

Quantum Imaging and Therapeutic Associates

TAVR (TAVI/CoreValve) – Toshiba Aquilion One

Indications	Vascular planning for TAVR, severe aortic valve stenosis
Position / Landmark	Supine / Top of Shoulders
Scan Type	Gated Volume / Helical
Start / End Locations	Cardiac: Aortic arch / Apex
	CTA: 1 cm above shoulders / below lesser trochanter
FOV	Cardiac: 22 cm / CTA: 32 cm (or as small as feasible but not to exceed)
kV / mA	100 kV / Sure Exposure
Slice Thickness/Interval	0.5 mm x 0.25 mm
IV Contrast Volume / Rate	100 cc Omni 350 @ 4 cc/s
Scan Delay / Sure Start	Sure Start ROI in descending aorta - 250 HU.
Oral Contrast	None
MPR	Coronal and sagittal CTA 5 mm x 5 mm, volume rendering of vessels in 15 degree intervals
Images to PACS	Scouts, 1 mm x 1 mm axial CTA, 5 mm x 5 mm axial CTA; MPR
Images to Vitrea	PhaseXact, 30%, 40%, 60%, 70% volumes
Comments / Special	Cardiac leads must be firmly attached to skin surface. Prep site as needed.
	Cardiac scan must include all or most of aortic arch and entire aortic valve.
	Tube rotation time for both volume and helical scans must be kept at 0.35 s. If a change occurs, reset time to 0.35 s. and helical scan delay back to 6 s.
	Do not exceed 32 cm D-FOV for helical scan. Some soft tissue clipping may occur on larger patients.