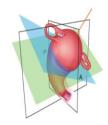
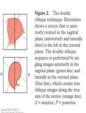
Radiology of Indiana					
Protocols	Scan#	FOV (CM)	Slice Thickness (mm)	Spacing (mm)	Special Instructions/Comments
Abdomen					Any abdomen study without an organ specific indication. Otherwise, see organ specific protocol.
Ax Fiesta/ True FISP		~30-40	5	1	
Ax 3D Dual Echo Ax T2 SSFSE/HASTE		~30-40 ~30-40	5	2.5	
AX 12 SSFSE/HASTE 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 Ax Pre (Lava or sim)		~30-40 ~30-40	8	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	5	2.5	it there is a mass, phase you don't need to complete pre-contrast LAVA. It not, we need a separate pre-contrast LAVA.
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	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	11	
Ax 3D Dual Echo Coronal 3D Dual Echo		~30-40 ~30-40	5	2.5	
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 8	2	0.1 1770 11000
Ax DWI (50/1000) ADC		~30-40 ~30-40	8	2	Only send B50 and 1000
Ax Lava or similar		~30-40	5	2.5	
		_			
I !					
Liver Ax Fiesta/ True FISP		~30-40	5	1	Please refer to Liver & Abdominal MRI Clinical Guidelines for Gadolinium Based Contrast Agents
AX 7188TA/ TTUE PISP AX 3D Dual Echo		~30-40	5	2.5	Preuse refer to LIVEY & ABOOMINIA WIX CLINICAL GUIGEINES FOR GABOOMINIM BASED CONTRAST AGENTS For delicated liver indication, axial coverage can be from lung bases to below liver. Does not need to cover below kidneys For delicated liver indication, axial coverage can be from lung bases to below liver. Does not need to cover below kidneys
Ax T2 SSFSE/HASTE		~30-41	5	1	y a section of the se
Cor T2 SSFE/HASTE		~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS Ax DWI (50/1000)		~30-40 ~30-40	5 8	2	Only send B50 and 1000
AX DWI (50/1000) ADC		~30-40	8	2	Only send B30 and 1000
Ax Pre (Lava or sim)		~30-40	5	2.5	
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 Ax T1 Lava 20 min (Eovist only)		~30-40 ~30-40	5	2.5	
AX 11 Lava 20 min (Edvist only)		~30-40	3	2.3	
Pancreas with MRCP					Pancreatic protocol must include MRCP in order
A F' /T FIED		20.40	3	1	FU IPMN, pancreatic cyst, chronic pancreatitis, pancreatit mass.
Ax Fiesta/ True FISP Ax 3D Dual Echo		~30-40 ~30-40	4	2	For dedicated pancreas indication, axial coverage can be from bottom of heart/left hemidiaphragm to below C-loop of duodenum. Plan from coronal localizer. Coronal images must cover pancreas from front to back using axial images for
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) 2D MRCP		~30-40 ~30-40	40	0	Only send B50 and 1000 3 Oblique views. See planning images
Cor 3D MRCP		~30-40	1.4	0.7	5 Oringue views : expanning images Focus on pancreatic duct Focus on pancreatic duct
3D MIP		~30-40			Single thick slab from 3D images
ADC		~30-40	7	1	
Ax Pre (Lava or sim) Ax Post Dynamic (45 sec, 80 sec, 3 min)		~30-40 ~30-40	3	1.5	
Cor Post 5 min		~30-40	4	2	
Ax Post 10 min		~30-40	3	1	
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	localizer. Does not need to cover entire abdomen. Coronal images must cover both kidneys from front to back using axial
Ax T2 SSFSE/HASTE		~30-41	5	1	images for planning. Do not need to cover skin to skin.
