

| <u>Indications</u> | <u>Protocol Name</u> |
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| AAA | CT Angio Chest wo/w (AAA Protocol: non-con, arterial or Turbo Flash on Siemen Force/Alpha) |
| AAA Post Stent Protocol or Thoracic post stent | CT Angio Chest wo/w (AAA Post Stent Protocol: non-con, arterial Turbo Flash on Siemen Force/Alpha , venous) |
| Aortic aneurysm (Chest only) | CT Angio Chest wo/w (Non-con, prospectively gated entire chest or Turbo Flash 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 (Non-con, 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 (Prospectively gated arterial on non-Siemen Force scanner, Turbo Flash on Siemen Force/Alpha) |
| Aortic Ulcer | CT Angio Chest wo/w (Non con, arterial) |
| Atelectasis | CT Chest wo |

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| 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 |
| 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 contraindication) |
| Cough, shortness of breath (SOB), cancer work up, pneumonia, abscess, effusion | CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication) |
| Cystic Fibrosis | HRCT supine, inspiration only |
| Endocarditis | 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: Asc Aorta) |
| Hypersensitivity pneumonitis | HRCT prone, inspiration, expiration |

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| Infection | CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication) |
| 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 (Non-con, arterial) |
| Ion Protocol, to be done before bronchoscopy procedure. | CT Chest wo |
| 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 supine, inspiration only or Chest wo Lung Nodule Protocol (Thin sections) |
| Lung nodules | CT Chest wo (Thin sections) or CT Chest wo Lung Nodule Protocol |
| 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) |
| PE, PTE, pulmonary thrombus, elevated d-dimer | CT Angio Chest wo/w (PTE Protocol, DE or TF) |

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| Pleural effusion | CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication) |
| Pleural effusion, chest pain | CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication) |
| 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 (Post TAVR/Valve Thrombosis Protocol) (Retrospectively gated heart) (All valve prosthesis evaluations should be done on Siemens Force or Alpha) |
| Pre-Ablation Pulmonary Venous Mapping, LA Ablation | CT Cardiac w (Pulmonary Vein Mapping) (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) (Calcium score, retrospectively gated heart, TF entire chest on Siemens Force/Alpha, 2min post injection cardiac delay: non-gated or TF) (Systolic 30%) |
| Pre-op planning for TMVR, Mitral Valve | CT Cardiac w (TMVR) (Calcium score, retrospectively gated heart, TF entire chest on Siemens Force or Alpha, |

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| | 2min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha) (Diastolic 75%) |
| Pulmonary hypertension | 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, timed as PTE CTAs) |
| Sarcoidosis | HRCT supine, inspiration only |
| Septic Emboli | Consult Radiologist |
| Small airway obstructive disease | HRCT supine, inspiration, expiration |
| Subclavian steal stenosis, subclavian steal syndrome | CT Angio Chest (arterial, ROI: Descending aorta) |
| Tendyne protocol for mitral valve replacement (MVR), percutaneous MVR, or mitral regurgitation | CT Cardiac w (Tendyne Protocol) (Non-con chest, retrospectively gated heart) |
| Thrombus/stenosis of SVC or Brachiocephalic veins | CT Chest w (Chest Venogram/Venography 60sec delay post injection) |
| TOS (Thoracic outlet syndrome) | CT Angio Chest wo/w (TF arterial on Siemen Force/Alpha, venous above shoulder to carina) |
| Tracheobronchomalacia | HRCT supine, inspiration, expiration |
| TTVR, tricuspid valve replacement (Only done at TKC) | CT Cardiac w (TTVR Protocol) (Non-con gated chest, retrospectively gated cardiac, venous) |

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| Watchman Protocol, Left Atrial Appendage (LAA) | CT Cardiac w (Watchman Protocol) (Retrospectively gated heart, 2min post injection cardiac delay: non- gated or TF on Siemens Force/Alpha) |
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***** All evaluation of valve prosthesis, including thrombus and paravalvular leak should
be done on Siemens Force or Alpha *****

***** If clinician request an expiration phase on a Hi-Res Chest that is not listed on the
indication list, tech needs to check if clinician is concern for air trapping. Expiration scans are
done for air trapping evaluation. *****