Radiology of Indiana

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			Slice Thickness		
Protocols	Scan #	FOV (CM)	(mm)	Spacing (mm)	Special Instructions/Comments
			()		
Abdomen  Ax Fiesta/True FISP		~30-40	_	,	Any abdomen study without an organ specific indication. Otherwise, see organ specific protocol.
AX FIESTA/ THE FISP AX 3D Dual Echo		~30-40	5	2.5	
Ax T2 SSFSE/HASTE		~30-40	5	1	
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	5	1	
Ax DWI (50/1000)		~30-40	8	2	Only send B50 and 1000
ADC		~30-40	8	2	
Ax Pre (Lava or sim)		~30-40	5	2.5	If there is a "mask" phase you don't need to complete pre-contrast LAVA. If not, we need a separate pre-contrast LAVA.
Ax Post Dyn (20 sec, 1 min 3 min)		~30-40 ~30-40	5	2.5	
Cor Post 5 min Ax Post 10 min		~30-40	5	2.5	
Ax T1 Lava 20 min (Eovist only)		~30-40	5	2.5	FYI: All Vibes/Lavas should be Fat Sat or "water only" images for all MRI body protocols
Adrenal					
Ax Fiesta/ True FISP		~30-40	5	1	
Ax 3D Dual Echo Coronal 3D Dual Echo		~30-40 ~30-40	5	2.5 2.5	
Ax T2 SSFSE/HASTE		~30-40	5	1	
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	5	1	
Ax DWI (50/1000)		~30-40	8	2	Only send B50 and 1000
ADC		~30-40	8	2	
Ax Lava or similar		~30-40	5	2.5	
Liver					
Ax Fiesta/ True FISP		~30-40	5	1	Please refer to Liver & Abdominal MRI Clinical Guidelines for Gadolinium Based Contrast Agents
Ax 3D Dual Echo		~30-40	5	2.5	Feast reter of zero de rotation at with Central and the second and the second at the s
Ax T2 SSFSE/HASTE		~30-41	5	1	
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	5	1	
Ax DWI (50/1000)		~30-40	8	2	Only send B50 and 1000
ADC		~30-40 ~30-40	8	2.5	
Ax Pre (Lava or sim) Ax Post Dyn (20 sec, 1 min 3 min)		~30-40	5	2.5	
Cor Post 5 min		~30-40	4	2	
Ax Post 10 min		~30-40	5	2.5	
Ax T1 Lava 20 min (Eovist only)		~30-40	5	2.5	
Pancreas with MRCP					Pancreatic protocol must include MRCP in order  (27 IDMN) pages site in the page of the pa
Ax Fiesta/True FISP		~30-40	3	1	E/U IPMN, pancreatic cyst, chronic pancreatitis, pancreatic mass.  For dedicated pancreas indication, axial coverage can be from bottom of heart/left hemidiaphragm to below C-loop of
Ax 70 Dual Echo		~30-40	4	2	To technical pair-reas maniforms and control maniforms and the man
Ax T2 SSFSE/HASTE		~30-41	5	1	planning. Do not need to cover skin to skin on coronal. Smallest FOV as possible.
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	4	1	
Ax DWI (50/1000)		~30-40	7	1	Only send B50 and 1000
2D MRCP		~30-40	40	0	3 Oblique views. See planning images
Cor 3D MRCP 3D MIP		~30-40 ~30-40	1.4	0.7	Focus on pancreatic duct
ADC		~30-40	7	1	Single thick slab from 3D images
Ax Pre (Lava or sim)		~30-40	3	1	
Ax Post Dynamic (45 sec, 80 sec, 3 min)		~30-40	4	1.5	
Cor Post 5 min		~30-40	4	2	
Ax Post 10 min		~30-40	3	1	
P. J.					
Renal  Ax Fiesta/True FISP		~30-40	4	1	For dedicated renal indication (usually renal mass), axials must cover from above adrenal glands to below kidneys. Plan from
Ax 3D Dual Echo		~30-40	6	1.5	To too meet need to east need to east need to east need to east need to be also the color to too account to the color to the
Ax T2 SSFSE/HASTE		~30-41	5	1	images for planning. Do not need to cover skin to skin.
