



Rad to Rad Learning: Active GI Bleed on CTA

The Radiology Partners (RP) Interventional Radiology National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

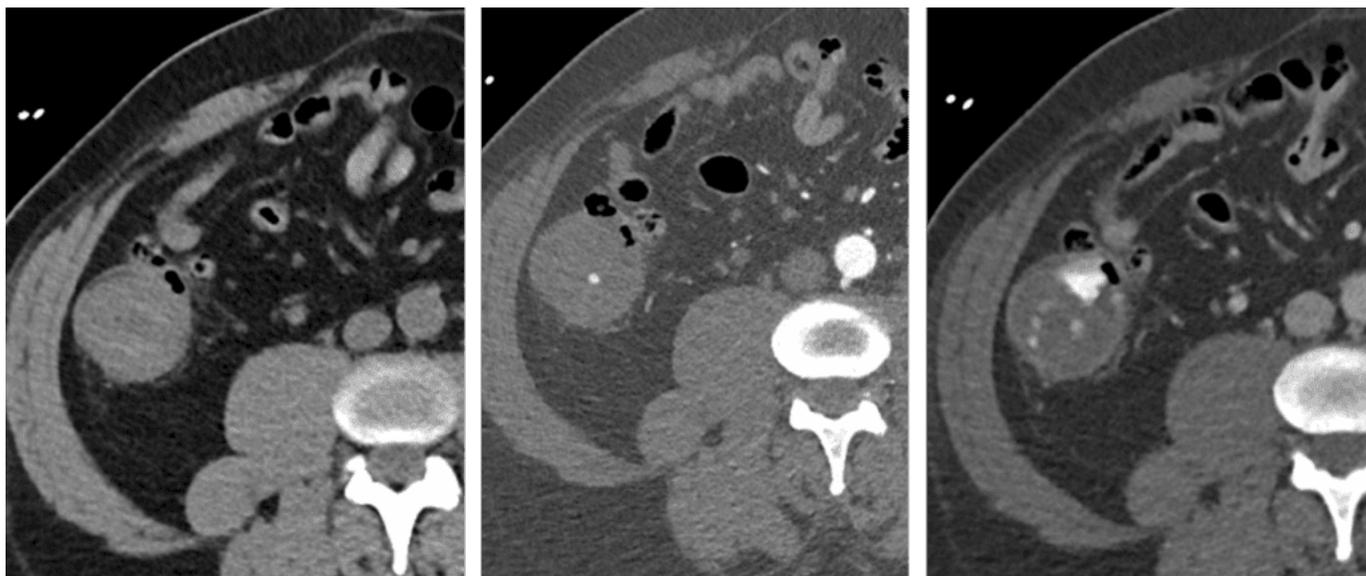
Peer Learning Opportunity



Higher specificity and anatomic localization of CTA enhances speed and accuracy of GI bleed diagnosis.

Active GI Bleed on CTA

Arterial extravasation that increases on delayed phase is diagnostic of active bleeding.



Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **CTA is exam of choice to diagnose acute GI bleeding - quickly replacing tagged RBC scans.**
 - **CTA protocol: No oral contrast, must include non con, arterial and venous phase imaging.**
 - **Non contrast imaging is key to avoid false positives.**
 - **Faster diagnosis = improved embolization success.**
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Multiphase CTA = Faster, more specific, better anatomic localization.

The Interventional Radiology National Subspecialty Division (NSD) is part of [RP's Clinical Value Team](#), which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on [X](#), [LinkedIn](#) and [Instagram](#) to see these common cases and our findings.

Visit the [Clinical Resources page](#) for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



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