast / Volume	100 ml Omnipaque 350

Technical Factors

Injection Rate	5 ml/sec
Care Bolus ROI Location / HU	Right Ventricle / *150
Monitoring Delay	5 seconds
Cycle Time	1.2 seconds
Scan Delay	7 seconds
Breath Hold	Inspiration

Scan Type	Spiral
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time (seconds)	110 kV / 150 mAs / 0.6
Care Dose	On
Pitch	1.0
Typical CTDIvol	10.80 mGy

Topogram: AP, 512 mm

Chest	Width / Increment	Kernel	Window	Series Description	Networking
Recon 1	3 x 1.5	B30s	Mediastinum	AXIAL	PACS
Recon 2	1.5 x 0.7	B20s	Angio	AXIAL 1.5 x 0.7 SMOOTH	MIP Thin / TERARECON

IV Placement: ≥ 20 gauge in antecubital (AC) fossa

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

Scan Instructions: Instruct patient to hold breath on small inspiration and not to strain while holding breath. Bearing down can restrict the flow of contrast; therefore, it is important to practice breathing instructions with patient before scanning.

PreMonitoring: *Trigger scan as soon as first *blush* of contrast is in right ventricle.

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 Requirements: Must have good contrast fill in pulmonary arteries.

Recons: Adjust FoV to the rib cage.

Reformations: Post processing done in 3D card.

Series: Chest	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MIP	5 x 3	Angio	COR MIP	PACS
Recon 2	Sagittal MIP	5 x 3	Angio	SAG MIP	PACS