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	4	1	
Ax DWI (50/1000)		~30-40	7	1	Only send B50 and 1000
ADC Ax Pre (Lava or sim)		~30-40 ~30-40	7	1	
Ax Pre (Lava or sim) Cor Pre (Lava or sim)		~30-40	3	1	
Ax Post Dyn (20 sec, 60 sec, 90 sec)		~30-40	3	1	
Cor Post 3 min		~30-40	3	1	
Ax Post (acquired after Cor Post 3 min)		~30-40	3	1	
Post process subtraction					Cor post minus pre; Ax post minus pre
Ya., to amon					
Liver with MRCP		~30-40	e	,	Any MDCD study without a pagenger specific indication (athantics are Pagenger with MDCD protected). More received in the contraction of the contra
Ax Fiesta/True FISP Ax 3D Dual Echo		~30-40	5	2.5	Any MRCP study without a pancreas specific indication (otherwise use Pancreas with MRCP protocol). Must cover entire liver axial and coronal. Does not need to include entire kidney on axial unless needed to cover liver. Does not need skin to skin coverage
AX 3D Build EGIS AX T2 SSFSE/HASTE		~30-40	5	1	AMAI AND LOCK HOT RECULT DIRECTOR THE AUDITY OF AMAIL UNIESS RECUCUITY LOVE INVEST, DOES NOT RECULTANT HOUSE NOT RECULT OF THE AUDITY OF AMAIL UNIESS RECUCUITY LOVE INVEST, DOES NOT RECULTANT HOUSE NOT RECULT OF THE AUDITY OF AMAIL UNIESS RECUCUITY LOVE INVEST, DOES NOT RECULTANT HOUSE NOT RECULT AND THE AUDITY OF AMAIL UNIESS RECULT OF THE AUDITY OF AMAIL UNIESS RECULT OF THE AUDITY OF THE
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS		~30-40	5	1	
Ax DWI (50/1000)		~30-40	8	2	Only send B50 and 1000
ADC		~30-40	7	1	
2D MRCP		~30-40	40	0	3 Oblique views.
Cor 3D MRCP 3D MIP		~30-40	1.4	0.7	Single thick slab from 3D images
AX Pre (Lava or sim)		~30-40	5	2.5	TATALON TOTAL OF ATTALON OF ATTAL
Ax Post Dyn (20 sec, 1 min 3 min)		~30-40	5	2.5	
Cor Post 5 min		~30-40	4	2	
Ax Post 10 min		~30-40	5	2.5	
Ax T1 Lava 20 min (Eovist only)		~30-40	5	2.5	
	+				
·					·

Abbreviated MRCP (w/o)				
Ax T2 SSFSE/HASTE Fat Sat	~30-41	5	1	Any MRCP study without a pancreas specific indication (otherwise use Pancreas with MRCP protocol). Must cover entire liver
Cor T2 SSFE/HASTE	~30-40	4	1	axial and coronal. Does not need to include entire kidney on axial unless needed to cover liver. Does not need skin to skin coverage on coronal.
Ax DWI (50/1000)	~30-40 ~30-40	8	2	Only send B50 and 1000
Ax Fiesta/True FISP Axial 3D Dual Echo	~30-40	5	2.5	
2D MRCP (Thick & Thin cuts)	~30-40	40	0	3 Oblique views.
Cor 3D MRCP	~30-40	1.4	0.7	
Ax Lava	~30-40	5	2.5	
Cor Lava	~30-40	5	2.5	
Appendicitis (Order as MR Abd and Pelvis)				
Sag SSFSE	42	4	1	
Cor 2D Fiesta	42	4	1	
Cor SSFSE	42	4	1	
Cor SSFSE FS	42	4	1	
Ax Fiesta Ax SSFSE	40 40	5	1	
Ax SSFSE FS	40	5	1	
Ax T1 Lava	40	6	3	
Ax DWI (800 to 1000)	40	8	2	
Enterography - Order as MR Abdomen and Pelvis				
Cor Fiesta Cine	32	8	0	* Coverage for all sequences to include stomach (as much stomach as possible) to perineum (through anus); axial images may need to be split into 2 stacks for appropriate coverage
(Give .5 mg Glucagon: IV preferred)	32	o	,	Coverage to an sequences to fluence softiaction souther to some properties of the coverage to an expension Allergy to gluengon or history of months of the coverage to an expension of the coverage to the cov
Cor SSFSE	40	3	1	* Glucagon relative contraindication to diabetes.
Ax SSFSE	40	4	1	* Administration of glucagon via IV injected slowly, is preferred over IM, if possible.
