Radiology of Indiana

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	#14.414.#M	207	0.417.4.40
Protocols	.7/ 1.2/ 1.5T	3.0 T	Special Instructions/Comments
	** All Sagittals, please so	an from patients Left to Right **	
Brachial Plexus (bilateral)			
	Coronal T1 TSE (3sk1)	SAME	For Bilateral Brachial Plexus
	Axial T1 TSE (3sk1)		scan shoulder to shoulder
	Axial STIR (3sk1)		FOV= 25cm preferred: 32cm as needed
	Sagittal T1 TSE (3s1)		
	Sagittal STIR (3sk1) Coronal STIR (3sk1)		
	Axial C+T1 fat sat		
	Coronal C+T1 fat sat		
Brachial Plexus (unilateral)	a Image (a.14)	2.175	
	Coronal T1 TSE (3sk1) Axial T1 TSE (3sk1)	SAME	For unilateral Brachial Plexus, Scan far transverse process through shoulder (i.e. for LEFT brachial Plexus, Start at RIGHT C7 transverse process)
	Coronal STIR (3sk1)		LEFT traction frecus, Start at RRITEC (transverse process) FOV=25cm
	Sagittal T1 TSE (3sk1)		
	Sagittal STIR (3sk1)		
	Axial STIR (3sk1)		
	Axial C+T1 fat sat		
	Coronal C+T1 fat sat		
Brain Cancer			
	Sagittal T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1)	Remove eADC from all protocols, should only do ADC
	Axial T1 TSE (4sk1)	Axial T1 FLAIR (3sk1)	Inject contrast, followed immediately by Axial T2
	Axial T2 GRE (4sk1)	SWI (3sk1) with Mis	Axial and coronal contrast enhanced T1s to follow T2 to allow contrast circulation time
	Axial DWI/ADC (3 Direction if possible), reconstruct at 5sk0 Axial FLAIR (4sk1)	Resolve or 6-Direction DWI/ADC, reconstruct at 4sk0 Axial FLAIR (3sk1)	Scan through whole brain (skull to skull) on sagittal images
	Axial C+ T2 TSE (4sk1)	Axial FLAIR (35k1) Axial C+ T2 TSE (3sk1)	Scan urrough whole brain (skuii to skuii) on sagntai images
	Axial C+ T1 TSE (4sk1)	Axial C+T1 FLAIR (3sk1)	FOV=23cm
	Coronal C+ TSE (4sk1)	Coronal C+FLAIR (3sk1)	
	Sagittal C+ T1 TSE (4sk1)	Sagittal C+ T1 FLAIR (3sk1)	
	Axial C+ T1 MPRAGE volumetric	Axial Volumetric (MPRAGE or equivalent) with 3-plane reformat	
	Sagittal and coronal reformats	See if Perfusion/Spectroscopy needed	
	Possible Perfusion/Spectroscopy? Should be done on 3T if possible		
	Should be dolle on 31 it possible		
	** Brain Cancer protocol used for patients that have/had a known brain less	on (including post surgical/post treatment lesions), lesion seen on another stud	ly (i.e. CT Head), or any patient with a current dx of cancer,
	suspected cancer, or history of cancer for which metastatic disease to the br		
MRI Brain (Contrast Clearance Analysis)	3D T1-weighted (MPRAGE, FSPGR, VIBE, SPACE, etc.)		
	3D T1-weighted (MPRAGE, FSPGR, VIBE, SPACE, etc.) 3D T1-weighted C+ (MPRAGE, FSPGR, VIBE, SPACE, etc.)	5 minutes post Gad	* It is important that the early time point is at a fixed time post-Gd injection, therefore, it is best to acquire it after a fixed protocol, e.g., after DSCMRI and 2D spin-echo or after DCE-MRI.
	3D T1-weighted C+ (MPRAGE, FSPGR, VIBE, SPACE, etc.)	60 - 105 minutes post Gad (patient can leave between both scans)	The timing of the late time point is flexible and can change from one follow-up to the next as long as it is acquired between 60-105 min post Gd.
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		FOV = 23 all sequences	* IV bolus injection of a Gd-based contrast agent (standard dose, 0.1mmol/kg) is required.
			*T1-weighting of the MRI sequence does not change between the two acquisitions; thus the exact same protocol should be used for both scans (same FOV, slab size, etc.).