Cor T2 SSFE/HASTE Ax T2 FS Propeller/T2 Haste FS		~30-40 ~30-40	4	1 1	
AX 12 PS Propeller/12 Haste PS AX DWI (50/1000)		~30-40	7	1	Only send B50 and 1000
ADC		~30-40	7	1	
Ax Pre (Lava or sim)		~30-40	3	1	
Cor Pre (Lava or sim) Ax Post Dyn (20 sec, 60 sec, 90 sec)		~30-40 ~30-40	3	1	
AX Post Dyn (20 sec, 60 sec, 90 sec) 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
			+		
			 		
		·	1		
Liver with MRCP Ax Fiesta/True FISP		~30-40		1	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 710 F15P Ax 3D Dual Echo		~30-40	5	2.5	axiai and coronai. Dies not need to include entire kidney on axiai uniess needed to cover neer. Does not need axia to overage on coronal.
TA 35 Dum Early				-	-

Ax T2 SSFSE/HASTI		~30-41	5	1	
Cor T2 SSFE/HASTE Ax T2 FS Propeller/T2 Haste FS		~30-40 ~30-40	4	1	
Ax T2 FS Propeller/T2 Haste FS Ax DWI (50/1000		~30-40	5 8	2	Only send B50 and 1000
Ax DW1(50/1000		~30-40	7	1	CAIN SCARE DO BIRG 1000
2D MRCF	,	~30-40	40	0	3 Oblique views. See planning images
Cor 3D MRCF		~30-40	1.4	0.7	
3D MIF	•	~30-40			Single thick slab from 3D images
Ax Pre (Lava or sim)	~30-40	5	2.5	
Ax Post Dyn (20 sec, 1 min 3 min		~30-40	5	2.5	
Cor Post 5 mir		~30-40 ~30-40	4	2	
Ax Post 10 mir Ax T1 Lava 20 min (Eovist only		~30-40	5	2.5 2.5	
AX 11 Lava 20 min (Eovist only	,	~30-40	,	2.3	
Appendicitis (Order as MR Abd and Pelvis)					
Sag SSFSF		42	4	1	
Cor 2D Fiests	1	42	4	1	
Cor SSFSE		42	4	1	
Cor SSFSE FS		42	4	1	
Ax Fiests Ax SSFSE		40 40	5	1	
Ax SSFSE FS		40	5	i	
Ax T1 Lava		40	6	3	
Ax DWI (800 to 1000		40	8	2	
Enterography - Order as MR Abdomen and Pelvis		ac.		_	
Cor Fiesta Cinc		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) Cor SSFSE		40	3	1	Glucagon contraindications: Allergy to glucagon or history of pheochromocytoma, insulinoma, or glucagonoma. Glucagon relativa contraindication to disherication to disherication to disherication to disherication.
Cor SSFSI Ax SSFSI		40	4	1	Glucagon relative contraindication to diabetes. Administration of glucagon via IV injected slowly, is preferred over IM, if possible.
AX SSFSE FS		40	4	1	- Audinissiation of garcagon via 19 injected snowly, is preferred over nw, it possione Profit in the profit of the same of the profit of the profit of the same of the profit of the
Cor SSFSE FS		40	3	1	* 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)
Ax T1 Lava +C (70 sec delay		40	5	2.5	* Please send images to PACS in appropriate orientation
Cor T1 Lava +C		40	5	2.5	
Axial DWI (50,1000		40	8	2	
	+				
Desired Pietels of Desired House					
Perianal Fistula or Perianal Abscess T2 propeller or FRSFSE		22	2	0.2	* Axial scan range from bladder base to gluteal skin, coronal scan range from pubic symphysis to coccyx
Ax T2 propeller or FRFSF		22	2	0.2	Oblique axia scan range from transier to gartest skar, cortonal scan range from punot symphysis to coccyx Oblique axia and coronal canal based on sagittal image
Ax T2 FS propeller or FRFSF		22	2	0.2	* Need surgeon note.
