

<u>Indications</u>	<u>Order</u>	<u>Protocol</u>
AAA	CT Angio Chest wo/w	Non-con, arterial (Turbo Flash on Siemen Force/Alpha)***
AAA Post Stent Protocol, Thoracic post stent, TEVAR	CT Angio Chest wo/w	1) Non-con 2) Arterial 3) Venous
Aortic aneurysm (Chest only)	CT Angio Chest wo/w	1) Non-con 2) Arterial: prospectively gated or TF entire chest on Siemen Force/Alpha***
Aortic aneurysm (Chest only)	CTA Gated Chest Aortic Aneurysm	Prospectively gated entire chest, can be Turbo Flash on Siemen Force/Alpha***
Aortic aneurysm (follow up)	CTA Angio Chest wo/w	Prospectively gated entire chest or Turbo Flash on Siemen Force/Alpha***
Aortic dissection	CT Angio Chest wo/w	1) Non-con 2) Arterial: prospectively gated or TF entire chest on Siemen Force/Alpha, if ordered with AP retrospectively gated entire CAP or Turbo Flash on Siemen Force/Alpha***
Aortic ectasia	CT Angio Chest wo/w	Arterial
Aortic root dilation, evaluation, and measurement. Ascending aortic pathology	CT Angio Chest wo/w or CTA Gated Chest	Prospectively gated arterial on non-Siemen Force scanner, Turbo Flash on Siemen Force/Alpha***

	Aortic Aneurysm	
Aortic Ulcer	CT Angio Chest wo/w	1) Non-con 2) Arterial
Atelectasis	CT Chest wo	Non con
BOS in lung Tx patients	HRCT	Prone, inspiration, expiration**
Bronchiectasis	HRCT	Supine, inspiration only**
Congenital heart disease, Atrial Septal Defect (ASD), Marfan Syndrome	CT Cardiac w/contrast for congenital dz	Retrospectively gated heart
Coronary artery disease (CAD), coronary artery bypass (CABG) evaluation, Chest pain	CTA Coronary with contrast	Calcium score dependent on radiologist, retrospectively or prospectively gated heart
Coronary Calcium Score, Evaluate Calcium Deposit	CT Coronary Calcium Score or CT Cardiac wo	Prospectively gated heart or Turbo Flash on Siemen Force/Alpha
Cough, shortness of breath (SOB), cancer work up, pneumonia, abscess, effusion	CT Chest w or CT Chest wo	Contrasted study is preferred unless there are contraindications.
Cystic Fibrosis	HRCT	Supine, inspiration only**

Endocarditis	Consult cardiac radiologist	Consult cardiac radiologist
Graft vs host disease (GVHD)	HRCT	Prone, inspiration, expiration**
Harmony protocol, Harmony valve replacement	CT Cardiac w contrast for congenital	Retrospectively gated above arch to below heart.
Hemoptysis	CT Angio Chest wo/w	Arterial, ROI: Ascending aorta
Hypersensitivity pneumonitis	HRCT	Prone, inspiration, expiration**
Infection	CT Chest wo or CT Chest w	Contrasted study is preferred unless there are contraindications.
Infection in the soft tissue, especially around the driveline of LVAD	CT Chest w	Can be scanned in one run with venous AP.
Interstitial lung disease, ILD, IPF, restrictive PFT	HRCT	Prone, inspiration, expiration**
Intramural hematoma	CT Angio Chest wo/w	1) Non-con 2) Arterial
Ion Protocol, to be done before bronchoscopy procedure.	CT Chest wo	Non-con chest

IPF/ILD (follow up) (flare) (exacerbation)	HRCT	Prone, if possible, inspiration only**
Lima and Rima indication	CT Angio Chest wo/w	Arterial, ROI: Ascending aorta
Lung nodules	HRCT or Chest wo	Supine, inspiration only or lung nodule protocol (thin sections)**
LVAD cannula position or outflow thrombus	CT Cardiac w	Retrospectively gated entire chest
LVAD drive line infection or leak	CT Angio Chest wo/w	Arterial
LVAD kink	CT Angio Chest wo/w	Arterial, ROI: descending aorta
Opacification of aorta and pulmonary arteries.	CT Angio Chest wo/w	Arterial, ROI: Ascending aorta, HU: 130, 100mL contrast, Turbo Flash or pitch ≥ 1.3 If aorta and pulmonary arteries are not both enhance, notify radiologist.
PE, PTE, pulmonary thrombus, elevated d-dimer	CT Angio Chest wo/w	PTE Protocol, DE or TF***
Pleural effusion	CT Chest wo or CT Chest w	Contrasted study is preferred unless there are contraindications.
Pleural effusion, chest pain	CT Chest wo or CT Chest w	Contrasted study is preferred unless there are contraindications.