			* Poor image quality or metal-induced artifacts may affect the interpretation s
Brain With			
	Sagittal T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1)	Remove eADC from all protocols, should only do ADC
	Axial T1 TSE (4sk1)	Axial T1 FLAIR (3sk1)	Inject contrast, followed immediately by Axial T2
	Axial T2 TSE (4sk1)	Axial T2 TSE (3sk1)	Scan Through whole brain (skull to skull) on sagittal images
	Axial T2 GRE (4sk1)	SWI (3sk1) with MIPS	Axial and coronal contrast enhanced T1s to follow T2 to allow contrast circulation time
	Axial DWI/ADC (3 Direction if possible), reconstruct at 5sk0 Axial FLAIR (4sk1)	Resolve or 6-Direction DWI/ADC, reconstruct at 4sk0 Axial FLAIR (3sk1)	Scan through whole brain (skull to skull) on sagittal images
	Axial FLAIR (48K1) Axial C+ T2 TSE (48k1)	Axial FLAIR (3sk1) Axial C+ T2 TSE (3sk1)	oven unough whose orall (Skull to Skull) on Saginal integes
	Axial C+ T1 TSE (4sk1)	Axial C+T1 FLAIR (3sk1)	FOV=23cm
	Coronal C+ TSE (4sk1)	Coronal C+FLAIR (3sk1)	
W 1 V			
Brain Without	Sagittal T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1)	Burney ADC See all autuals
	Sagittal T1 TSE (4sk1) Axial T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1) Axial T1 FLAIR (3sk1)	Remove eADC from all protocols
	Axial T1 TSE (48k1) Axial T2 TSE (48k1)	Axial T1 FLAIR (38k1) Axial T2 TSE (38k1)	Scan Through whole brain (skull to skull) on sagittal images
	Axial T2 GRE (4sk1)	SWI (3sk1) with MIPS	,,,,,,
	Axial DWI/ADC (3 direction if possible), reconstruct at 5sk0	Resolve or 16-direction DWI/ADC reconstruct at 4sk0	FOV=23cm
	Axial FLAIR (4sk1)	Axial FLAIR (3sk1)	
	Coronal T2 TSE (4sk1)	Coronal T2 TSE (3sk1)	
Cervical With	+		
Cervical With	Coronal T1 TSE (3sk 0.5)	Coronal T1 TSE (3sk 0.5)	FOV= skull base through upper T-spine on sagittal
	Sagittal T1 TSE (3sk0)	Sagittal T1 TSE (3sk0)	FOV skut long upper regiment signal
	Sagittal T2 TSE (3sk0)	Sagittal T2 TSE (3sk0)	Scan from C2 through T1
	Sagittal STIR (3sk0)	Sagittal STIR (3sh0)	
	Sagittal T2 oblique (2sk0)	Sagittal T2 oblique (2sk0)	Sagittal oblique T2 = Align perpendicular to the neural foramen
	Axial T2 TSE (2sk0) Axial GRE (3sk0)	Axial T2 TSE (2sk0)	
	AXIAI GRE (38KU)	Axial GRE (3sk0)	

	Sagittal DWI (3sk0.3) Precontrast Axial T1 TSE (3sk0)	Sagittal DWI (3sk0.3) Precontrast Axial T1 FLAIR (3sk0.3)		
	Axial C+ T1 fat sat (3sk0)	Axial C+ T1 fat sat (3sk0)		
	Sagittal C+T1 TSE (3sk0)	Sagittal C+ T1 FLAIR (3sk0)		
		P C 7		
0 1 1 1 1 1 1				
Cervical Without	Coronal T1 TSE (3sk 0.5)	Coronal T1 TSE (3sk 0.5)	Could do foraminal oblique reformats off axial T2	
	Sagittal T1 TSE (3sk0)	Sagittal T1 FLAIR (3sk0)	FOV=12cm on Axials: FOV = 20cm on Sagittal	
	Sagittal T2 TSE (3sk0)	Sagittal T2 TSE(3sk0)	Axial images should be from C2 through T1	
	Sagittal STIR (3sk0)	Sagittal STIR (3sk0)		
	Sagittal T2 oblique (2sk0)	Sagittal T2 oblique (2sk0)	Sagittal oblique T2 = Align perpendicular to the neural foramen	
	Axial T2 TSE (2sk0)	Axial T2 TSE (2sk0)		
	Axial GRE (3sk0) Sagittal DWI (3sk0.3)	Axial GRE (3sk0) Sagittal DWI (3sk0.3)		
	Sagittai DWI (3880.3)	Sagittai DW1 (38k0.3)		
Face				
race	Cor T1 (3/1)	SAME	FOV= 16 for Cor and Sag	
	Cor STIR (3/1)		FOV= 14 Axial	
	Ax T1 (3/1)			
	Ax T2 Fat Sat (3/1)			
	Sag T1 SE (3/1)			
	Ax DWI (3/1)			
IAC	Describbiograph Design WITTY	CAME	FOV- 15 10	
	Preferably with Brain WITH Posterior fossa :	SAME	FOV= 15-18cm	
	Axial T1 (2sk0)		Scan from tip of the dorsum Sella through C1 on axials	
	Axial FIESTA 1mm			
	Coronal reformats		Scan from posterior skull through orbital apex on coronals	
	Sagittal reformats along IAC Axial T2 (2sk0)			
	Axial T2 (2sk0) Axial C+ T1 fat sat (2sk0)			
	Coronal C+ T1 fat sat (2sk0)			
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W 1 1 4				
Kyphoplasty	Localizer including cervical and upper thoracic spine	Localizer including cervical and upper thoracic spine		
	Sagittal T1 TSE- thoracic (3sk0.5)	Sagittal T1 FLAIR- thoracic (3sk0.5)		
	Sagittal T2 TSE- thoracic (3sk0.5)	Sagittal T2 TSE- thoracic (3sk0.5)		
	Sagittal T1 TSE -Lumbar (3sk0.5)	Sagittal T1 FLAIR -Lumbar (3sk0.5)		
	Sagittal T2 TSE-Lumbar (3sk0.5)	Sagittal T2 TSE-Lumbar (3sk0.5)		
	Sagittal STIR -thoracolumbar (3sk0.5) Coronal T1 TSE- thoracolumbar (3sk0.5)	Sagittal STIR -thoracolumbar (3sk0.5) Coronal T1 TSE- thoracolumbar (3sk0.5)		
Lumbar With				
	Sagittal T1 TSE (3sk0.5)	Sagittal T1 TSE (3sk0.5)	No fat saturation if excessive artifact from metal hardware	
	Sagittal T2 TSE (3sk0.5)	Sagittal T2 TSE (3sk0.5)	FOV: 15cm Axials	
	bughtui 12 ToD (55K6.5)	Sagittal STIR (3sk0.5)		
	Sagittal STIR (3sk0.5)			
	Sagittal STIR (3sk0.5) Axial T2 TSE (4sk1)	Axial T2 TSE (4sk1)		
	Sagittal STIR (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1)		