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		42	5	1	
Cor T1 SPGR FS +C		24	4	0.5	
Ax T1 Sm FOV +C		24	4	0.5	6 decay
Prostate					
Ax Global Lavo	1	40 freq x 32 phase	2.5	0	Iliac Crest through Pubic Symphysis
T2 Sag propeller or FRFSI		12cm - 20cm	3	0	Entirety of Prostate gland including seminal vesicles
T2 Cor propeller of FRFSI		12cm - 20cm	3	0	Entirety of Prostate gland including seminal vesicles
T2 Ax propeller or FRFSI		12cm - 20cm	3	0	Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane
Ax Focus Diffusion (50/1000)	24 24	4	1.5 1.5	Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane
Ax Perfusion (Dynamic		(not specified)	3		Entirety Of Prostate gland including seminal vestices: Diffusion/AX 12/Jynam are all same plane Entirety Of Prostate gland including seminal vestices: Diffusion/AX 12/Jynam are all same plane Entirety Of Prostate gland including seminal vestices: Diffusion/AX 12/Jynam are all same plane Entirety Of Prostate gland including seminal vestices: Diffusion/AX 12/Jynam are all same plane
		40 freq x 32 phase	2.5		lliac Crest through Pubic Symphysis: Diffusion/ Ax T2/Dynam are all same plane
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Ax Global Lava + Contrax					Use B value of 1000 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 "valuer only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences. Only provide 10 sequences. The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences. The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences. The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences of 1400, us
Ax Global Lava + Contrax					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 "vater only" LAVA images If your MRI can extrapolate B values of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences Only provide 10 sequences The sequences of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 sequences Only provide 10 sequences Only provide 10 sequences The sequence of 1400, use to save time. If not acquire 2 separate diffusion sequences Only provide 10 s
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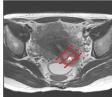


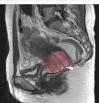






Stage IB2 cervical adenocarcinoma in a 48-year-old woman with radical hysterectomy (A) T2-weighted axial MR images show a 5 cm well defined exophytic mass (star) mainly involving rigit posterior exocervix with no disruption of peripheral rim. The maximum diameter of the lesso ins nearant 90cm (arrowbeed) on the T2-weighted significal image. At histopathological rindage, bilateral parametrial lesion was found. MRI stage T1b (> 4 cm) was underdiagnosed as final pathological stage T2b.





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GYNECOLOGIC CANCER	Scan number	Best done without and WITH	IV CONTRAST		
Includes: Endometrial, cervix and vaginal cancer					
Patient Prep:					Fast for at least 4 hours and empty bladder/ rectum about 1 hour before examination (so bladder is part full).
Patient Prep:					Use 40 mL of warmed Vaginal ultrasound gel or KY jelly
Patient Preg:					Air in rectum may interfere with exam. If full of air have patient empty.
Technical note:					Scan perpendicular to the tumor site (or body part of the study such as cervix, endometrium or vaginal if tumor is not seen) using double oblique imaging
Technical note:					small FOV images (above)- see diagram These oblique images are used for scans 5, 6, 7, 8, 9
Technical note:					The color indicators (yellow and blue scans) which use the same imaging FOV and planes for each color
Technical note:					use ANTERIOR SAT BAND when possible for imaging below if phase is AP; use phase AP in most situations; if artifacts might need to swap phase direction
LOC (3 planes)	1				
Large FOV Cor (to body) T2 (> 3000/90 to 102 ms)	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
					Smaller sized images are fit to patient
Small FOV Obl SAG T2 no Fat Sat (>3000/90 to 102 ms)	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; Freq 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 ms)	4	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 Obl AX to tumor site T2 no Fat Sat (>3000/90 to 102 ms)		22(18 to 28) cm	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
Small FOV AX to tumor site DWI (same as immediately above)		22(18 to 28) cm	3 to 4 mm	0.3 mm	p=20 1000 p=20 to the configuration of text to tool and or amon't very conduct fromthe milliminative or under
Smail FOV AX to tumor site DW1 (same as immediately above) Create ADC from data above			3 to 4 mm	0.3 mm	0=30,1000
Create ADC from data above	6 (create ADC map)				
Small FOV Obl AX GE T1 to tumor site (like scan 5) (NO Fat Sat 3D GRE T1*)	7	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm	Nex = 1 at 0 (pre contrast) scan top L5 thru entire pelvis: DCE*= dynamic contrast enhancement
AX (to body) (NO Fat Sat dual echo GRE T1)		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)	9	28 cm (20 to 44 cm)	3 (2 to 4) mm		
Small FOV Obl SAG (Sag to tumor/ body part) DCE (Fat Sat, 3D GRE T1*)	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 scans)	10 (make subtractions)	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm	or alternatively do if available on scanner 3d of 5 sec per phase with 36 phases
OBL AX +C (like scan 5) Fat Sat GRE TI	11	22 (18 to 28) cm	3 to 4 mm	0.3 to 0.4 mm	Nex = 2
ODDING (COME SAME) FIRSH ONE IT	**	22 (10 to 20) cm	J 10 4 mm	0.5 to 0.4 mm	- NA
TO A POLICE AND A	12	40 (30 to 50) cm	10	1. 0	
optional Large FOV COR delayed post c+ (Fat Sat, 3D GRE T1*)	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 slot
UTERINE FIBROIDS / LEIOMYOMA	Scan #	Done withou	t and WITH IV CONT	RAST	
Patient Prep:					Fast for at least 4 hours and empty bladder/ rectum about 1 hour before examination (so bladder is part full).