Ax SSFSE FS	40	4	1	* NPO 4 hours prior to exam
Cor SSFSE FS Ax T1 Lava +C (70 sec delay)	40	3	2.5	* 2 bottles Breeza/Volumen over 1 - 1.5 hour as tolerated by patient prior to imaging, water if can't tolerate Breeza/Volumen (adult and peds)  * Please send images to PACS in appropriate orientation
Ax 11 Lava +C (70 sec delay)  Cor T1 Lava +C	40	5	2.5	профинестический при
Axial DWI (50,1000)	40	8	2	
V 7 7				
P. L. APRILLA TO L. C. C.				
Perianal Fistula or Perianal Abscess	22	2	0.2	8 Apid conservation bladder to a separat delice conservation methods in conservation and the
T2 propeller or FRSFSE Ax T2 propeller or FRFSE	22 22	2	0.2	Axial scan range from bladder base to gluteal skin, coronal scan range from pubic symphysis to coccyx Oblique axial and coronal to anal canal based on sagittal image
Ax T2 FS propeller or FRFSE	22	2	0.2	Oraque axiar and cooran to ann variar cased on significant image
Cor T2 propeller or FRFSE	22	4	0.1	Does pt. have seton drain?
Cor T2 FS propeller or FRFSE	22	4	0.1	
Ax T1 SPGR FS sm FOV	24	4	0.5	
Ax T1 SPGR FS +C Cor T1 SPGR FS +C	42 24	5	0.5	
Ax TI Sm FOV FS +C	24	4	0.5	
AATTSMIOVIS TO	24	*	0.5	
Prostate				
Ax Global Lava	40 freq x 32 phase	2.5	0	Iliac Crest through Pubic Symphysis : Scan in the plane of the magnet and 90 degrees from each other.
T2 Sag propeller or FRFSE T2 Cor propeller of FRFSE	12cm - 20cm 12cm - 20cm	3	0	Entirety of Prostate gland including seminal vesicles  Entirety of Prostate gland including seminal vesicles
T2 Cor propeller of FRFSE T2 Ax propeller or FRFSE	12cm - 20cm 12cm - 20cm	3	0	Entrety of Prostate gland including seminal vesicles:  Entrety of
Ax Focus Diffusion (50/1000)		4	1.5	Lamicry of Flosate gland including seminal vesicles. Diffusion Ax 72D/man are all same plane  Entirety of Flosate gland including seminal vesicles: Diffusion Ax 72D/man are all same plane
AX POCUS DITUSION (30/1000)	24			
	24	4	1.5	Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane: Include color mapping through CAD system
	24	4 3 2.5		Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane: Include color mapping through CAD system  lliac Crest through Pubic Symphysis: Diffusion/ Ax T2/Dynam are all same plane:
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Entirety of Prostate cland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system  [liac Crest through Pubic Symphysis: Diffusion/ Ax T2Dynam are all same plane  Each type for Diffusion
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system  like: Crest through Puble Symphysis: Diffusion/ Ax T2Dynam are all same plane  like: Crest through Puble Symphysis: Diffusion/ Ax T2Dynam are all same plane  Lach type for Diffusion  Leach type for Diffusion  Leach type for Diffusion  Leach type for Diffusion  Leach type for Diffusion
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Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like: Crest trough Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC Hyour MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images Hyour MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
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Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like Crest through Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
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Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like Crest through Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like Crest through Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like Crest through Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like Crest through Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences
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Ax Perfusion (Dynamic)	24 (not specified)	3	0	Enitery of Prostate gland including seminal vesicles: Diffusion/ Ax T2Dynam are all same plane: Include color mapping through CAD system like: Crest trough Phule Symphysis: Diffusion/ Ax T2Dynam are all same plane Each type for Diffusion Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC Hyour MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Please send "vaster only" LAVA images Hyour MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences

PELVIS FEMALE GYN (see subtype)				
Fall tay Fallstable Cart (see surge)				These exams use the same protocol except that double oblique (angulation) imaging is done perpendicular to the tumor location / or body part if tumor is not seen (see illustrations)
	+		<del>                                     </del>	Tumors tend to be a light grey on T2W sequences. Look at history provided if you can't see the tumor and scan relative to the body part (like vagina, cervix, endometrium) if cervix cancer then double oblique images are done with attention to everith stif endometrial cancer then with attention to the endometrium to the endometrium.
