

Artis Q - Study Protocol

syngo DynaCT of the pulmonary arteries

Interventional Radiology

Supported by*

- syngo Dyna3D
- syngo DynaCT
- syngo DynaCT 360
- syngo InSpace 3D/3D Fusion
- syngo iPilot enhanced
- syngo iGuide Toolbox
- syngo iGuide
- syngo DynaPBV Neuro
- syngo Dyna PBV Body
- syngo Embolization Guidance
- syngo iFlow
- syngo Advanced Roadmap
- syngo iIdentify

Courtesy of

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Medical School Hannover,
Germany

System & Software

Artis Q ceiling VD10
syngo X Workplace VC10

**This list of applications is not complete. Not all applications available for all software versions.*

Case Description

Patient History

Patient with history of recurrent pulmonary embolism and chronic thromboembolic pulmonary hypertension (CTEPH). Pulmonary angiogram and syngo DynaCT were acquired for diagnostic work-up.

Diagnosis

CTEPH with perfusion defects and web stenoses mainly in the right lung.

Treatment

Diagnostic work-up.

General Comments

Pulmonary angiograms are still the established gold standard for diagnostic work-up in patients with CTEPH. syngo DynaCT can provide additional information about chronic embolism by depicting web stenoses and occlusions.

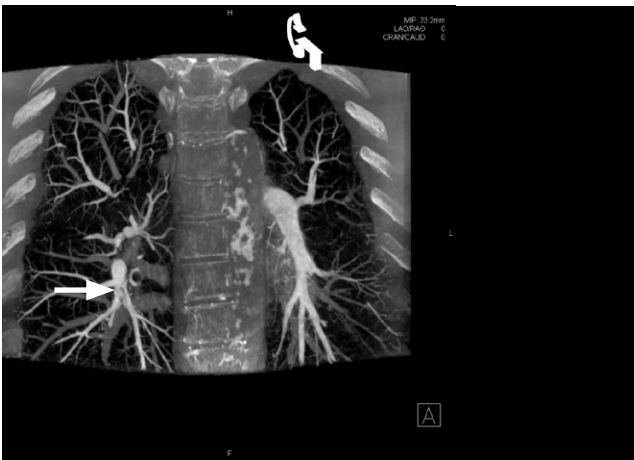
Tips and Tricks

Selective syngo DynaCT imaging can be performed in case of insufficient contrast using a central catheter position.

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Acquisition Protocol	6sDCT Body	Reconstruction Protocol	DynaCT Body Nat Fill HU
Injection Protocol		VOI Size:	Full
Contrast Media (CM):	300 mg Iodine/ml	Slice Matrix:	512x512
Dilution (CM/Saline):	70%/30%	Kernel Type:	HU
Injection Volume:	60 ml	Image Characteristics:	Normal
Power Injector Used:	Yes	Reconstruction Mode:	Nat Fill
Injection Rate:	8 ml/s	Viewing Preset:	DynaCT Body
Duration of Injection:	7.5 s	Secondary Recon	No
X-ray Delay:	1.5 s		
Catheter Position:	Central Catheter Position		



Thick MIP 23 mm
Web stenosis in lower right lobe (arrow)



Thick MIP 23 mm
Small Web stenosis in left lobe (arrow)



Thin MPR

The statements by Siemens' customers presented here are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

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