### **CTA Bilateral Lower Extremity Runoff**

application Peripheral arterial disease (PAD), trauma, embolism

landmarks liver dome through feet

oral none

IV <200 lb.: 100 cc Omnipaque 350, Isovue 370, or equivalent agent

>=200 lb.: 125 cc Omnipaque 350, Isovue 370, or equivalent agent

rate 4-5 cc/sec followed by 75 cc saline chaser bolus (20g IV or larger). Imaging performed at end-expiration

delay Vendor-specific timing software with ROI placed in the abdominal aorta at the celiac axis using an appropriate threshold, scanner-dependent

image order axial: cranial → caudal

coronal: anterior → posterior

sagittal: right → left

comments

Pre-contrast: none, unless requested

Arterial: axial abdomen, pelvis, & lower extremities 2.5 x 2.5 mm or less (standard algorithm)

sagittal and coronal 3 x 3 mm MPR (standard algorithm)

sagittal and coronal 7 x 2 mm MIP abdomen/Pelvis (standard algorithm)

sagittal and coronal 7 x 2 mm MIP thighs (standard algorithm)

sagittal and coronal 7 x 2 mm MIP legs (standard algorithm)

3D MIP spin of entire scan (horizontal) 0.5 mm x 360 degrees

3D VRT tumble of the entire scan (360 degrees horizontal)

3D VRT spin of the entire scan (360 degrees horizontal)

**\*\*\*patient’s arms up. If unable to raise arms, please document reason\*\*\***