Figure 2. The double oblique technique Bostonice shows a starten dark is attention that the starten dark is attention to the starten dark is attention to the starten dark is attention to the starten dark in the control plane. The double oblique sequence is optimated by an enging maps attention by the significant point and the starten is one of the starten in the control from the starten is one of the starten in the control from the starten is one of the starten in the starten in the starten is one of the starten in the starten is one of the starten in the starten in the starten is one of the starten in the starten in the starten is one of the starten in the starten in the starten in the starten is one of the starten in the starten in the starten is one of the starten in the starten in the starten in the starten is one of the starten in the start	Sign. A long rating in place and any allowing the place of the place o	and an agreement of the company of t	Indianate representation of Actif of the Actif of the Actif of the Actif of the others are actif of the actif of the others are actif of the Segment of the others are actif of the actif of the actif of the	Sings III2 cervical adenocarcinoms in a 48 year old woman with radical bystorectomy (A) T2-original saint MR integrals show a 5 can well defined excepting in man (star) manily involving right posterior excervit with no disrytorio of peripheral rins. The maximum diameter of the lesson is measured 5 on grow-books on the T2-original saint mage. At histopathological inding, bilateral parametrial lesion was found. MBI stage T1b c> 4 cm) was underdiagnosed as final pathologic stage T2b.
GYNECOLOGIC CANCER	Scan number	Best done without and WITH I	V CONTRAST	
Includes: Endometrial, cervix and vaginal cancer  Patient Pre				Fast for at least 4 hours and empty bladder' rectum about 1 hour before examination (so bladder is part full).
Patient Pre Patient Pre			1	Use 40 m.l. of warmed Vaginal ultrasound gel or KY jelly Air in section may interfer with seam If fall of a they notice they need to the year.  Air in section may interfer with seam If fall of a they nations empty.
Patient Fre Technical not				Arr in percunit may interior with result in the study such as a construction of the study such as a co
Technical not Technical not				small FOV images (above)- see diagram These oblique images are used for scan 5, 6, 7, 8, 9. The color indicatons (yellow and thus exans) which use the same imaging FOV and platents for each color
Technical not	20			the Note individues by the other and one wild you must use to be sume integrant of your paners of the early the state of t
LOC ( 3 plane: Large FOV Cor (to body) T2 (> 3000/90 to 102 n	) 1 s) 2	40 (30 to 50) cm	8 (6 to 10) mm	2 mm Large FOV to include entire pelvis and all of the kidneys matrix = 256 x 192 to 256: use fast FSE like RESTORE, FRFSE, DRIVE, DE FSE
CoII TOV ONE 10 TA =: Pat Cat / 2000 DO 1: 102 =		22/10 - 200	2. 4	Smaller sized images are fit to patient
Small FOV Obl SAG T2 no Fat Sat (>3000/90 to 102 n	s) 3	22(18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm from inside of one hip to the other (small FOV): ETL = 17 (13 to 21); NEX = 2; Fireq A-P to avoid bowel motion ghosting into uterus whole pelvis
Small FOV Obl COR to tumor site T2 no Fat Sat (>3000.90 to 102 n Small FOV Obl AX to tumor site T2 no Fat Sat (>3000.90 to 102 n		22(18 to 28) cm 22(18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm small dedicated to region of tumor (COR long axis tumor site) - i.e. double oblique (double angulation) set of images
Small FOV AX to tumor site 12 no Fat Sat (>0000/90 to 102 ii Small FOV AX to tumor site DWI (same as immediately abov		22(18 to 28) cm 22(18 to 28) cm	3 to 4 mm 3 to 4 mm	0.3 to 0.4 mm small dedicated to region of (AX to long axis of tumor) i.e. double oblique (double angulation) set of images 0.3 mm   >= 50,1000
Create ADC from data abo	e 6 (create ADC map)			
Small FOV Obl AX GE T1 to tumor site (like scan 5) (NO Fat Sat 3D GRET1	7	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm Nex = 1 at 0 (pre contrast) scan top 1.5 thru entire pelvis: DCE*= dynamic contrast enhancement
AX (to body) (NO Fat Sat dual echo GRE T same as scan above 7 GRE T1 with FAT SAT AX (to bod		28 cm (20 to 44 cm) 28 cm (20 to 44 cm)	3 (2 to 4) mm 3 (2 to 4) mm	These are very important (both T1 without Fat Sat then with Fat Sat ) if looking for endometriosis' adnexal mass, repeat if degraded by motion or other)
Small FOV Obl SAG (Sag to tumor/ body part) DCE (Fat Sat, 3D GRE T)	2) 10	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180, 240 seconds (and make subtraction of each of these from non contrasted exam)
make subtractions (all post & pre contrast scan		22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm or alternatively do if available on scamer 3d of 5 sec per phase with 36 phases
OBL AX +C (like scan 5) Fat Sat GRE	1 11	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm Nex = 2
		40 (30 to 50) cm		
optional Large FOV COR delayed post c+ (Fat Sat, 3D GRE Ti	12	40 (30 to 50) cm	10 mm	1 to 2 mm From mid kidneys through upper thigh (include all pelvis and lower Abd); perform if time permits for imaging dot
UTERINE FIBROIDS / LEIOMYOMA	Scan #	Done withou	t and WITH IV CONT	VIPAST
Patient Pre	00	Done withou	and WITH IV CON	Fast for at least 4 hours and empty bladder/ rectum about 1 hour before examination (so bladder is part full).