Patient Prep:					NOT needed (vaginal gel or KY jelly)
Patient Preg:					Air in rectum may interfere with exam. If full of air have patient empty.
Technical note:					Imaging FOV should include all of uterus and all fibroids / masses (may need to increase or decrease FOV)
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
LOC: (3 planes)	1		any		
	Smaller or larg	er FOV images are fit to patient a	nd all pelvic organs		
Small FOV SAG T2 no Fat Sat (>3000/90 to 120 ms)	2	28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm	from inside of one hip to the other (small POV): ETL = 17 (13 to 21); NEX = 2 Matrix at least 256 x 256
Small FOV AX (to endometrium) T2 no Fat Sat (>3000/90 to 120 ms)		28 cm (20 to 44 cm)	4 to 5 mm		small dedicated to region of mass (AX to long axis of cervix) i.e. double oblique set of images
Small FOV AX DWI (same FOV and plane as immediately above for scan 3)		28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm	
Create ADC from data above		28 CHI (20 to 44 CHI)	4105 11111	0.4 to 0.5 mm	0-30,1000
Create ADC from data above	4 (create ADC map)				
TOUR ALL AND					
AX (to endometrium or uterus, same FOV and plane as scan 3,4) (NO Fat Sat 3D GRE T1*)	, ,	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
non/		20 (20 14 1		0.40.5	N 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DCE (pre contrast then dynamic post) SAG +C Fat Sat GRE T1		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					make subtraction of ALL post contrast scans - pre contrast scan
AX (to endometrium/ uterus) (with Fat Sat otherwise same as scan 3,4 and 5, 3D GRE T1*)	7	28 cm (20 to 44 cm)	4 to 5 mm		
	 				
		+	1	l	
		+			
					
					
		_			
	<u> </u>				
		NO IV contro	st needed for this type	of scan	
FEMALE UTERINE CONGENITAL ABNORMALITIES					Fast for at least 4 hours and empty bladder/rectum about 1 hour before examination (so bladder is part full).
		NOTY COMITA			
Patient Prep:		NOTY CORE			
Patient Prep: Patient Prep:		NOTY CONTA			NOT NEEDED: use no Vaginal ultrasound gel or KY jelly
Patient Prep: Patient Prep: Patient Preg:		NOTY COME			NOT NEEDED: use no Vaginal ultrasound gel or KY jelly Air in rectum may interfere with exam. If full of air have patient empty.
Patient Prep: Patient Prep: Patient Prep: Technical note:		NOTY COMPA			NOT NEEDED: use no Vaginal ultrasound gel or KY jelly
Patient Prep: Patient Prep: Patient Preg:		NOTY CORE			NOT NEEDED: use no Vaginal ultrasound gel or KY jelly Air in rectum may interfere with exam. If full of air have patient empty.
Patient Prep: Patient Prep: Patient Prep: Technical note:		40 cm	any		NOT NEEDED: use no Vaginal ultrasound gel or KY jelly Air in rectum may interfere with exam. If full of air have patient empty.