	Sagirtal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagirtal DWI (30.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (sk0.5) Sagittal DW1 (30.5)		
	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagittal DWI (3/0.5) Axial C+T1 fat sat (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fart sat (3sk0.5)		
	Sagirtal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagirtal DWI (30.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (sk0.5) Sagittal DW1 (30.5)		
	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagittal DWI (3/0.5) Axial C+T1 fat sat (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fart sat (3sk0.5)		
Lumbar Without	Sagittal STIR (3slo.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 FLAIR (3sk0.5)		
Lumbar Without	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DWI (3o.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sk0.5) Sagittal TT TSE (3sk0.5)	Axial T2 TSE (4sk1)	Axial Images from L1-S1 SOV=1 Sen Axials	
Lumbar Without	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5)	Axial 12 TSE (4sk1)	Axial Images from L1-S1 FOV=15cm Axials	
Lumbar Without	Sagittal STIR (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (30.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 FLAIR (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal STIR (3sk0.5)		
Lumbar Without	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagittal DWI (3/0.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sb0.5) Sagittal T1 TSE (3sb0.5) Sagittal T1 TSE (3sb0.5) Sagittal STIR (3sb0.5) Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1)	Axial 12 TSE (4sk1)		
Lumbar Without	Sagittal STIR (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3i0.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TER (3sk0.5) Axial T2 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5)		
Lumbar Without	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (3sb0.5) Sagittal DWI (3/0.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sb0.5) Sagittal T1 TSE (3sb0.5) Sagittal T1 TSE (3sb0.5) Sagittal STIR (3sb0.5) Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DW1(3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 fat Sat (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T3 TEAIR (3sk0.5)		
	Sagittal STIR (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3i0.5) Axial C+T1 fat sat (4sk1) Sagittal C+T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (4sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TER (3sk0.5) Axial T2 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5)		
Lumbar Without Lumbar Plexus	Sagittal STIR (3sb0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5)	FOV=15cm Axials	
	Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DW1(3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 fat All (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3E (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DW1 (3/0.5) Obl Axial T1 TSE (3sk0.5)	FOV=15cm Axials FOV = 25 cm	
	Sagittal STIR (3sb0.5)	Axial 12 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3:0.5) Axial (+ T1 fia tax (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3:0.5) Obl Axial T1 TSE (3sk0.5)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum	
	Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DW1(3/0.5) Axial C+ T1 fat sat (3sk0.5) Sagittal C+ T1 fat All (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3E (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DW1 (3/0.5) Obl Axial T1 TSE (3sk0.5)	FOV=15cm Axials FOV = 25 cm	
	Sagittal STIR (3sb0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum	
	Sagittal STIR (3sb0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (30.5) Axial C+T1 fat sat (4sk1) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Obl Axial T2 TSE mid TE fat sat (3sk1) Obl Coronal T1 TSE (3sk1)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DW1 (3:0.5) Axial C+T If at sat (3sk0.5) Sagittal C+T IFLAIR (3sk0.5) Sagittal C+T IFLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Axial T1 TSE (3sk0.5) Sagittal DW1 (3:0.5) Oronal T1 TSE (3sk0.5) Sagittal DW1 (3:0.5) Obl Axial T1 TSE (3sk1.5)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum	
	Sagittal STIR (3sb0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum	
	Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV = 15 cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum Axial images L5 - bottom of sacrum	
Lumbosacral Plexus	Sagittal STIR (3sb0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum Axial images 1.5 - bottom of sacrum If performing Brain Tumor WITH or MS, spectroscopy, offer MR Perfusion	