Patient Pre Patient Pre				NOT needed (vaginal gel or KY jelly) Air in return may interfere with exam. If full of air have patient empty.
Technical not	2			Imaging FOV should include all of uterus and all fibroids / masses (may need to increase or decrease FOV)
Technical not				use ANTERIOR SAT BAND when possible for imaging below if phase AP; use phase AP in most situations; if artifacts might need to swap phase direction
LOC: (3 plane	s) 1		any	
	Smaller or larger	FOV images are fit to patient a	nd all pelvic organs	
Small FOV SAG T2 no Fat Sat (>3000/90 to 120 m  Small FOV AX (to endometrium) T2 no Fat Sat (>3000/90 to 120 m	s) 2 s) 3	28 cm (20 to 44 cm) 28 cm (20 to 44 cm)	4 to 5 mm 4 to 5 mm	0.4 to 0.5 mm from inside of one hip to the other (small FOV); ETL = 17 (13 to 21); NEX = 2 Matrix at least 25 to
Small FOV AX DWI (same FOV and plane as immediately above for scan	4	28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm b= 50, 1000
Create ADC from data abo				
AX (to endometrium or uterus, same FOV and plane as scan 3,4) (NO Fat Sat 3D GRE T1	5	28 cm (20 to 44 cm)	4 to 5 mm	Nex = 2 at 0 (pre contrast) The scans 11 and 12 should be the same except for no FS (FAT SAT) and FS
DCE (pre contrast then dynamic post) SAG +C Fat Sat GRE T		28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180 seconds (and make subtraction of each of these from non contrasted exam)
make subtraction  AX (to endometrium/ uterus) (with Fat Sat otherwise same as scan 3,4 and 5, 3D GRE T1		28 cm (20 to 44 cm)	4 to 5 mm	make subtraction of ALL post contrast scans - pre contrast scan
FEMALE UTERINE CONGENITAL ABNORMALITIES  Patient Pre		NO IV contra	st needed for this type	Fast for at least 4 hours and empty bladder/ rectum about 1 hour before examination (so bladder is part full).
Patient Pre Patient Pre	):		<del> </del>	NOT NEEDED: use no Vaginal ultrasound gel or KY jelly Air in rectum may interfere with exam. If full of air have patient empty.
Technical not	2			use ANTERIOR SAT BAND when possible for imaging below if phase AP, use phase AP in most situations; if artifacts might need to swap phase direction
Technical not	20		<u> </u>	
LOC: (3 plane	s) 1	40 cm	any	
Large FOV Cor (to body) T2 no Fat Sat (>3000/90 to 102 m	2	40 to 50 cm	8 (6 to 10) mm	2 mm Large FOV to include entire pelvis and all of the kidneys matrix = 256 x 192 to 256: use fast FSE like RESTORE, FRFSE, DRIVE, DE FSE
Small FOV Obl SAG no Fat Sat T2 (>3000/90 to 102 m	3	20(18 to 24) cm	4 to 5 mm	Small FOV images are designed to fir to patient and are as small as reasonably possible 0.4 to 0.5 mm from inside of one hip to the other small FOV; ETL = 17 (13 to 2); RNEX = 2 Marits at least 256 x 256
Small FOV Obl COR to Endometrium no Fat Sat T2 (>3000/90 to102 m	s) 4	20(18 to 24) cm	4 to 5 mm	0.4 to 0.5 mm small FOV (COR long axis of Endometrium) - i.e. double oblique set of images THIS is the MOST IMPORTANT sequence repeat if blurred
Small FOV Obl AX to Endometrium no Fat Sat T2 (>3000/90 to102 m		20(18 to 24) cm	4 to 5 mm	0.4 to 0.5 mm small FOV (AX to long axis of Endometrium) i.e. double oblique set of images
NO FAT SAT - AX to body (NO Fat Sat <b>dual echo</b> GRE T with FAT SAT AX to body same as scan 7 but with FS (w Fat Sat, GRE (dual echo) T		28 cm (20 to 44 cm) 28 cm (20 to 44 cm)	4 to 5 mm 4 to 5 mm	0.4 to 0.5 mm Nex = 2 0.4 to 0.5 mm Nex = 2
	7	28 cm (20 to 44 cm)	4 to 5 mm	U.4 10 U.3 IIIII   INCX = 2
will Fit Off Fit to body same as some 7 out will Fit Out, Off (and cons) i				
THE LATE OF LATE OF DOCK AND A SHELL OF THE DAY, ONLY OR SHELL OF THE DAY, ONLY ORDER OF TH				

ADNEXAL MASS or ENDOMETRIOSIS or R/O OVARIAN TORSION (female gynecologic emergencies)	Post dose with	out and WITH IV CO	NTD A CT	
Patient Prep:	Best done with	ut and with iv CO	NIKASI	Empty bladder 20 min to 1 hour (1 hour best if time permits however for torsion r/o may use shorter (any) times) before examination (so bladder is part full).