				1	
Large FOV Cor (to body) T2 no Fat Sat (>3000/90 to102 ms)	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
Emgel O'r Cor (to body) 12 no fin bin (x 5000 yo to fo 2 ms)		40 10 50 cm	O (O to To) min	2	Small FOV images are designed to fit to patient* and are as small as reasonably possible
Small FOV Obl SAG no Fat Sat T2 (>3000/90 to102 ms)	3	20(18 to 24) cm	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 256 x 256
Small FOV Obl COR to Endometrium no Fat Sat T2 (>3000/90 to102 ms)	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 ms)	5	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 dual echo GRE T1)	6	28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm	No. 2
with FAT SAT AX to body same as scan 7 but with FS (w Fat Sat, GRE (dual echo) T1)	7	28 cm (20 to 44 cm)	4 to 5 mm	0.4 to 0.5 mm	
want it is stated to sold y same as seal 7 but want to (w this part, one) (additions) it)	,	20 cm (20 to 44 cm)	410 J IIII	0.4 to 0.5 mm	1444 = 2
ADNEXAL MASS or ENDOMETRIOSIS or R/O OVARIAN TORSION (female gynecologic emergencies)		Best done with	out and WITH IV CO	NTRAST	
Patient Prep:					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: Technical note:					luse 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 Vaginal Gel or Ky Jel js is NOT needed for this exam Jel or the swap phase direction
Technical note:					Visca Ax, Or and Sag imaging to the body (not cervix or endometrium)
Technical note:					* 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)	1	40 cm	any		
Cor (to body) T2 (>3000/90 to 102 ms)	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
SAG (to body) Small FOV no Fat Sat T2 (>3000/90 to 102 ms)	3	FOV to view bone to bor 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	from answer of one mp to the other (Smain POV). ETL = 17 (15 to 21), NEA = 2 Matrix at least 230 x 250
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		
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 subtraction	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 make subtractions of ALL post contrast - pre contrast	9 (make subtractions)	20 cm (20 to 44 cm)	2 (2 tO 4) IIIII	make subtractions	Nex 2: at 0 tpre contrast) then 25, 00, 100, 140, 160 seconds (and make subtraction of each of these from non contrasted exam) Sag images are pelvic bone to pelvic bone Sag images are pelvic bone to pelvic bone
make subtractions of their post contrast - pie contrast	, (make subtractions)				
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
	·			1	
Bladder Mass Patient Prep:				1	Empty bladder about 2 hours before examination (so bladder is moderately full).
Patient Preg:					Empty obadder about 2 hours before examination (so biolader is moderately full). Air in rectum may interfere with exam. If full of air have patient empty.
Technical note:					I mercum may memere wan before an interest control to the control
					and the state of t
LOC: T2W SSFSE or Haste COR		40 cm	any		
Large FOV Axial (to body) T2 (4000/90 ms)*		34 (30 to 40 cm)	6 mm	1 mm	
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
		FOV to view bone to bone in	- 1-2- 6-2 11	177	
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	non-mone or one inp to the other (attach 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
AX T2 (4000/90 ms)		28 cm (20 to 44 cm)	3 to 4 mm	0.3 to 0.4 mm	
AX DWI (same as immediately above)		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		28 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 (NO Fat Sat, 3D GRE 11*) AX DCE (Fat Sat, 3D GRE T1*)		28 cm (20 to 44 cm)	3 (2 to 4) mm	make subtractions	Nex. 2 at 0 (pre-contrast) 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	make subtractions	Nex = 2
COR +C delayed (Fat Sat, 3D GRE T1*)			8 mm	2 mm	From mid kidneys through upper thigh (include all pelvis and lower Abd)
		40 cm (30 to 50 cm)	o iiiiii		
