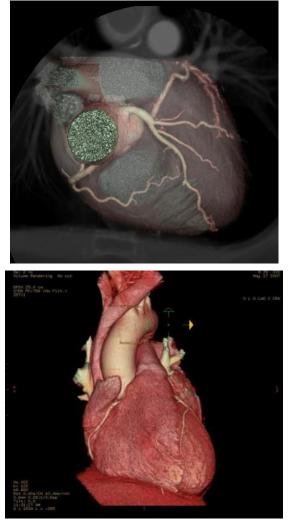
64 ECG gated MSCT OF CORONARY ARTERIES AND ASCENDING AORTA - technical approach



Rad.teh. Danijela Pejkovik Special hospital for surgery diseases "Filip II"

February 2011

- CT coronarography
- CT of thoracic aorta with cardio protocol



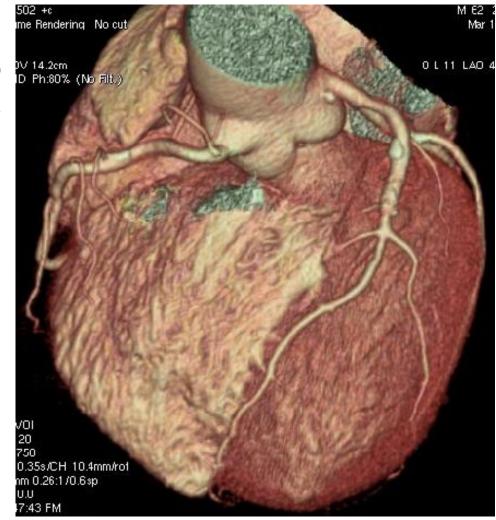
Retrospective Snap shot prospective



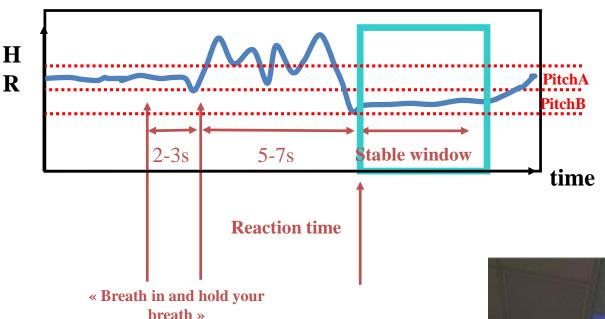
- High speed scanning (rot.time 0,35)
- High spatial and temporal resolution
- Thin slices 0,625 mm,
- Visualization in all planes (*sagital, transversal, coronal*)
- Acquisition in diastolic phase

What more we need?

- An injector
- ECG gating
- 3D postprocesing







Reference point: SN IV in the right arm: *c*anila: 20G / 18G (*inj. rate = up to 5 ml/s*) ECG far from the injector, screen to face the

Patient position

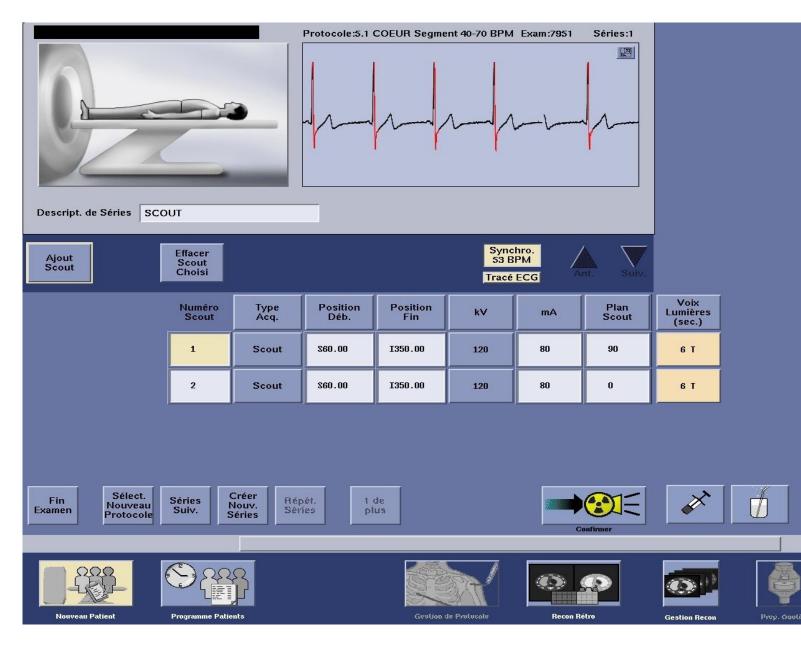
screen to face the acquisition console - 3 Leads: (*on bone contact*)