Patient Preg.				Air in rectum may interfere with exam. If full of air have patient empty.
Technical note:				use ANTERIOR SAT BAND when possible for imaging below if phase AP; use phase AP in most situations; if artifacts might need to swap phase direction
Technical note:				Vaginal Gel or KY Jelly is NOT needed for this exam
Technical note:				Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
Technical note:	1 40 cm			* IV contrast recommended, if ordered without contrast, then to all scans above (including scan 9 without contrast, but no dynamic contrast scans)
LOC: (3 planes) Cor (to body) T2 (>3000/90 to 102 ms)	1 40 cm 2 40 to 50 cm	any 8 (6 to 10) mm	2 mm	Large FOV to include entire pelvis and all of the kidneys matrix =256 x 192 to 256: use fast FSE like RESTORE, FRFSE, DRIVE, DE FSE
Co. (10 0007) 12 (5 0000 70 10 102 may	FOV to view bone to bor			Lange 1 O'T to inclinate country portra since and or the strainty and an A 1/2 to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and an O'T to 200, use man 1 of the strainty and a straint
SAG (to body ) Small FOV no Fat Sat T2 (>3000/90 to 102 ms)	3 28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	from inside of one hip to the other (small FOV): ETL = 17 (13 to 21); NEX = 2 Matrix at least 256 x 256
COR (to body) Small FOV no Fat Sat T2 (>3000/90 to 102 ms)	4 28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	
AX (to body) Small FOV no Fat Sat (>3000/90 to 102 ms)	5 28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	
AX DWI (same as immediately above)	6 28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	b= 50, 1000
Create ADC from data above AX (to body) (NO Fat Sat dual echo GRE T1)	7 28 cm (20 to 44 cm)	3 (2 to 4) mm		These are very important (both T1 without Fat Sat then with Fat Sat ) if looking for endometriosis/ adnexal mass, repeat if degraded by motion or other)
same as scan above 7 GRE T1 with FAT SAT AX (to body)	8 28 cm (20 to 44 cm)	3 (2 to 4) mm		These are very important (bour 11 windout 1 at 5at the wind 1 at 5at / it booking for choolinearous auneau mass, reject it degraded by motion of outer)
SAG (to body ) pre then post contrast DCE +C Fat Sat GRE T1	9 28 cm (20 to 44 cm)	3 (2 to 4) mm	make subtractions	Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180 seconds (and make subtraction of each of these from non contrasted exam)
make subtractions of ALL post contrast - pre contrast	9 ( make subtractions)			Sag images are pelvic bone to pelvic bone
	40 40 41			
same as scan 8 but post contrast AX (to body) +C (Fat Sat, 3D GRE T1)	10 28 cm (20 to 44 cm)	3 (2 to 4) mm		go to bathroom for urethra diverticulum
Bladder Mass				
Patient Prep:				Empty bladder about 2 hours before examination (so bladder is moderately full) .
Patient Preg:				Air in rectum may interfere with exam. If full of air have patient empty.
Technical note:				use ANTERIOR SAT BAND when possible for imaging below; if artifacts might need to swap phase direction
LOC: T2W SSFSE or Haste COR	40.			