trast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S	ng T1)	40 cm (30 to 50 cm)	o min		Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
	ng T1)	40 cm (30 to 50 cm)	8 11111		
trast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S	ig TI)	40 cm (30 to 50 cm)	8 IIIII		
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture)	ng T1)		5	1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global	ng T1)	40 cm (30 to 50 cm) 30 30	5 4	1 2	
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture)	ng T1)	30	5	1 2 0.4	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T3 Sag T1	ng TI)	30 30 24 24	5 4	0.4	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T2 Propeller	rg TI)	30 30 24 24 22	5 4 3 3 3	0.4 0.1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T2 Cor T1	ng Ti)	30 30 24 24 22 22	5 4	0.4 0.1 0.1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax 71 Lava Global Sag 12 Propeller Sag 11 Cor 12 Propeller Cor TI Ax 72 Propeller Cor TI Ax 72 Propeller Ax 72 Propeller Cor TI Ax 72 Propeller	rg Ti)	30 30 24 24 22 22 17	5 4 3 3 3	0.4 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T2 Cor T1	g Ti)	30 30 24 24 22 22	5 4 3 3 3 3 3 3	0.4 0.1 0.1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S. Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T2 Propeller Ax T2 Propeller Ax T2 Propeller	rg Ti)	30 30 24 24 22 22 17	5 4 3 3 3 3 3 3	0.4 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sai, Ax Fat Sai, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T1 Cor T2 Propeller Ax T1 Lava Global Penis (Peyronic's Disease)	rg Ti)	30 30 30 24 24 22 22 22 17	5 4 3 3 3 3 3 3	0.4 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S. Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Cor T2 Propeller Cor T2 Propeller Ax T2 Propeller Ax T2 Propeller Ax T1 Propeller Ax T1 Propeller Cor T3 Propeller Cor T3 Propeller Cor T3 Propeller Cor T3 Propeller Ax T1 Propeller Cor T3 Propeller Cor T3 Propeller Ax T1 Cor T2 Propeller Cor T3 Propeller Cor T3 Propeller Penis (Peyronie's Disease)	rg Ti)	30 30 24 24 22 22 17 17	5 4 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium)
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sai, Ax Fat Sai, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T1 Ax T2 Propeller Ax T1 Ax T2 Propeller Cor T1 Ax T1 Propeller Ax T1 Penis (Peyronic's Disease) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global	rg Ti)	30 30 24 24 22 22 17 17 17	5 4 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global AX T1 Lava Global AX T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T1 AX T2 Propeller AX T2 Propeller AX T1 Fava Global AX T1 Lava Global AX T1 Lava Global AX T1 Lava Global AX T1 Lava Global Sag T2 PR Propeller	ug Ti)	30 30 24 24 22 22 17 17 17	5 4 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 1 2 0.4	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S. Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T1 Ax T2 Propeller Ax T1 Ax T1 Fopeller Cor T1 Ax T1 Fopeller Cor T1 Ax T1 Fopeller Cor T1 Ax T1 Fopeller Ax T1 Sag T1 Ax T1 Sag T1 S	rg Ti)	30 30 24 24 22 22 22 17 17 17	5 4 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global AX T1 Lava Global AX T1 Lava Global Sag T2 Propeller Sag T1 Cor T2 Propeller Cor T1 AX T2 Propeller AX T2 Propeller AX T1 Fava Global AX T1 Lava Global AX T1 Lava Global AX T1 Lava Global AX T1 Lava Global Sag T2 PR Propeller	rg Ti)	30 30 24 24 22 22 17 17 17	5 4 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 1 2 0.4 0.4	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Cor T1 Cor T2 Propeller Ax T2 Ax T2 Propeller Ax T1 Ax T2 Propeller Ax T1 Ax T2 Propeller Ax T1 Ax T1 Lava Global Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Cor T2 Propeller Cor T2 PS Propeller Cor T1 PS	rg Ti)	30 30 24 24 22 22 17 17 17 40 40 24 24 22 22 22 22	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.4 