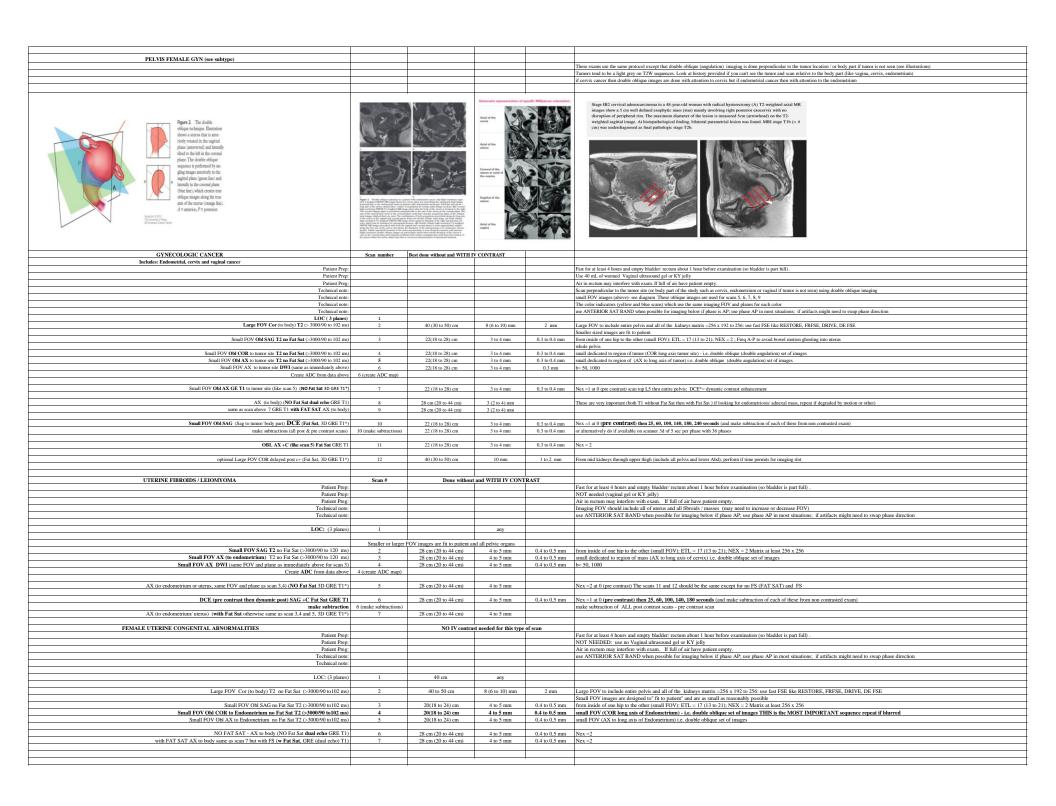
Radiology of Indiana

| Radiology of Indiana | | | | | |
|---|--------|------------------|-----------------|--------------|--|
| | | | Slice Thickness | | |
| Protocols | Scan # | FOV (CM) | (mm) | Spacing (mm) | Special Instructions/Comments |
| | | | (11111) | | |
| Abdomen | | 40.10 | _ | | 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 | |
| Cor T2 SSFE/HASTE | | ~30-40 | 4 | 1 | |
| Ax T2 FS Propeller/T2 Haste FS | | ~30-40 | 5 | 1 | |
| Ax DWI (50/1000) | | ~30-40 | 8 | 2 | Only send B50 and 1000 |
| ADC | | ~30-40 | 8 | 2 | |
| Ax Pre (Lava or sim) | | ~30-40 | 5 | 2.5 | If there is a "mask" phase you don't need to complete pre-contrast LAVA. If not, we need a separate pre-contrast LAVA. |
| Ax Post Dyn (20 sec, 1 min 3 min) | | ~30-40 | . 5 | 2.5 | |
| Cor Post 5 min Ax Post 10 min | | ~30-40 ~30-40 | 4 | 2.5 | |
| Ax Post 10 min 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 |
| AX 11 Lava 20 mm (Lovist omy) | | -50-40 | , | 2.3 | 111. An vioce-Lavas should be far sair of water only images for an wire lody protocols |
| | | | | | |
| Adrenal | | | | | |
| Ax Fiesta/ True FISP | | ~30-40 | 5 | 1 | |
| Ax 3D Dual Echo | | ~30-40 | 5 | 2.5 | |
| Coronal 3D Dual Echo | | ~30-40 | 5 | 2.5 | |
| Ax T2 SSFSE/HASTE Cor T2 SSFE/HASTE | | ~30-41 ~30-40 | 5 | 1 | |
| Ax T2 FS Propeller/T2 Haste FS | | ~30-40 | 5 | 1 | |
| Ax 1213 Hopener 12 Hasse 13 Ax DWI (50/1000) | | ~30-40 | 8 | 2 | Only send B50 and 1000 |
| ADC | | ~30-40 | 8 | 2 | |
| Ax Lava or similar | | ~30-40 | 5 | 2.5 | |
| | | | | | |
| | | | | | |
| Liver | | 40.00 | | | |
| Ax Fiesta/ True FISP | | ~30-40 | 5 | 1 25 | Please refer to Liver & Abdominal MRI Clinical Guidelines for Gadolinium Based Contrast Agents |
| Ax 3D Dual Echo Ax T2 SSFSE/HASTE | | ~30-40 ~30-41 | 5 | 2.5 | For dedicated liver indication, axial coverage can be from lung bases to below liver. Does not need to cover below kidneys |
| AX T2 SSFSE/HASTE Cor T2 SSFE/HASTE | | ~30-40 | 4 | 1 | + |
| Ax T2 FS Propeller/T2 Haste FS | | ~30-40 | 5 | 1 | |
| Ax DVI (50/1000) | | ~30-40 | 8 | 2 | Only send B50 and 1000 |
| ADC | | ~30-40 | 8 | 2 | |
| Ax Pre (Lava or sim) | | ~30-40 | 5 | 2.5 | |
| Ax Post Dyn (20 sec, 1 min 3 min) | | ~30-40 | 5 | 2.5 | |
| Cor Post 5 min | | ~30-40 | 4 | 2 | |
| Ax Post 10 min | | ~30-40 | 5 | 2.5 | |
| Ax T1 Lava 20 min (Eovist only) | | ~30-40 | 5 | 2.5 | |
| | | | | | |
| Pancreas with MRCP | | | | | |
| | | | | | * Use Gadavist and have Body Radiologist review last set of images to determine if delayed images need to take place, if no bile leak identified. |
| Ax Fiesta/ True FISP | | ~30-40 | 3 | 1 | Pancreatic protocol must include MRCP in order |
| Ax 3D Dual Echo | | ~30-40 | 4 | 2 | F/U IPMN, pancreatic cyst, chronic pancreatitis, pancreatic mass. |
| Ax T2 SSFSE/HASTE | | ~30-41 | 5 | 1 | For dedicated pancreas indication, axial coverage can be from bottom of heart/left hemidiaphragm to below C-loop of |
| Cor T2 SSFE/HASTE | | ~30-40 | 4 | 1 | duodenum. Plan from coronal localizer. Coronal images must cover pancreas from front to back using axial images for |