LOC: 12W SSFSE or Haste COR  Large FOV Axial (to body) T2 (4000/90 ms)*	40 cm 34 (30 to 40 cm)	any 6 mm	1 mm	1
Large FOV Cor (to body) 12 (4000/90 lis)*  Large FOV Cor (to body) T2 (4000/90)*	40 to 50 cm	8 mm	2 mm	*Large FOV to include entire pelvis (bone to bone) and at least most of the kidneys
Lange 101 Cot (10 total) 12 (400070)	40 10 30 0.01			
	FOV to view bone to bone in	pelvis (view both ovarie	es and Uterus)	
SAG T2 (4000/90 ms)	28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	**from inside of one hip to the other (small FOV): ETL = 17 (13 to 21); NEX = 2 Matrix at least 256 x 256
COR T2 (4000/90 ms)	28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	
AX T2 (4000/90 ms)	28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	NSC-11- 1- 50 1000
AX DWI (same as immediately above)  Create ADC from data above	28 cm (20 to 44 cm) 28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	Diffusion b= 50, 1000
Create ADC from data above	20 cm (20 to 44 cm)			
AX DCE (NO Fat Sat3D GRE T1*)	28 cm (20 to 44 cm)	3 (2 to 4) mm		Nex = 2 at 0 (pre contrast)
AX DCE (Fat Sat, 3D GRE T1°)	28 cm (20 to 44 cm)	3 (2 to 4) mm	make subtractions	Nex = 1 at 0 (pre contrast) then 30,60, 90, 120, 150 seconds (and make subtraction of each of these)
SAG +C Fat Sat GRE T1	28 cm (20 to 44 cm)	3 (2 to 4) mm		Nex = 2
COR +C delayed (Fat Sat, 3D GRE T1*)	40 cm (30 to 50 cm)	8 mm	2 mm	From mid kidneys through upper thigh (include all pelvis and lower Abd)
* IV contrast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, Sag T1)				Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
Penis (Fracture)				
Cor STIR Global	30	5	1	Tape penis to abdomen if needed
Ax T1 Lava Global	30	4	2	
Sag T2 Propeller	24	3	0.4	
Sag TI	24	3	0.4	
Cor T2 Propeller	22 22	3	0.1	
Cor T1 Ax T2 Propeller	17	3	0.2	
AxTI	17	3	0.2	
Penis (Peyronie's Disease)				
Cor STIR Global	40	5	1	Tape penis to abdomen if needed
Ax T1 Lava Global Sag T2 FS Propeller	40	4	0.4	
Sag T2 F5 F10 Cute	24	3	0.4	
Cor T2 Propeller	22	3	0.1	
Cor T2 FS Propeller	22	3	0.1	
Cor T1 FS	22	3	0.1	Rev 7-11-19
Ax T2 Propeller	17	3	0.2	Frank DIA
Ax T2 FS Propeller Ax T1 FS	17	3	0.2	Include IMA
AX T1 FS +C	17	3	0.2	
AX 11 FS +C Cor T1 FS +C	22	3	0.1	
Sag T1 FS +C	24	3	0.4	
Rectal Cancer (1.5 T)			-	
Rectal Cancer (1.5 T) Technical note:				Prep: Nothing to eat or drink 12 hours prior, no caffeine morning of exam, 1 bisacodyl suppository (Dukcolax) 10 hours prior to study, void just before exam
Ax T2 FRFSE Global	~30	5	0	1 rep. (votating to eact of utility 12 notes) prior, no carreine morning of exam, 1 observoly) suppository (Dukonax) To notes prior to study, vota just before exam 320k 320
Ax Diff Global (50/800)	~30	5	1	
Sag T2 FRFSE	24	4	0	320x224 (Do axials PERPENDICULAR to mass. VERY IMPORTANT** See images)
Cor T2 FRFSE	24	3	0	320x224
Ax OBL T2 FRFSE	24	3	0	320x224 (See Images Below)
				The second image shows how sometimes multiple axial planes must be used to get it perpendicular.  9 No Invaries is needed for discreted entirest:
				No laxative is needed for diverted patients
Rectal Cancer (3.0 T)				
Technical note:				Prep: Nothing to eat or drink 12 hours prior, no caffeine morning of exam, 1 bisacodyl suppository (Dulcolax) 10 hours prior to study, void just before exam
Ax T2 FRFSE Global	~30	5	0	320x320
Ax Diff Global (50/800)	~30	5	1	115.301
Sag T2 FRFSE Cor T2 FRFSE	24 24	4	1	416x384 220x320 (These are conducted image; 3mm then move 1 mm)
Ax OBL T2 FRFSE	24	3	1	320x320 (These are overlapped images. 3mm then move 1 mm) 416x384 (Perpendicular to tumor)
AX OBL 12 PRISE			· ·	A TOOLOGY (CEPICALISM OF URIND)  The second image shows how sometimes multiple axial planes must be used to get it perpendicular.
