Australian and New Zealand Paired Kidney Exchange Program

Protocol 8: Recommended Donor CTA Protocol, Reconstruction & Reporting Standard



Recommended Donor CTA Protocol, Reconstruction & Reporting Standard

Aim

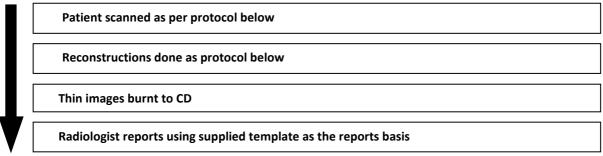
- To ascertain number, anatomy (parenchymal and vascular) and function of donor kidneys.
- To screen for incidental urinary tract pathology such as tumour, stone, or obstruction.

Quality requirements

To be suitable, each CTA needs to be:

- performed with a machine of adequate quality, resolution, and speed
- non-contrast, angiographic, and excretory (IVP) phases must be included, timed appropriately
- an appropriate contrast dose must be given

PROCEDURE



The following protocol is a suggestion, not a mandatory requirement.

1 Patient scanned as per suggested protocol

Patient	Two (2) hours fasting. Limit fluids to a minimum
Preparation	Time Out/ Contrast Questionnaire
	IV Cannula
Method	64 slice scanner
	CT Scan utilising a four (4) phase kidney protocol
Summary	Non Contrast helical scan of the entire Abdomen/Pelvis
method	Arterial Phase helical Scan Of the Kidneys (Diaphragm to Crest)
	Portal Venous Phase of the Entire Abdo
	 10-15 Minute delayed Phase of the kidneys and urinary tract or
	• Plain X film of the urinary tract performed prone to provide best filling of the ureters
IV Contrast	1mL/kg of Ultravist 370 injected at 3.0-4.0 mL/s
Oral Contrast	None



2 Reconstructions should be in accordance with the suggested protocol below

Reconstruction	Non Contrast
	5mm Axial recons
	Arterial Phase
	5mm Axial recons
	2mm Axial recons SMA to inferior portion of the kidneys
	3D semi-transparent (AP, 2 Obliques, both Laterals)
	MIPs (AP, 2 Obliques, both Laterals)
	Portal Phase
	5mm Axial recons (Diaphragm to Symphysis)
	10-15 Minute Delayed Phase
	5mm Axial recons
	3D semi-transparent (AP, 2 Obliques, both Laterals)
	MIPs (AP, 2 Obliques, both Laterals)

3 Thin images burnt to CD

CD-ROM	Any CD/DVD should comply with DICOM portable media standards:	
	DICOM format uncompressed.	
	• There is a DICOM.DIR file in the root of the CD drive.	
	 It can be easily read by Windows XP/Vista/7 & Mac or it provides the software to enable this (Ez-DicomCDviewer). 	

4 Suggested radiologist reports using supplied template as the reports basis

Aorta

Maximal diameter _____ mm

Calcification: mild / moderate / severe

Native Kidneys

Right		Left
	Renal Length (cm)	
	Cysts (yes/no, size, simple/complex)	
	Scars (yes/no, location)	
	Stones (side, site, size, number)	
	Masses (yes/no, side, size)	



1/2/3	Renal Arteries	1/2/3
	Abnormalities (FMD, atheroma)	
	Distance aorta – first branch of RA (mm)*	
	Renal Vein length (mm)**	
N/A	Renal Vein vs. Aorta	Anterior / posterior
Anterior / posterior	Renal Artery vs. IVC	N/A
IVC / iliac vein	Renal Vein drains into	IVC / iliac vein
Normal / ectatic / PUJ	Renal pelvis	Normal / ectatic / PUJ
Single / double	Ureter	Single / double

* From lateral edge of the aorta to first bifurcation for each artery

** From the lateral edge of the IVC (not the middle of the IVC) across to the renal hilum at the medial renal edge (not the innermost hilum)

Renal Parenchymal Evaluation

- Renal cysts: yes / no if yes: simple / complex size: _____ mm
- Scars: yes / no if yes: location:
- Masses: yes / no if yes: size: ____ x ____ mm, Location:
- Calculi: Side: Site: Size: Number:



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VERSION CONTROL					
Version	Date	Author	Comments		
V 1.0	Jul 2019	ANZKX Team	AKX transitioned to ANZKX		
V 1.0	Feb 2021	ANZKX Team	Reviewed no changes		
V 1.0	Nov 2021	ANZKX Team	Reviewed no changes		