- Patient preparation:
 - patient history, ECG / HR / TA/ TT
 - instructions for breath hold
- Regular heart rate <70 bpm
- Medical premedication (if it is necessary)

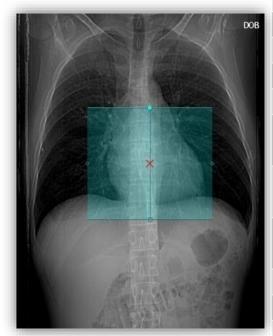




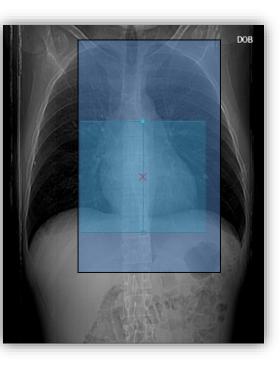


👂 Cardiosurgery - Skopje 🛛 🌌

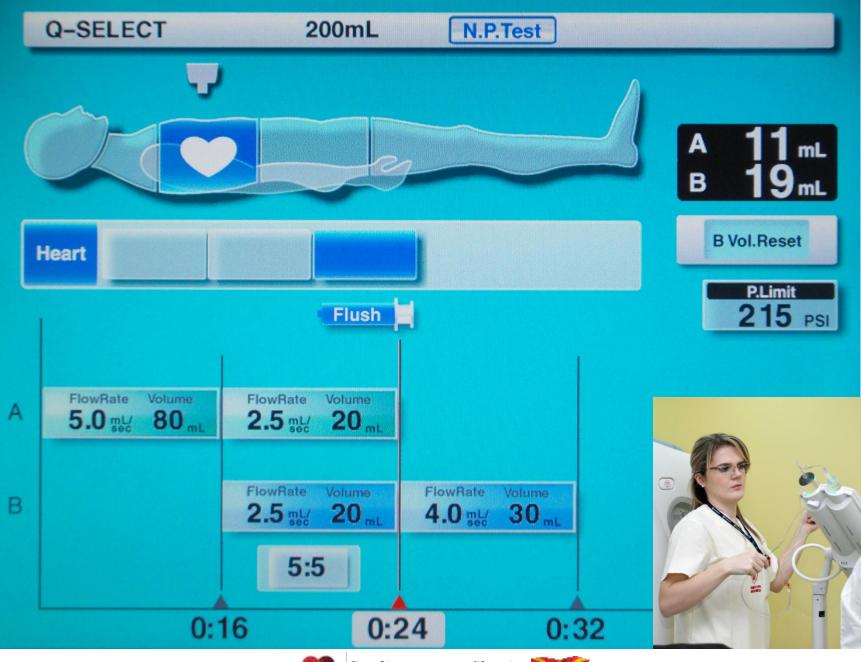
64 Cardiac MSCT <u>SS Segment 45 – 70 BPM 0.625mm</u>



Soon Tuno	Scout
Scan Type	
Num. Scout	2
Start Loc.	S 60.00
End Loc.	I 600.00
kV	120
mA	10
Scan Type	Cardiac
Rotation Time	0.35
Cardiac Mode	Snap Shot Segment
	(Helical)
Detector	40.0mm
Coverage	
Helical	0.625
Thickness	
Gantry Tilt	S 0.0
FOV	Cardiac Large
kV	120
mA	EKG Modulated mA
Total Exposure	12.6
Time	
Prep Group	Smart Prep
Interval	0.625

