



a specificity of 94% with improved interobserver agreement relative to pulmonary angiography;^{5,6} 4- and 8-row units, now in widespread use, should only improve on this performance.

The high-resolution images produced with helical CT allow computerized reformatting of the data in multiple planes beyond the conventional transverse orientation, thus improving the identification of vessels, artifacts and extent of the embolism.⁷⁻⁹ The MIP re-

construction technique demonstrated in Fig. 2 lends itself well to CT angiography, since intravenous contrast medium within patent vessels generally makes them quite visible. However, any tissue that is in front of or behind the most dense object will not be projected (failing to provide a true 3-dimensional perspective). Volume rendering of CT data (Fig. 3) produces a true 3-dimensional model that can be rotated and manipulated. Currently, volume rendering

can be painstaking, although volume-rendering software may soon make such 3-dimensional reconstructions a part of standard CT interpretation, improving the study until it someday replaces the need for catheter angiography.⁹

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