Lumbosacral Plexus	Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum Axial images L5 - bottom of sacrum If performing Brain Tumor WITH or MS, spectroscopy, offer MR Perfusion Inject half the contrast prior to obtainin the DSC perfusion EPI sequence	
Lumbosacral Plexus	Sagittal STIR (3sb0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV = 15 cm FOV = 25 cm Planes should be relative to long axis of the sacrum Axial images L5 - bottom of sacrum If performing Brain Tumor WITH or MS, spectroscopy, offer MR Perfusion Inject half the contrast prior to obtainin the DSC perfusion EPI sequence After perfusion, inject remaining contrast to obtain the standard post contrast	
Lumbosacral Plexus	Sagittal STIR (3sk0.5)	Axial T2 TSE (4sk1) Axial T1 TSE (4sk1) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Axial (+ T1 fia tast (3sk0.5) Sagittal C+T1 FLAIR (3sk0.5) Sagittal T2 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Axial T2 TSE (3sk0.5) Axial T3 TSE (3sk0.5) Axial T1 FLAIR (3sk0.5) Coronal T1 TSE (3sk0.5) Sagittal DWI (3/0.5) Obl Axial T1 TSE (3sk0.5) Obl Axial T1 TSE (3sk0.5) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1) Obl Coronal T1 TSE (3sk1)	FOV=15cm Axials FOV = 25 cm Planes should be relative to long axis of the sacrum Axial images L5 - bottom of sacrum If performing Brain Tumor WITH or MS, spectroscopy, offer MR Perfusion Inject half the contrast prior to obtainin the DSC perfusion EPI sequence	

	Axial T2 TSE whole brain for localizer		MR Spectroscopy should only be scheduled/	
	Single Voxel Multivoxel- shim to borders of ROI		Performed with Neuro Rad in house -plan both Single and multi voxels with Neuro Rad	
	Multivoxei- snim to borders of ROI		Selection of multi voxels with Neuro Rad Selection of multi voxel send to PACS with Neuro Rad	
			Selection of main voxer send to 1 Acts with Neuro Rad	
MRA Brain				
	3D TOF	SAME		
	COW reformats			
	Anterior circulation reformats			
	Posterior circulation reformats Axial, sagittal, and coronal MIPs			
	Axiai, sagittai, and coronai wirrs			
MRA Carotid With				
	Survey	SAME	Contrast MRA should be performed if ordered	
	Auto-trigger		Also perform if MRI Brain WITH is ordered in	
	Arterial		Conjunction with MRA neck (in addition to TOF)	
	Venous Arterial and venous MIP reconstructions			
	Arterial right and left carotid and vertebral reconstructions			
	T T			
MRV Carotid Without	AD MOV	an man, and a late of		
	2D TOF	3D TOF multi-slab with recons	Cover aortic arch through basilar on axial images	
	Right carotid , left carotid , and vertebral reformats If dissection possible :	Axial T1 fat sat (4sk0.5)		
	If dissection possible : Axial T1 fat sat (4sk 0.5)			
	The same (top (top)			
MRV				
	Phase contrast MRV (VENC 10-15)	SAME		
	2D TOF axial and coronal			
MS Brain				
NIS Brain	Sagittal T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1)	Remove eADC from all protocols, should only do ADC	
	Sagittal FLAIR (4sk1)	Sagittal T2 FLAIR (3sk1)	Inject contrast , followed immediately by Axial T2	
	Axial T1 TSE (4sk1)	Axial T1 FLAIR (3sk1)	Axial and coronal contrast enhanced T1s to follow T2 to allow contrast circulation time	
	Axial T2 GRE (4sk1)	SWI (3sk1) with MIPs		
	Axial DWI/ADC (3 Direction if possible), reconstruct at 5sk0	Resolve or 6-Direction DWI/ADC, reconstruct at 4sk0	Scan through whole brain (skull to skull) on sagittal images	
	Axial FLAIR (4sk1)	Axial T2 FLAIR	TOTAL AND	
	Axial C+ T2 TSE (4sk1) Axial C+ T1 TSE (4sk1)	Axial C+ T2 TSE (3sk1) Axial C+ T1 FLAIR (3sk1)	FOV=23cm	
	Coronal C+ TSE (4sk1)	Coronal C+ T1 FLAIR (38k1)		
	Coronar C + 13E (45K1)			
-		V /		
MS Brain (Dr. Hermann - JWM)				
MS Brain (Dr. Hermann - JWM)	Sagittal volumetric T1 inversion recovery with 3mm	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR	Important to do as close to CMSC protocol as possible ,	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann).	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI ADC- Resolve or 6- direction (4sk0)	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7)	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7)	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If youlmetric imaging not possible , axial T2 and axial and	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) * If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). If may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required, however.	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk))	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) * If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk)) DWIADC (5sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk) DWI/ADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) * If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk)) DWIADC (5sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If youlmetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk)) DWIADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM)	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk)) DW/ADC (ssk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk)) DW/ADC (ssk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol?	