0.1 0.1	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global Ax 71 Lava Global Ax 71 Lava Global Sag 72 Propeller Cor 12 Propeller Cor 12 Propeller Ax 71 Ax 72 Propeller Ax 71 Ax 72 Propeller Ax 71 Ax 71 Fropeller Ax 71 Ax 72 Propeller Ax 71 Ax 72 Propeller Cor STIR Global Ax 71 Lava Global Ax 71 Lava Global Sag 72 FS Propeller Sag 71 FS Cor 72 Propeller Cor 71 FS Cor 72 Propeller Cor 71 FS Cor 72 Propeller	ug Ti)	30 30 24 24 22 22 22 17 17 17 40 40 24 24 22 22 22 22	5 4 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.4 0.1 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sai, Ax Fat Sai, S Penis (Fracture) Cor STIR Global AX 71 Lava Global Sag 72 Propeller Cor TTP Oppeller AX 72 Propeller AX 72 Propeller AX 71 Propeller AX 71 Propeller AX 72 Propeller Cor STIR Global Cor STIR Global AX 71 Lava Global AX 71 Lava Global Cor STIR Global Cor STIR Global AX 71 Lava Global Cor STIR Global AX 71 Lava Global Cor T2 Propeller Cor T1 FS Propeller Cor T2	ng Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 22 21 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S Penis (Fracture) Cor STIR Global AX T1 Lava Global AX T1 Lava Global Sag T2 Propeller Cor T2 Propeller AX T2 Propeller AX T2 Propeller AX T1 AX T2 Propeller COR T2 FS Propeller AX T2 Propeller AX T1 FS Propeller	rg Ti)	30 30 24 24 22 22 22 17 17 17 40 40 24 24 22 22 22 22	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.2 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sai, Ax Fat Sai, S Penis (Fracture) Cor STIR Global AX 71 Lava Global Sag 72 Propeller Cor TTP Oppeller AX 72 Propeller AX 72 Propeller AX 71 Propeller AX 71 Propeller AX 72 Propeller Cor STIR Global Cor STIR Global AX 71 Lava Global AX 71 Lava Global Cor STIR Global Cor STIR Global AX 71 Lava Global Cor STIR Global AX 71 Lava Global Cor T2 Propeller Cor T1 FS Propeller Cor T2	rg Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 17 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.1 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sai, Ax Fat Sai, S Penis (Fracture) Cor STIR Global Ax T1 Lava Global Sag T2 Propeller Cor T1 Cor T2 Propeller Ax T1 Ax T2 Propeller Cor T1 Ax T2 Propeller Ax T1 Ax T2 Propeller Ax T1 Ax T2 Propeller Cor T3 Ax T1 Ax T2 Propeller Cor T2 Propeller Ax T1 Ax T2 Propeller Cor T2 Propeller Ax T1 Ax T2 Propeller Ax T1 Lava Global Cor T2 Propeller Cor T2 Propeller Ax T1 Lava Global Ax T1 Ax T2 Propeller Cor T2 Propeller Ax T2 Propeller Ax T3 Propeller Ax T3 Propeller Ax T4 Propeller Ax T1 F3 F0 Propeller Ax T1 F5 Ax T1	ng Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 22 21 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.2 0.2 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S. Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Cor T1 Fix Ax T2 Propeller Ax T2 Propeller Ax T1 Lava Global Cor STIR Global Ax T1 Lava Global Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Ax T2 Propeller Cor T2 F8 Propeller Cor T2 F8 Propeller Ax T2 Propeller Cor T2 F8 Propeller Ax T2 Propeller Ax T2 Propeller Ax T2 Propeller Ax T1 F8 CC Ax T1 F8 -C Cor T1 F8 -C	rg Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 22 17 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.2 0.2 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
rast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, S. Penis (Fracture) Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Sag T2 Propeller Cor T1 Fix Ax T2 Propeller Ax T2 Propeller Ax T1 Lava Global Cor STIR Global Ax T1 Lava Global Cor STIR Global Ax T1 Lava Global Ax T1 Lava Global Ax T2 Propeller Cor T2 F8 Propeller Cor T2 F8 Propeller Ax T2 Propeller Cor T2 F8 Propeller Ax T2 Propeller Ax T2 Propeller Ax T2 Propeller Ax T1 F8 CC Ax T1 F8 -C Cor T1 F8 -C	rg Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 22 17 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.2 0.2 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19
