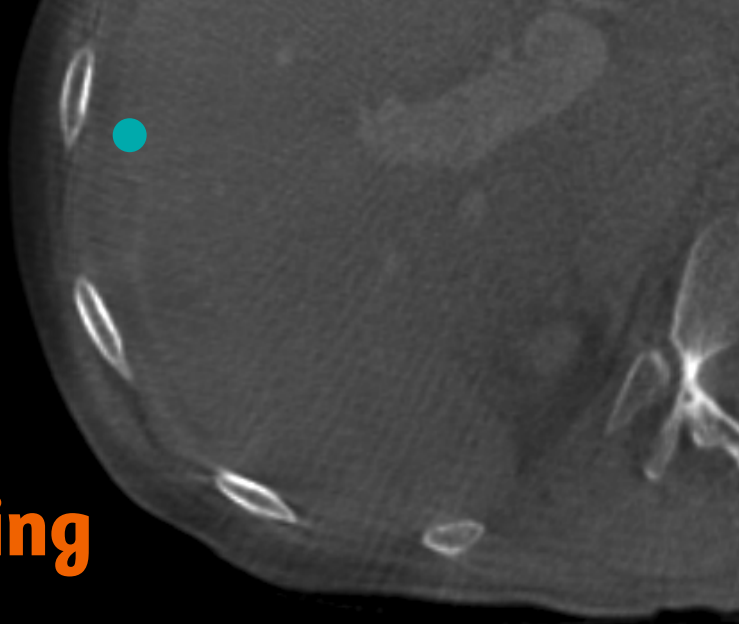

Study Protocol

syngo DynaCT 360 with IV injection used for TIPS planning

Interventional Oncology

A non-invasive contrast-enhanced (intravenous injection) *syngo* DynaCT was deemed as the best choice due to the lack of previous conventional CT.

Courtesy of
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Jena University Hospital,
Germany

Supported by
syngo DynaCT 360

System & Software
Artis zeego with
Q technology VD10
syngo X Workplace VC10

Case Description

Patient history
48-year-old female patient;
liver cirrhosis.

Diagnosis
Ascites and portal hypertension with esophageal varices and bleeding.

Treatment

TIPS procedure.
Due to a missing preprocedural contrast enhanced CT study, a *syngo* DynaCT 360 with intravenous contrast injection was performed to evaluate patency of portal vein.

Visualization of right portal vein to plan intervention.

General comments
Portal vein patency is crucial for TIPS procedure. Therefore a non-invasive contrast-enhanced (intravenous injection) *syngo* DynaCT was deemed as the best choice due to the lack of previous conventional CT.

Tips and tricks
syngo DynaCT 360 offers more coverage compared to conventional cone-beam CT to evaluate portal vein, hepatic vein and other vascular structures in the abdomen.

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syngo DynaCT with IV injection used for TIPS planning

Acquisition protocol	**6s Large Volume 360°**

Injection protocol	
Catheter position	Antecubital vein
Contrast medium (CM)	370 mg iodine/mL
Dilution (CM/Saline):	No
Injection volume	80 mL
Injection rate	3 mL/s
Duration of injection	26.6 s
X-ray delay	40 s
Power injector used	Yes

Reconstructions	**Primary**
Name	DynaCT Body Nat Fill HU
VOI size	Full
Slice matrix	512 × 512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat Fill
Viewing preset	DynaCT Body

Clinical Images

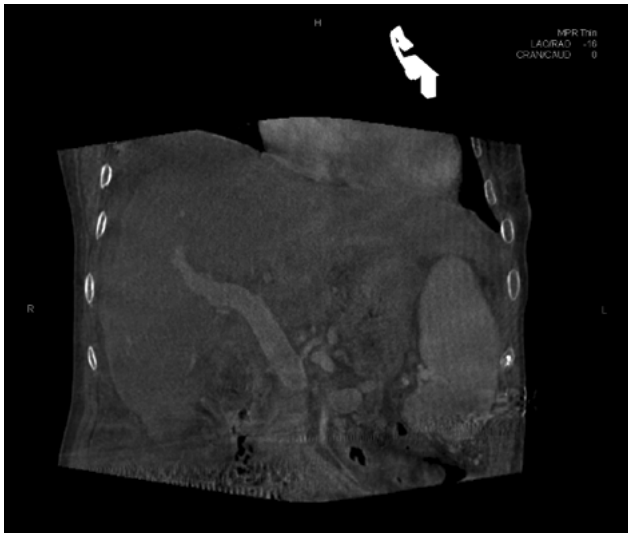

Figure 1: MPR thin coronal portal vein[1]