| Ax T2 FS Propeller/T2 Haste FS Ax DWI (50/1000) | | ~30-40 ~30-40 | 4 7 | 1 | planning. Do not need to cover skin to skin on coronal. Smallest FOV as possible. Only send B50 and 1000 |
| 2D MRCP | | ~30-40 | 40 | 0 | Only Sent 2-50 s |
| Cor 3D MRCP | | ~30-40 | 1.4 | 0.7 | 3 Soringue va was page 2 Soringue va was page |
| 3D MIP | | ~30-40 | | | Single thick slab from 3D images |
| ADC | | ~30-40 | 7 | 1 | |
| Ax Pre (Lava or sim) | | ~30-40 | 3 | 1 | |
| Ax Post Dynamic (45 sec, 80 sec, 3 min) | | ~30-40 | 4 | 1.5 | |
| Cor Post 5 min | | ~30-40 ~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 | | ~30-40 | 4 | 1 | |
| Ax T2 FS Propeller/T2 Haste FS Ax DWI (50/1000) | | ~30-40 ~30-40 | 4 7 | 1 | Only send B50 and 1000 |
| AX DW1 (50/1000) ADC | | ~30-40 | 7 | 1 | VAILY SCHALLDU GIAN LYAVY |
| Ax Pre (Lava or sim) | | ~30-40 | 3 | 1 | |
| Cor Pre (Lava or sim) | | ~30-40 | 3 | i | |
| Ax Post Dyn (20 sec, 60 sec, 90 sec) | | ~30-40 | 3 | 1 | |
| Cor Post 3 min | | ~30-40 | 3 | 1 | |
| Ax Post (acquired after Cor Post 3 min) | | ~30-40 | 3 | 1 | |
| Post process subtraction | | | | | Cor post minus pre; Ax post minus pre |
| | | | | | |
| Liver with MRCP | | | | | * Use Eovist and have Body Radiologist review last set of images to determine if delayed images need to take place, if no bile leak identified. |
| Ax Fiesta/True FISP | | ~30-40 | 5 | 1 | Cose covins and mave body stationages review has seen images and early to make the cover of the covins and mave body stationages review as the indication (otherwise use Pancies with MRCP protocol). Must prove in 10 me east measure. Any MRCP study without a pancreas specific inside a confidence with MRCP protocol. Must cover entire liver. Any MRCP study without a pancreas specific inside and indication (otherwise use Pancreas with MRCP protocol). Must cover entire liver. |
| Ax 3D Dual Echo | | ~30-40 | 5 | 2.5 | axial and coronal. Does noted to include entire kidney on axial unless needed to cover liver. Does not need skin to skin coverage |
| Ax T2 SSFSE/HASTE | | ~30-40 | 5 | 1 | on coronal. |
| 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 7 | 2 | Only send B50 and 1000 |
| ADC 2D MRCP | | ~30-40 ~30-40 | 7 40 | 0 | 3 Oblique views. |
| Cor 3D MRCP | | ~30-40 | 1.4 | 0.7 | or womples section. |
| 3D MIP | | ~30-40 | 1.7 | 0.7 | 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 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 | |
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| Abbreviated MRCP (w/o) | | | _ | |
|--|----------------------------|-----|-----|--|
| Ax T2 SSFSE/HASTE Fat Sat Cor T2 SSFE/HASTE | ~30-41 ~30-40 | 5 | 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 on coronal. |
| Ax DWI (50/1000) | ~30-40 | 8 | 2 | data and cotton. Does not need to increase entire kidney on axial utiless freeded to cover fiver. Does not need skin to sain coverage on cottona. Only send 3 and 1000 Only send 3 and 1000 Only send 3 and 1000 |
| Ax Fiesta/True FISP | ~30-40 | 5 | 1 | |
| Axial 3D Dual Echo | ~30-40 | 5 | 2.5 | |
| 2D MRCP (Thick & Thin cuts) | ~30-40 | 40 | 0.7 | 3 Oblique views. |
| Cor 3D MRCP Ax Lava | ~30-40 ~30-40 | 1.4 | 2.5 | |
