

**CTA PULMONARY VEINS (ATRIAL FIBRILLATION/ RF ABLATION)**

Charge as CTA chest.

Contrast: 100 cc Omnipaque 350, 80 cc Isovue 370, or equivalent agent @ 4cc/sec. Requires 20 g antecubital. If age >60 or suspect fragile veins, adjust to 3cc/sec. If access is not satisfactory, notify MD.

Timing: Vendor-specific timing software with ROI centered at the left atrium using an appropriate threshold, scanner-dependent.

Breathing: Hyperventilate 3-4 times. Obtain during suspended inspiration.

Acquisition: 0.5 mm helical scan through heart with 25 cm DFOV (from carina through bottom of the heart).

Reconstructions to PACS:

* 2 mm axial, coronal & sagittal (standard algorithm).
* Axial, Coronal & Sagittal MIP 7 mm x 4 mm.

Workstation postprocessing:

* Send the 5 mm at .3 mm thickness volume dataset to be used for reformations.
* Oblique MPR reconstructions, with 5 mm interval. Obtain true coronal (AP) 12-15 images to include the left atrial appendage through inferior pulmonary veins.
* Obtain oblique (LAO) images to include the same anatomy.

**Reporting:**

1) Measure pulmonary venous diameter at left atrium insertion in the coronal plane.

2) Comment on the presence or absence of an atrial appendage thrombus.

A close-up of an x-ray

Description automatically generated