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Penis (Fracture)	rg Ti)	30 30 24 24 22 22 22 17 17 40 40 40 24 24 22 22 22 22 17 17	5 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.4 0.1 0.1 0.2 0.2 0.2 1 2 0.4 0.4 0.1 0.1 0.1 0.2 0.2 0.2	Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) Tape penis to abdomen if needed Tape penis to abdomen if needed Tape penis to abdomen if needed Rev 7-11-19 Rev 7-11-19 Include BMA 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 Reval US gel or KY jelly is used when tolerated
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Rectal Cancer (3.0 T)				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
Rectal Cancer (3.0 1) Technical note:				Preg: Nothing to eat or drink 12 nours prior, no catteine morning or exam, 1 bisacooyi suppository (Duicolax) 10 nours prior to study, void just before exam Rectal USe of KY jelly is used when tolerated
Technical note:				Rectai US get or x 1 jenty is used when tolerated Low rectail ac: 20 cc of rectal get Mid-High rectal ca: then use 60cc rectal get
Ax T2 FRFSE Global	~30	5	0	Low rectal ca: 20 cc of rectal gel Min-High rectal ca: then use oucc rectal gel 320x320
Ax 12 PRPSE Global Ax Diff Global (50/800)	~30	5	1	320320
AX DIT GIODAI (50/800) Sag T2 FRFSE	24	4	1	416x384
Sag 12 PRPSE Cor T2 FRFSE	24	3	1	410x364 320x320 These are overlapped images. 3mm then move 1 mm
Ax OBL T2 FRFSE	24	3	1	250320 Tiese are overlappen mages, sinin then move 1 min 416x384 Perpendicular to tumor
AX OBL 12 PRPSE	24	3	1	410X.884 Perpendicular to timor The second image shows how sometimes multiple axial planes must be used to get it perpendicular.
				The second image snows now sometimes industries axial planes must be used to get it perpendicular. 8 Rectal get to be used in all cases, including nations to sort recent or remote diverting surgery, expect if patient can't tolerate due to pain.
				* Nectal get to be used in air cases, including patients post recent or remote diverting surgery, expect it patient can't tolerate due to pain. * No leaxity is needed for diverted patients * No leaxity is needed for diverted patients
				* NO axamve is needed for diverted patients
Urethra Diverticuli				
Ax T2 FS Global	28	4	1	Include entire urethra from bladder neck to external meatus.
Axial T2	12-16	3	0.3	No vaginal gel.
Sag T2	12-16	3	0.3	TO TEATHER PAR.
Sag 12 Cor T2	12-16	3	0.3	
Ax T1 Lava	12-16	3	1	
Ax T1 Lava +C (Dynamic)	12-16	3	1	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 (Global	34-40	3	6	3xx = 1 at 0 (pre contrast) then 23, 00, 100, 140, 150 seconds (and make subtraction of each of these from non contrasted exam)
Ax 11 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)
AX 11 Lava +C (and volumg)	12-10	3		mages acquired arise volunig invogramenta (to answer the question notes the annument) in with contast arise volunig involunia uncurrent to answer the question notes the annument in with contast arise volunig involunia uncurrent to annument in the question notes the annument in with contast arise voluning involunity and uncurrent to annument in the property of the
MRV Pelvis (May-Thurner's Syndrome)	40		na	
CEMRA (Mask + 4 phases 20 sec apart , 3D Lab recons)	40	4	2	
Oznici (mast 14 places 20 see apart; 50 zao recota)	-10	-		
MRA Aorta				
MRA AOrta Ax 3D Dual Echo	40	4	2	
	40	6	_	
Ax T2 FS Propeller CEMRA (Mask + Dyn 2cc/sec 32 Locs)		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	40	6	1	
Ax 3D Enhance wo (60 locs/slab)	38	2	1	
Mediastinal Mass				
Coronal T2 Haste	20-30	4	1	
Axial T2 Haste	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	
Axial IN/OUT phase	20-30	3	1	
Axial TRUFISP	20-30	4	1	
Axial DWI (B50, B1000)	20-30	5	1	
Axial T1 VIBE pre	20-30	3	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	