Post Covid (follow up)	HRCT	Prone, inspiration only**
Post Covid (follow up) (1st scan can be insp/exp, prone)	HRCT	Prone, inspiration, expiration**
Post TAVR Optimize Pro Research	CT Cardiac w	Retrospectively gated heart, 2 min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha***
Post TAVR valve thrombosis evaluation	CT Cardiac w	Retrospectively gated heart. (All valve prosthesis evaluations should be done on Siemens Force or Alpha*) ***
Pre-Ablation Pulmonary Venous Mapping, pulmonary vein mapping, LA ablation	CT Cardiac w	TF on Siemens Force/Alpha or Retrospectively gated on other scanners, 2min post injection cardiac delay: non-gated or TF on Siemens Force or Alpha***
Pre-op planning for TAVR, Aortic Stenosis	CT Cardiac w (TAVR)	1) Calcium score 2) Retrospectively gated heart, TF entire chest on Siemens Force/Alpha 3) 2min post injection cardiac delay: non-gated or TF. (Systolic 30%) ***
Pre-op planning for TMVR, Mitral Valve	CT Cardiac w (TAVR) or CT Cardiac w	1) Calcium score 2) Retrospectively gated heart, TF entire chest on Siemens Force/Alpha 3) 2min post injection cardiac delay: non-gated or TF. (Diastolic 75%)***

Pulmonary hypertension	Consult Radiologist if not ordered as a Hi-Res Chest	Consult Radiologist if not ordered as a Hi-Res Chest
Pulmonary hypertension	HRCT	Prone, inspiration, expiration**
Pulmonary shunting, pulmonary AVM	CT Angio Chest wo/w	Arterial, ROI: pulmonary artery
Sarcoidosis	HRCT	Supine, inspiration only**
Septic Emboli	Consult Radiologist	Consult Radiologist
Small airway obstructive disease	HRCT	Supine, inspiration, expiration**
Subclavian steal stenosis, subclavian steal syndrome	CT Angio Chest wo/w	Arterial, ROI: Descending aorta
Tendyne protocol for mitral valve replacement (MVR), percutaneous MVR, or mitral regurgitation	CT Cardiac w	1) Non-con chest 2) Retrospectively gated heart
Thrombus/stenosis of SVC or Brachiocephalic veins, SVC syndrome	CT Chest w	Chest Venogram/Venography: 60sec post injection delay

TOS (Thoracic outlet syndrome)	CT Angio Chest wo/w	1) Arterial, TF on Siemen Force/Alpha 2) Venous: scan above shoulder to carina)***
Tracheobronchomalacia	HRCT	Supine, inspiration, expiration**
TTVR, tricuspid valve replacement (TTVR Research study only done at TKC)	CT Cardiac w	1) Non-con gated chest 2) Retrospectively gated cardiac 3) Venous
Watchman Protocol, Left Atrial Appendage (LAA)	CT Cardiac w	1) Retrospectively gated heart 2) 2min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha)***
* All evaluation of valve prosthesis, including thrombus and paravalvular leak should be done on Siemens Force or Alpha		
** If clinicians request an expiration phase on a Hi-Res Chest that is not listed on the indication list, tech needs to check if clinician is concerned with air trapping. Expiration scans are done for air trapping evaluation.		
*** Siemen Alpha : If the maximum weight of the patient and the accessories exceed 220 kg (484 lbs), do not use the flash scan mode. In this case, use a dual source scan mode without fast table movement or use a single source scan mode. (Page 240 <i>Scan modes</i>) Siemen Force : maximum weight 300 lbs.		