MS Brain (Dr. Hermann - JWM) Neck With	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) * If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) * If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk) DWVADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+T1 (3sk0) Coronal C+T1 (3sk0)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-4R with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? EOV=23cm	
	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If your possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial GRE (3sk)) DW/ADC (ssk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+T1 (3sk0) Coronal C+T1 (3sk0) Sagittal T1 TSE (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 ,T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 inon-4R with 3mm reconstructions in 3 planes	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm	
	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) * If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) * If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk) DWVADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0) Coronal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-4R with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? EOV=23cm	
	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If possible volumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial GRE (3sk) DWLADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0) Coronal C+ T1 (3sk0) Sagittal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-4R with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required, however. Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm FOV=23cm FOV=25cm sagittal and coronal FOV=18cm axial Scan from pituitary through clavicles (lower if substernal extension of Thyroid) on axial	
	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial GT1 spin echo (3sk0) Axial GRE (3sk) DWI/ADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+T1 (3sk0) Coronal C+T1 (3sk0) Sagittal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T2 fat sat (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWI/ ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-4R with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm FOV=23cm FOV=25cm sagittal and coronal FOV=18cm axial Scan from pituitary through clavicles (lower if substernal extension of Thyroid) on axial Scan from posterior neck through nose/ chin on coronals	
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Neck With Neck Without	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If yolumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk) DWFADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0) Coronal C+ T1 (3sk0) Sagittal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Coronal STIR (3sk0.3) Coronal C+T1 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal C+T1 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Coronal STIR (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWV ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-IR with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation SAME	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm FOV=23cm FOV=25cm sagittal and coronal FOV=18cm axial Scan from posterior neck through nose/ chin on coronals Scan to lateral sides of neck on sagittal FOV=25cm sagittal and coronal Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan to lateral sides of neck on sagittal	
Neck With Neck Without	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If volumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial GRE (3sk)) DW/ADC (ssk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+T1 (3sk0) Coronal C+T1 (3sk0) Sagittal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T2 fat sat (3sk0.3) Axial C+T1 fat sat (3sk0.3) Coronal STIR (3sk0.3) Coronal C+T1 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial C+T1 fat sat (3sk0.3) Axial T1 TSE fat sat (3sk0.3) Axial T1 TSE fat sat (3sk0.3) Axial T1 TSE fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T2 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T2 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T2 TSE TSR	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWF ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-IR with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation SAME SAME	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required, however. Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm FOV=23cm FOV=25cm sagittal and coronal FOV=18cm axial Scan from pituitary through clavicles (lower if substernal extension of Thyroid) on axial Scan from posterior neck through nose/ chin on coronals Scan to lateral sides of neck on sagittal FOV=25cm sagittal and coronal FOV=25cm sagittal and coronal Scan from posterior neck through nose/ chin on coronals Scan from priutitary through clavicles (lower if substernal extension of Thyroid) on axial Scan from posterior neck through nose/ chin on coronals Scan from priutitary through clavicles (lower if substernal extension of Thyroid) on axial Scan from priutitary through clavicles (lower if substernal extension of Thyroid) on axial Scan from posterior neck through nose/ chin on coronals Scan from posterior neck through nose/ chin on coronals Scan from posterior neck through nose/ chin on coronals Scan from posterior neck through nose/ chin on coronals	
Neck With Neck Without	reconstructions (3 plane) *If possible , Sagittal volumetric 3D T2 FLAIR with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If possible wolumetric 3D T2 with 3mm reconstructions (3 plane) *If yolumetric imaging not possible , axial T2 and axial and Sagittal and FLAIR (3sk0) Axial T1 spin echo (3sk0) Axial GRE (3sk) DWFADC (5sk0) Sagittal volumetric T1 non-IR post-contrast with 3mm reconstructions (3 plane) Axial C+ T1 (3sk0) Coronal C+ T1 (3sk0) Sagittal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Coronal STIR (3sk0.3) Coronal C+T1 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal C+T1 fat sat (3sk0.3) Coronal T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3) Coronal STIR (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Axial T1 TSE (3sk0.3) Coronal STIR (3sk0.3)	Precontrast Sagittal T1 FLAIR , T2 , T2 T2 FLAIR with 3mm reconstructions in 3 planes DWF ADC- Resolve or 6- direction (4sk0) SWI Post-contrast Sagittal T1 non-IR with 3mm reconstructions in 3 planes Please image following 5 min delay to allow for contrast circulation SAME SAME	this has been specifically requested by JMW Neurology (Dr. Hermann). It may not be possible to do this protocol on the open magnets (specifically the 0.7) (specifically the 0.7) or the older 1.5 This section imaging is required , however . Label these studies / sequences in PACS as CMSC Protocol? FOV=23cm FOV=23cm FOV=25cm sagittal and coronal FOV=18cm axial Scan from posterior neck through nose/ chin on coronals Scan to lateral sides of neck on sagittal FOV=25cm sagittal and coronal Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan from posterior heck through nose/ chin on coronals Scan to lateral sides of neck on sagittal	

	Axial T1 TSE (3sk0.5)			
	Axial T2 fat sat (3sk0.5)			
	Axial C+T1 fat sat (3sk0.5)			
	Coronal C+ T1 fat sat (3sk0.5)			
	DWI (3sk0.3)			
Peds Routine				
	Sag T1 SE (5/1)	SAME	FOV= 24 and Sag FOV=18 Axial	
	Ax IR (4/1)			
	Ax DWIRTFA (4/1)			
	Ax Prop FLAIR (4/1)			
	Ax T2 Prop (4/1)			
	Ax EPI GRE (4/1)			
	Ax T1SE (4/1)			
mar. a.				
Pituitary	Ontine Ille mith Design Warray	CAME	FOV-12 (
	Optionally with Brain WITH	SAME	FOV=13cm (cone to pituitary)	
	Pituitary Sagittal T1 TSE (2sk0)		Sagittal scan from mid-orbit through mid-orbit	
	Sagittal T1 TSE (2sk0) Coronal T1 TSE (2sk0)		Sagittal scan from mid-orbit through mid-orbit Coronal scan from anterior margin of pons through orbital apex	
	Coronal T1 TSE (2sk0) Coronal T2 TSE (2sk0)		Coronal scan from affector margin or poils unough oronal apex	
	Coronal C+T1(2sk0)			
	Sagittal C+ T1 (2sk0)			
	Dynamic contrast enhanced sequence (Coronal)			
	,			
Sacrum				
	Cor STIR FSE Global (6/1)	SAME	FOV=44 for global FOV =20 for Sag & Axial FOV=24 Coronal	
	Cor T1 FSE Global (6/1)			
	Sag T2 FS (4/1)			
	Sag T1 FSE (4/1)			
	Cor STIR (4/1)			
	Cor T1 (4/1)			
	Ax STIR (4/1)			
	Ax T1 FSE (4/1)			
Seizure			* Should not be completed on ED patients and performed as inpatient or outpatient only	
Seizui e	Sagittal T1 TSE (4sk1)	Sagittal T1 FLAIR (3sk1)	Remove eADC from all protocols, should only do ADC	
	Axial T1 TSE (4sk1)	Axial T1 FLAIR (3sk1)	Inject contrast, followed immediately by Axial T2	
	Axial T2 GRE (4sk1)	SWI (3sk1) with Mis	Axial and coronal contrast enhanced T1s to follow T2 to allow contrast circulation time	
	Axial DWI/ADC (3 Direction if possible), reconstruct at 5sk0	Resolve or 6-Direction DWI/ADC, reconstruct at 4sk0		
	Axial FLAIR (4sk1)	Axial FLAIR (3sk1)	Scan through whole brain (skull to skull) on sagittal images	