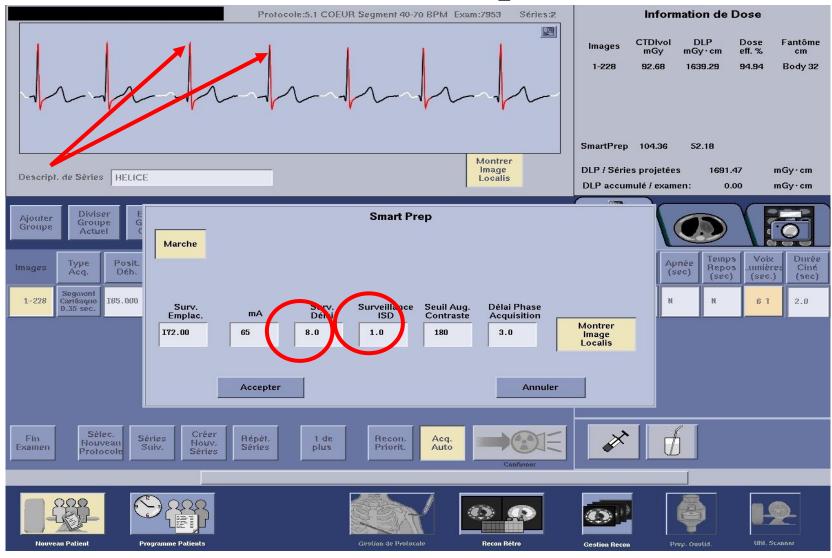


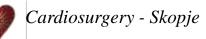


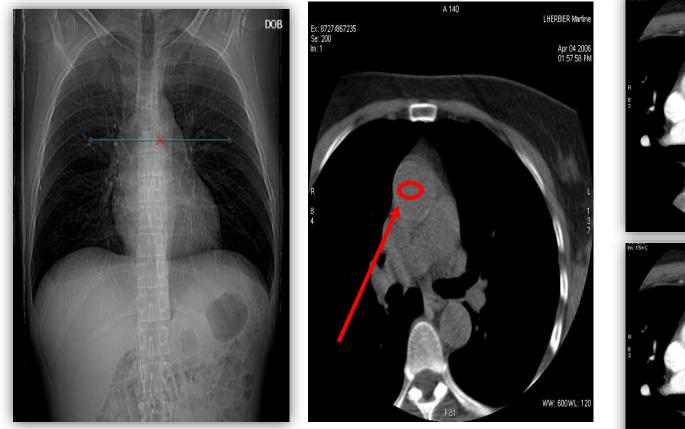




Positioning the reference image on the Smart Prep







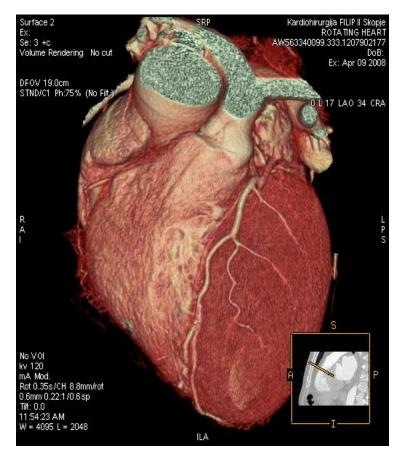
Producing timing graph

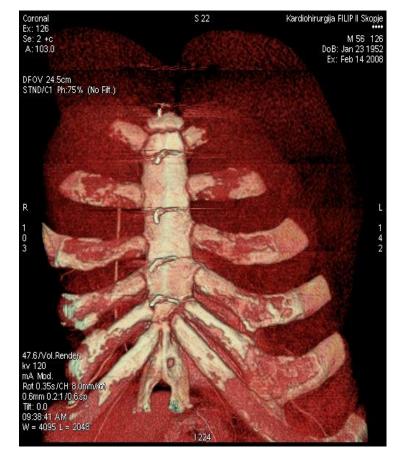










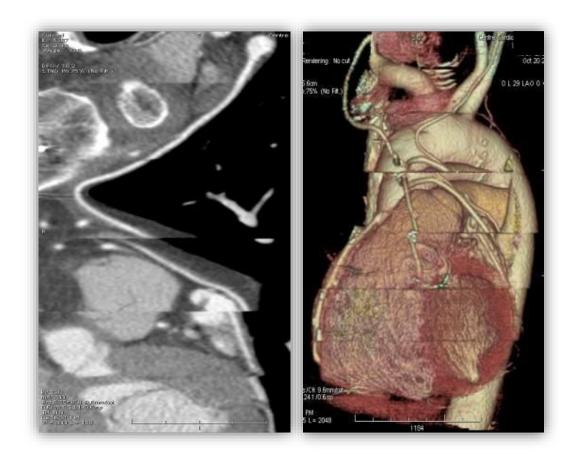


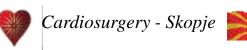


• Limitations:

- Heart frequency above 65-70 bpm

- arrhythmia
- Uncooperative patient
- Severe calcifications
- obesity



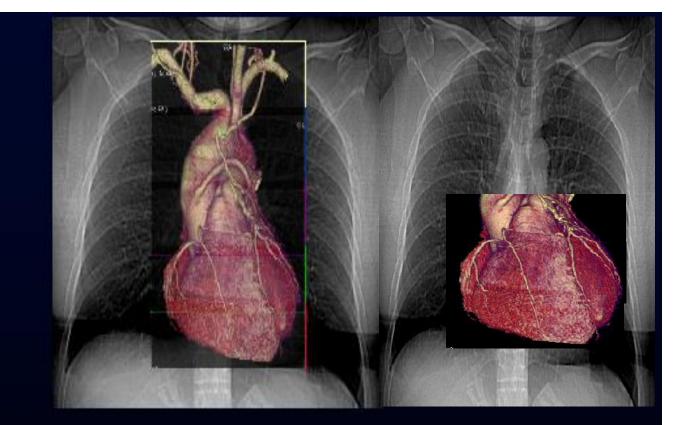


Pga: adaptive prospective gating

• Frequency 50-70 bpm

• Cooperative patient

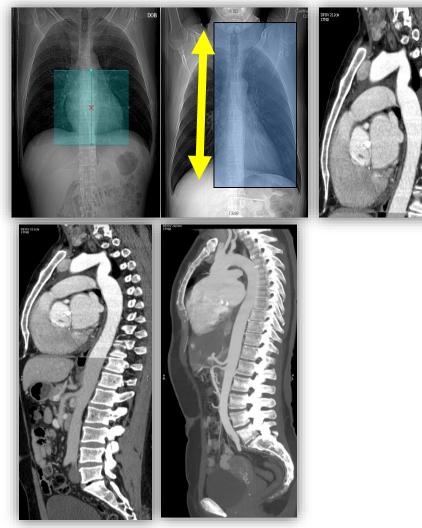
• 70-80% reduction dose







64 MSCT OF AORTA WITH CARDIO PROTOCOL



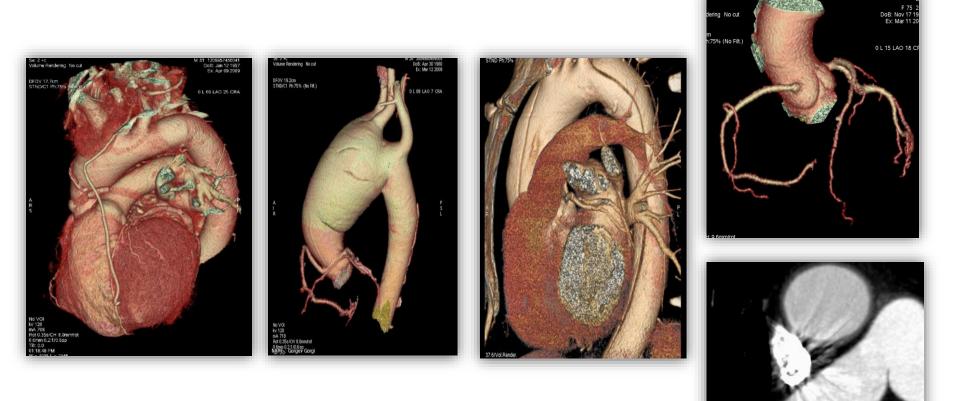
Retrospective ECG gating

Prospective ECG gating

Continuing scanning for abdominal aorta with a single contrast application



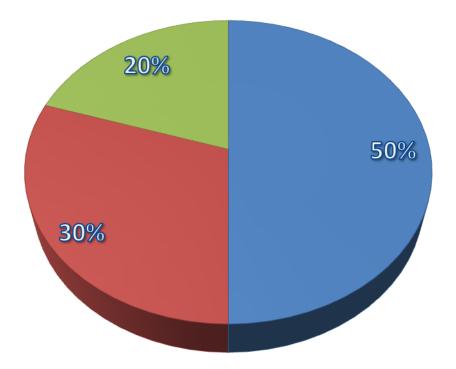








Conclusion



The success of CT is due to:

- 50% well-prepared patient
- 20% previous premedication
- 30% experienced, educated radiological technologist