				* No laxative is needed for diverted patients

Urethra Diverticuli				
Ax T2 FS Global Axial T2	28 12-16	4 3	0.3	Include entire urethra from bladder neck to external meatus.  No vaginal gel.
Axiai 12 Sag T2	12-16	3	0.3	NO vaginar get.
Cor T2	12-16	3	0.3	
Ax T1 Lava	12-16	3	1	
Ax T1 Lava +C (Dynamic) Ax T1 Lava + C Global	12-16 34-40	3	6	Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180 seconds (and make subtraction of each of these from non contrasted exam)
Ax T1 Lava +C (after voiding)	12-16	3	1	Images acquired after voiding through urethra (to answer the question does the abnormality fill with contrast after voiding to confirm a urethra diverticulum)
MRV Pelvis (May-Thurner's Syndrome)	40		na	
CEMRA (Mask + 4 phases 20 sec apart , 3D Lab recons)	40	4	2	
MRA Aorta				
Ax 3D Dual Echo	40	4	2	
Ax T2 FS Propeller	40	6	1	
CEMRA (Mask + Dyn 2cc/sec 32 Locs)	40	3	1.5	
MRA Renal				
Ax 3D Dual Echo	40	4	2	
Ax T2 FS Propeller Ax 3D Enhance wo (60 locs/slab)	40 38	6	1	
Ax 3D Effiance W6 (60 focs/sian)	30		1	
Mediastinal Mass  Coronal T2 Haste	20.00			
Coronal T2 Haste Axial T2 Haste	20-30 20-30	4	1	Please confirm with radiologist regarding scan range to ensure lesion is imaged appropriately, as this is an uncommon exam. Typically, thoracic inlet through base of heart.
Axial STIR	20-30	4	1	у дания - пот не
Axial IN/OUT phase	20-30	3	1	
Axial TRUFISP	20-30	4 5	1	
Axial DWI (B50, B1000) Axial TI VIBE pre	20-30 20-30	5	1	+
Axial T1 VIBE post (20-30s, 60-70s, 3 min)	20-30	3	1	
Coronal T1 VIBE post (5 min)	20-30	3	1	
		1		
Abridged Whole Body MRI				
Neck				3 separate exams will need ordered MRI Neck, MRI Chest, and MRI Abdomen/Pelvis. Whole Body MRI is an unlisted CPT code and cannot be used as it is not billable
Axial T1	18	3	3	Superior FOV must include IACs
Axial T2 fat sat Axial DWI	18 18	3	3	
Axial C+T1 fat sat	18	3	0.3	
Coronal C+T1 fat sat	25	3	0.3	
Chest  Coronal T2 Haste	20-30	4	,	
Corona 12 Haste Axial STIR	20-30	4	1	
Axial DWIADC Axial TV VIBE pre'post (60-70s)	20-30 20-30	3	1	
Axial T1 VIBE pre/post (60-70s)		4	1	
Coronal T1 VIBE post (5min)  Abdomen/Pelvis	20-30	5	1	
Coronal T2 Haste	~30-40	5	1	
Axial T2 fat sat	~30-40	5	2.5	
Axial T1 in/out of phase Axial DW/ADC	~30-40 ~30-40	5 4	1	
Axial TI VIBE pre/post (60-70s)	~30-40	5	1	
Coronal Ti VIBE post	~30-40	8	2	
Rib		1	1	
Routine Breathing				Mark the site(s) of pain
Axial T1	25-35*	4	1	* FOV to only include rib cage and adjacent chest wall musculature
Axial T2 Fat Sat Coronal STIR	25-35* 25-35*	4	1	
Coronal GRE	25-35*	4	1	
Breath Hold (~20 seconds each)				
COR T1 VIBE (non Fat Sat) Sag T1 VIBE (non Fat Sat)	25-35* 25-35*	4	1	
Ax T2 HASTE (non Fat Sat)	25-35*	4	1	If poor Fat Sat on the HASTE, please use triplane breath-hold STIR
Triplane T2 HASTE Fat Sat	25-35*	4	1	
Soft Tissue "Tumor"		<b> </b>		*FOV and Spacing subject to area of concern. Use same FOV and Spacing as the closest joint or body part.
Axial T1	*	*	*	
Axial PD Fat Sat	*	*	*	
Axial GRE If contrast ordered: Ax T1 Fat Sat	*	*	*	
Cor T2	*	*	*	
Cor STIR	*	*	*	
Sag T2 Fat Sat  If contrast ordered	*	*	*	
Triplane T1 Fat Sat Post	*	*	*	
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