	Axial C+ T2 TSE (4sk1)	Axial C+ T2 TSE (3sk1)		
	Axial C+ T1 TSE (4sk1)	Axial C+T1 FLAIR (3sk1)	FOV=23cm	
	Coronal C+ TSE (4sk1)	Coronal C+FLAIR (3sk1)		
	Sagittal T1 MPRAGE with 2mm recons	Sagittal T1 MPRAGE with 2mm recons	Added coronal seizure sequences perpendicular to the temporal lobe	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5)	Coronal T2 TSE (2sk0.5)	Sagittal volumetric cover scalp to scalp	
	Sagittal T1 MPRAGE with 2mm recons	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5)		
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5)	Coronal T2 TSE (2sk0.5)	Sagittal volumetric cover scalp to scalp	
Snina Survay	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5)	Coronal T2 TSE (2sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (2sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Sagittal volumetric cover scalp to scalp	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (2sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Sagittal volumetric cover scalp to scalp	
Spine Survey Stealth/ Treatment Plan *	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Ax FSPGR 3D (2/-1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (2sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=24 for 3D : FOV=22 for FLAIR	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR FOV=24 for 3D : FOV= 22 for FLAIR If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Ax FSPGR 3D (2/-1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=24 for 3D : FOV=22 for FLAIR	
	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Ax FSPGR 3D (2/-1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR FOV=24 for 3D : FOV= 22 for FLAIR If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol	
Stealth/Treatment Plan *	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Ax FSPGR 3D (2/-1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR FOV=24 for 3D : FOV= 22 for FLAIR If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol	
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Stealth/Treatment Plan *	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2kd.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) SAME SAME Sagittal T1FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5) Avial T1 FLAIR (4sk1) Axial T2 TSE (3sk0.5) Coronal T1 TSE (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences.	
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Stealth/Treatment Plan *	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2xk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Ax FSPGR 3D (2/-1) Ax Prop FLAIR (5/1) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal T1 TSE (4sk1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1 TSE (3sk0.5) Axial T1 FLAIR (4sk1) Axial T2 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.5) DWI sagittal (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences.	
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Stealth/Treatment Plan * Thoracic With	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2xk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Ax FSPGR 3D (2/-1) Ax Prop FLAIR (5/1) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Coronal T1 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal T1 TSE (4sk1)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1 TSE (3sk0.5) Axial T1 FLAIR (4sk1) Axial T2 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.5) DWI sagittal (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences.	
Stealth/Treatment Plan *	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2&d.5) Coronal T4 TSE (2&d.5) Coronal FLAIR (2&d.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3&d.5) Sagittal T1 TSE (3&d.5) Sagittal T3 TSE (3&d.5) Sagittal T3 TSE (3&d.5) Sagittal T1 TSE (3&d.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.5) DWI sagittal (3sk0.3) Axial T4 T fat sat (4sk1) Sagittal C+T1 FLAIR (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences. Axial images from C7-L1	
Stealth/Treatment Plan * Thoracic With	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C7 T1 fat sat (3sk0.5) Ax FSPGR 3D (2-1) Ax Prop FLAIR (5/1) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Axial T2 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DWI (3sk0.3) Axial C7 T1 fat sat (4sk1) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal TT TSE (4sk1) Sagittal TT TSE (4sk0.5) Sagittal TT TSE (4sk0.5) Sagittal TT TSE (5sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal T4 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Axial T2 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.3) Axial C+ T1 fat sat (4sk1) Sagittal C+ T1 FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences.	