| Ax Lava Cor Lava | ~30-40 | 5 | 2.5 | |
| | 30.40 | - | 2.0 | |
| | | | | |
| Appendicitis (Order as MR Abd and Pelvis) | | | | |
| Sag SSFSE | 42 | 4 | 1 | |
| Cor 2D Fiesta Cor SSFSE | 42 | 4 | 1 | |
| Cor SSFSE FS | 42 | 4 | 1 | |
| Ax Fiesta | 40 | 5 | 1 | |
| Ax SSFSE | 40 | 5 | 1 | |
| Ax SSFSE FS | 40 | 5 | 1 | |
| Ax T1 Lava | 40 | 6 | 3 | |
| Ax DWI (800 to 1000) | 40 | 8 | 2 | |
| | | | | |
| Enterography - Order as MR Abdomen and Pelvis | | | | |
| Cor Fiesta Cine | 32 | 8 | 0 | * Coverage for all sequences to include stomach (as much stomach as possible) to perineum (through anus); axial images may need to be split into 2 stacks for appropriate coverage |
| (Give .5 mg Glucagon: IV preferred) | | | | * Glucagon contraindications: Allergy to glucagon or history of pheochromocytoma, insulinoma, or glucagonoma. |
| Cor SSFSE Ax SSFSE | 40 40 | 3 | 1 | Glucagon relative contraindication to diabetes. Administration of abusenos in M injected should in preferred court IM. if specifile. |
| AX SSFSE FS AX SSFSE FS | 40 | 4 | 1 | * Administration of glucagon via IV injected slowly, is preferred over IM, if possible. * NPO 4 hours prior to exam |
| AX T1 Lava | 40 | 5 | 2.5 | * 2 bottles Breeza/Volumen over 1 - 1.5 hour as tolerated by patient prior to imaging, water if can't tolerate Breeza/Volumen (adult and peds) |
| Cor SSFSE FS | 40 | 3 | 1 | * Please send images to PACS in appropriate orientation |
| Ax T1 Lava +C (70 sec delay) | 40 | 5 | 2.5 | |
| Cor Ti Lava +C | 40 | 5 | 2.5 | |
| Axial DWI (50,1000) | 40 | 8 | 2 | |
| | | | | |
| Perianal Fistula or Perianal Abscess | | | | |
| Sag T2 FSE | 22 | 4 | 0.5 | * Axial scan range from bladder base to gluteal skin, coronal scan range from pubic symphysis to coccyx |
| Ax T2 propeller or FRFSE | 22 | 2 | 0.2 | * Oblique axial and coronal to anal canal based on sagittal image |
| Ax T2 FS propeller or FRFSE | 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 Ax T1 SPGR FS sm FOV | 22 24 | 4 | 0.1 | |
| AX T1 SPGR FS +C | 42 | 5 | 1 | |
| Cor T1 SPGR FS +C | 24 | 4 | 0.5 | |
| Ax T1 Sm FOV FS +C | 24 | 4 | 0.5 | |
| | | | | |
| 2 | | | | |
| Prostate | | | | * Preferred prep: Microenema administered by the patient in the department, immediately before the scan. |
| | | | | * If microenems is not available in the department, full present parts of the parts |
| | | | | * Prep: Nothing to eat or drink 12 hours prior, 1 bisacodyl suppository (Dulcolax) 10 hours prior to study, void just before exam |
| | | | | * Special Instructions: No Caffeine the morning of the exam |
| Ax Global Lava | 40 freq x 32 phase | 2.5 | 0 | Iliac Crest through Pubic Symphysis: Scan in the plane of the magnet and 90 degrees from each other. |
| T2 Sag propeller or FRFSE | 12cm - 20cm | 3 | 0 | Entirety of Prostate gland including seminal vesicles Carinton of Destructured and the control projects The control of the c |
| T2 Cor propeller of FRFSE T2 Ax propeller or FRFSE | 12cm - 20cm 12cm - 20cm | 3 | 0 | Entirety of Prostate gland including seminal vesicles Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane |
| Ax Focus Diffusion (50/1000) | 24 | 4 | 1.5 | Entirety of Frostne gland Instituting sential vestels, S. Diffusion As T.2Dynam are all same plane Entirety of Frostne gland instituting sential vestels, S. Diffusion As T.2Dynam are all same plane Entirety of Frostne gland instituting sential vestels, S. Diffusion As T.2Dynam are all same plane Entirety of Frostne gland instituting sential vestels, S. Diffusion As T.2Dynam are all same plane Entirety of Frostne gland instituting sential vestels, S. Diffusion As T.2Dynam are all same plane |
| | 24 | 4 | 1.5 | Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane |
| Ax Perfusion (Dynamic) | (not specified) | 3 | 0 | Entirety of Prostate gland including seminal vesicles: Diffusion/ Ax T2/Dynam are all same plane: Include color mapping through CAD system |
| Ax Global Lava + Contrast | 40 freq x 32 phase | 2.5 | 0 | lliac Crest through Pubic Symphysis: Diffusion/ Ax T2/Dynam are all same plane |
| | | | | Each type for Diffusion |
| | | | | Use B value of 1000 to calculate ADC map Send B value of 1400 to PACS for diffusion. Do NOT use this B value to calculate ADC |
| | | | | Seen to State Or From the Telescope and Telesc |
| | | | | Please send "water 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 |
| | | | | * If pelvic hardware present, the exam should be completed on 1.5T and not 3T MRI |
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| ADNEXAL MASS or ENDOMETRIOSIS or R/O OVARIAN TORSION (female gynecologic emergencies) | Don't done with | hout and WITH IV CO | NTD A CT | T |
|--|--|--|--------------------------------|--|
| ADVICAGE MASS OF ENDOWIE ERIOSIS OF RIO OVARIAN TORSION (lemme gynecologic emergencies) Patient Prep: | Best done with | nout and with iv CO | NIKASI | Empty bladder 20 min to 1 hour (1 hour best if time permits however for torsion r/o may use shorter (any) times) before examination (so bladder is part full). |
| Patient Preg: | | | | Air in rectum may interfere with exam. If full of air have patient empty. |
| Technical note: | | | | use ANTERIOR SAT BAND when possible for imaging below if phase AP; use phase AP in most situations; if artifacts might need to swap phase direction |
| Technical note: Technical note: | | 1 | 1 | Vaginal Gel or KY Jelly is NOT needed for this exam Use Ax, Cor 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 one in pelvis (view both o | 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 | 28 cm (20 to 44 cm) | | 0.3 to 0.4 mm | from inside of one hip to the other (small FOV): ETL = 17 (13 to 21); NEX = 2 Matrix at least 256 x 256 |
| COR (to body) Small FOV no Fat Sat T2 (>3000/90 to 102 ms) 4 | 28 cm (20 to 44 cm) | 3 to 4 mm | 0.3 to 0.4 mm | |
| AX (to body) Small FOV no Fat Sat (>300090 to 102 ms) 5 | 28 cm (20 to 44 cm) 28 cm (20 to 44 cm) | 3 to 4 mm | 0.3 to 0.4 mm 0.3 to 0.4 mm | 50.100 |
| AX DWI (same as immediately above) 6 Create ADC from data above | 28 cm (20 to 44 cm) | 3 to 4 mm | 0.3 to 0.4 mm | b= 50, 1000 |
| 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 subtractions | Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180 seconds (and make subtraction of each of these from non contrasted exam) |
