

CORONARY/CARDIAC CTA PROTOCOLS

STUDY	INDICATIONS	PROTOCOL
PROSPECTIVE CCTA (ie, almost all CCTA studies)	-HR<65 -For inpatient/ER, coordinate with ER/cardiology service for the following <ul style="list-style-type: none"> • R arm 18G IV • Beta blocker for HR<60 <i>prior to arrival at CT scanner</i> • Orders for metoprolol IV prn and NTG 0.4 mg SL x 1 on the table • Nurse/MD for drug administration if radiology nurse not available 	GATED CCTA with calcium score <ul style="list-style-type: none"> • Prospective, target 75% phase • For post CABG evaluation, start above clavicles and do not perform calcium score • For congenital heart disease, please indicate MD must be present at scanner to optimize bolus
RETROSPECTIVE CCTA	-HR>65, arrhythmia, valve evaluation, function -For inpatient, coordinate with cardiology service	GATED CCTA with calcium score <ul style="list-style-type: none"> • Retrospective usually determined at time of study
PRE ABLATION/PULMONARY VEIN	-pulmonary vein evaluation before or after ablation for atrial fibrillation NOT FOR VENTRICULAR TACH ABLATION	GATED CARDIAC CT FOR PULM VEIN/PREABLATION EVAL

PREOPERATIVE EVALUATION FOR CARDIOVASCULAR PROCEDURE

STUDY	INDICATIONS	PROTOCOL
PREOP TAVR/TAVI	-evaluation for transfemoral aortic valve replacement/implantation -aortic annulus measurements in systole	GATED CTA CHEST <ul style="list-style-type: none"> • Retrospective HELICAL CTA ABD/PELVIS

	-evaluation of aortoiliofemoral tree +/- coronary evaluation -NO BETA BLOCKERS OR NTG	
PREOP MIN INVASIVE ASD REPAIR/MVR/TVR <i>WITHOUT</i> CORONARY EVALUATION	-evaluation of the chest for anatomy -great vessel branching pattern -ascending aorta dimensions -evaluation for extensive or circumferential plaque in aorta -3D recon <ul style="list-style-type: none"> • entire aorta (volume rendered with aorta brown and ca white) • minimal diameter of CFA • volume rendered image for MVR: location of MV with respect to right lateral chest wall to determine intercostal space incision 	CTA CHEST CTA ABD/PELVIS down to bifurcation of SFA—COVER ISCHIAL TUBEROSITIES
PREOP MIN INVASIVE ASD REPAIR/MVR/TVR <i>WITH</i> CORONARY EVALUATION	SAME AS WITHOUT CORONARY EVALUATION AS ABOVE	CTA CHEST CTA ABD/PELVIS down to bifurcation of SFA—COVER ISCHIAL TUBEROSITIES GATED CTA CARDIAC <ul style="list-style-type: none"> • Prospective
PREOP MINIMALLY INVASIVE AVR	-evaluation of the chest for anatomy -AV location with respect to incision -incision usually 2nd-4th intercostal space and R midclavicular	NONCONTRAST CT CHEST with 3D postprocessing

PREOP ROBOTIC MINIMALLY INVASIVE CABG	-evaluation of the chest for anatomy -course of LIMA and proximity to LAD	CTA CHEST WITH CONTRAST
REDO STERNOTOMY	--proximity of aorta to sternum --retrosternal structures	NONCONTRAST CT CHEST
PREOP HEART TRANSPLANT	-evaluation of the chest for anatomy	NONCONTRAST CT CHEST
AORTA EVALUATION		
STUDY	INDICATIONS	PROTOCOL
CTA AORTA	-evaluation of thoracic aneurysm	PROSPECTIVE GATED CTA CHEST
CTA AORTA DISSECTION PROTOCOL	-evaluation for aortic dissection	NONCONTRAST CT CHEST PROSPECTIVE GATED CTA CHEST <ul style="list-style-type: none"> • Prospective Routine if HR >90
CARDIAC MRI PROTOCOLS		
STUDY	INDICATIONS	PROTOCOL
CARDIAC MRI WITHOUT/WITH CONTRAST	VIABILITY/ISCHEMIC HD NICM AMYLOIDOSIS SARCOIDOSIS MYOCARDITIS HYPERTROPHIC CM AORTA/AORTIC VALVE MITRAL VALVE PERICARDIUM/CONSTRICTION CONGENITAL ARVD MASS	MRI CARDIAC STRUCTURE AND FUNCTION WTH AND WITHOUT GAD <ul style="list-style-type: none"> • Select appropriate protocol in protocol viewer

	IRON OVERLOAD	
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