Stealth/Treatment Plan * Thoracic With	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) Ax FSPGR 3D (2/-1) Ax Prop FLAIR (5/1) Ax Prop FLAIR (5/1) Sagittal T1 TSE (3sk0.5) Sagittal C+ T1 FSE (3sk0.5) Sagittal C+ T1 FSE (3sk0.5) Sagittal C+ T1 FSE (3sk0.5) Sagittal T1 TSE (3sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal T4 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.3) Avial C+ T1 fat sat (4sk1) Sagittal C+ T1 FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences. Axial images from C7-L1	
Stealth/Treatment Plan * Thoracic With	Sagittal T1 MPRAGE with 2mm recons Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical , thoracic, and lumbar spine Sagittal T1 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C7 T1 fat sat (3sk0.5) Ax FSPGR 3D (2-1) Ax Prop FLAIR (5/1) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (3sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk0.5) Sagittal T1 TSE (4sk1) Axial T2 TSE (4sk1) Coronal T1 TSE (4sk0.5) Sagittal DWI (3sk0.3) Axial C7 T1 fat sat (4sk1) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal DWI (3sk0.5) Sagittal TT TSE (4sk1) Sagittal TT TSE (4sk0.5) Sagittal TT TSE (4sk0.5) Sagittal TT TSE (5sk0.5)	Coronal T2 TSE (2sk0.5) Coronal FLAIR (2sk0.5) Separate acquisitions for cervical, thoracic, and lumbar spine Sagittal T1 FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Sagittal C+ T1 fat sat (3sk0.5) SAME Sagittal T1FLAIR (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T2 TSE (3sk0.5) Sagittal T3 TSE (3sk0.5) Sagittal T4 TSE (3sk0.5) Sagittal STIR (3sk0.5) Sagittal STIR (3sk0.5) Axial T2 TSE (3sk0.5) Coronal T1 TSE (3sk0.5) DWI sagittal (3sk0.3) Axial C+ T1 fat sat (4sk1) Sagittal C+ T1 FLAIR (3sk0.5) Sagittal T1FLAIR (3sk0.5)	Sagittal volumetric cover scalp to scalp FOV=23cm FOV=23cm FOV=24 for 3D : FOV= 22 for FLAIR * If no Brain MRI completed within last 7 days, please complete Brain with contrast protocol in addition to Stealth/Treatment Plan protocol sequences. Axial images from C7-L1	

	Axial T2 TSE (4sk1)	Axial T2 TSE (3sk0.5)	
	Coronal T1 TSE (3sk0.5)	Coronal T1 TSE (3sk0.5)	
	Sagittal DWI (3sk0.3)	DWI sagittal (3sk0.3)	
	,	, V. 17/	
TMJ			
	Localizer (coronal and sagittal)	SAME	FOV=12cm
	Sagittal PD oblique Right Closed (2sk0)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Sagittal PD oblique Left Closed (2sk0)		Could do axial or coronal T1 of head (4sk1) instead of localizer
	Sagittal T2 oblique Right Closed (2sk0)		
	Sagittal T2 oblique Left Closed (2sk0)		
	Coronal T1 Right Closed (2sk0)		
	Coronal T1 Left Closed (2sk0)		
	Sagittal PD oblique Right Open (2sk0)		
	Sagittal PD oblique Left Open (2sk0)		
	Sagittal T2 oblique Right Open (2sk0)		
	Sagittal T2 oblique Left Open (2sk0)		
	Sugnai 12 conque Len Open (2580)		
Trigeminal			
	Complete Brain MRI protocol	SAME	Whole brain FOV= 22cm
	Posterior fossa :		Posterior fossa FOV=18cm
	Axial T1 (3sk0.5)		
	Axial T2 fat sat (3sk0.5)		Scan from the suprasellar cistern to the C1 level on axials, cover through posterior fossa
	Coronal T1 (3sk0.5)		and orbital apex on coronals
	Axial Fiesta w/coronal reformats		
	Axial C+T1 FS (3sk0.5)		
	Coronal C+T1 FS (3sk0.5)		
	Coronal C+ T1 whole head (4sk1)		
	` ,		
Spine SBRT Treatment Planning			
	Coronal T1 TSE (3sk 0.5)	Coronal T1 TSE (3sk 0.5)	Axial coverage to be specified on order. Axial images only acquired through areas to be treated
	Sagittal T1 TSE (3sk0)	Sagittal T1 TSE (3sk0)	Sagittal coverage = Typical FOV for region of spine to be treated (i.e. If treatment to cervical spine cover skull base to T1)
	Sagittal T2 TSE (3sk0)	Sagittal T2 TSE (3sk0)	FOV = 12cm on Axials
	Sagittal STIR (3sh0)	Sagittal STIR (3sk0)	
	Axial T2 TSE (2sk0)	Axial T2 TSE (2sk0)	Axial Plane = Perpendicular to vertebral body. If vertebral body is fractured image perpendicular to bed
	Precontrast Axial T1 FLAIR (2sk0)	Precontrast Axial T1 TSE (2sk0)	
	Axial C+ T1 fat sat (2sk0)	Axial C+ T1 fat sat (2sk0)	
) /	Sagittal C+T1 TSE (3sk0)	
		` '	