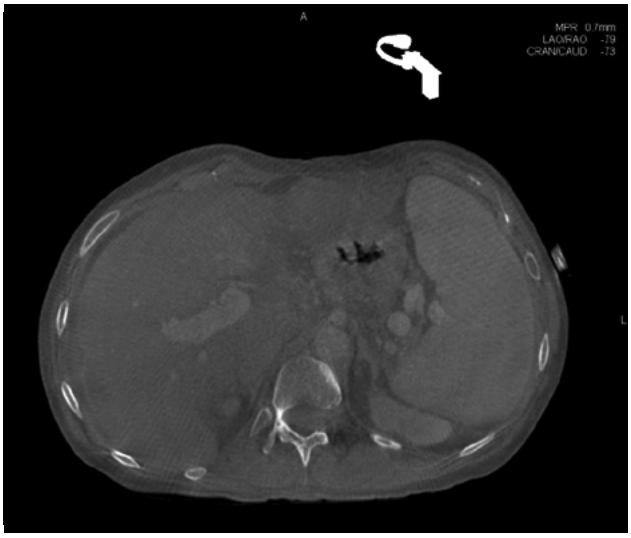

Figure 2: MPR thin axial right portal vein[1]

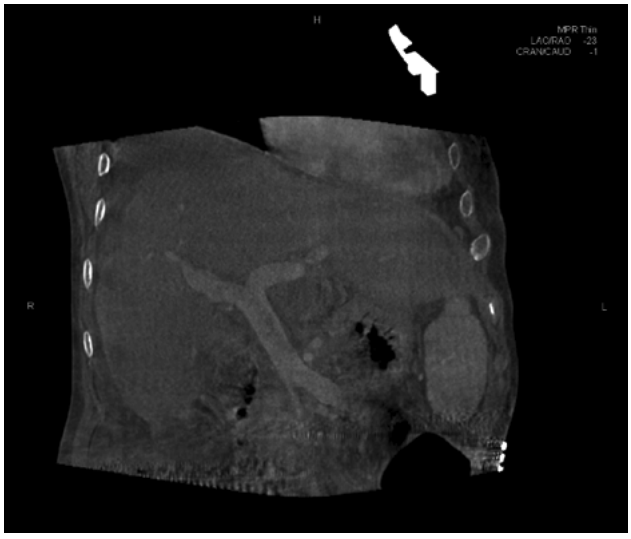

Figure 3: MPR thin coronal portal vein[1]

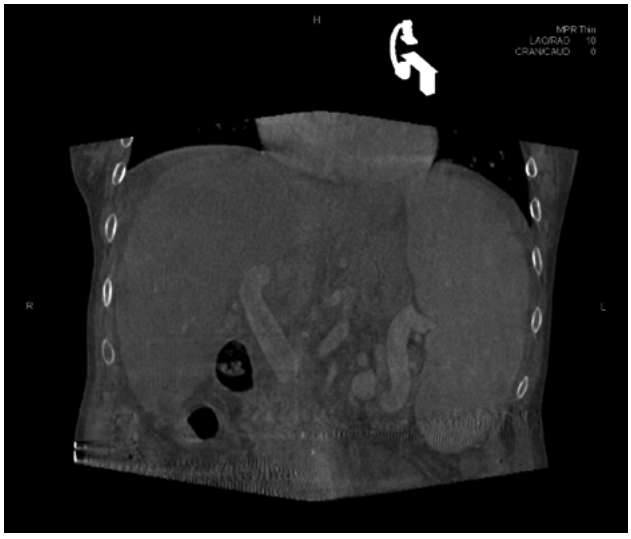

Figure 4: MPR thin coronal splenic vein and collaterals[1]

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[1] *Artifacts visible due to ruler taped to patient skin.*

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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