| make subtractions of ALL post contrast - pre contrast 9 (make subtractions of ALL post contrast - pre contra | | 3 (2 to 4) IIIII | make suchiectors | Sag images are pelvic bone to pelvic bone |
| | | | | |
| same as scan 8 but post contrast AX (to body) +C (Fat Sat, 3D GRE T1) 10 | 28 cm (20 to 44 cm) | 3 (2 to 4) mm | | go to bathroom for urethra diverticulum |
| | | | | |
| Bladder Mass | | | | |
| Patient Prep: | | | | Empty bladder about 2 hours before examination (so bladder is moderately full). |
| Patient Preg: Technical note: | | | | Air in rectum may interfere with exam. If full of air have patient empty. use ANTERIOR SAT BAND when possible for imaging below; if artifacts might need to swap phase direction |
| | | | | |
| LOC: T2W SSFSE or Haste COR | 40 cm | any | ļ., | |
| Large FOV Axial (to body) T2 (4000/90 ms)* Large FOV Cor (to body) T2 (4000/90)* | 34 (30 to 40 cm) 40 to 50 cm | 6 mm 8 mm | 1 mm 2 mm | *Large FOV to include entire pelvis (bone to bone) and at least most of the kidneys |
| Large 1 O Y Cot (10 tody) 12 (4000/90) | -0 to 50 cm | O IIIIII | 2 111111 | The second secon |
| | FOV to view bone to bone in | | es and Uterus) | |
| SAG T2 (4000/90 ms) | 28 cm (20 to 44 cm) | | 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) AX T2 (4000 90 ms) | 28 cm (20 to 44 cm) 28 cm (20 to 44 cm) | 3 to 4 mm 3 to 4 mm | 0.3 to 0.4 mm 0.3 to 0.4 mm | 1 |
| AX DWI (same as immediately above) | 28 cm (20 to 44 cm) | 3 to 4 mm | | Diffusion b= 50, 1000 |
| Create ADC from data above | 28 cm (20 to 44 cm) | ļ | | |
| AX DCE (NO Fat Sat3D GRE T1*) | 28 cm (20 to 44 cm) | 3 (2 to 4) mm | | Nex = 2 at 0 (pre contrast) |
| AX DCE (Fat Sat, 3D GRE T1*) AX DCE (Fat Sat, 3D GRE T1*) | 28 cm (20 to 44 cm) | 3 (2 to 4) mm | make subtractions | FVEA.—2 in 0 (pix commast) Nex = 1 at 0 (pix commast) then 30,60, 90, 120, 150 seconds (and make subtraction of each of these) |
| SAG+C Fat Sat GRE TI | 28 cm (20 to 44 cm) | 3 (2 to 4) mm | | Nex = 2 |
| COR +C delayed (Fat Sat, 3D GRE T1*) * IV contrast recommended, if ordered without contrast then do scans above without contrast (do Ax no Fat Sat, Ax Fat Sat, Sag T1) | 40 cm (30 to 50 cm) | 8 mm | 2 mm | From mid kidneys through upper thigh (include all pelvis and lower Abd) Use Ax, Cor and Sag imaging to the body (not cervix or endometrium) |
| 11v Contast (commensed, it officered without contast their do scans above without contast (do AX no Fat Sat, AX Fat Sat, Sag 11) | | | | tose Ax, cor and sag imaging to the body (not cervix of endometrium) |
| | | | | |
| Penis (Fracture) | | | | |
| Cor STIR Global Ax T1 Lava Global | 30 30 | 5 4 | 1 2 | Tape penis to abdomen if needed |
| Sag T2 Propeller | 24 | 3 | 0.4 | |
| Sag T1 | 24 | 3 | 0.4 | |
| Cor T2 Propeller | 22 22 | 3 | 0.1 | |
| Cor T1 Ax T2 Propeller | 17 | 3 | 0.1 | + |
| Ax TI | 17 | 3 | 0.2 | |
| | | | | |
| Penis (Peyronie's Disease) | | | | + |
| Cor STIR Global | 40 | 5 | 1 | Tape penis to abdomen if needed |
| Ax T1 Lava Global | 40 | 4 | 2 | |
| Sag T2 FS Propeller Sag T1 FS | 24 24 | 3 | 0.4 | + |
| Song 1110 | 22 | 3 | 0.1 | |
| Cor T2 FS Propeller | 22 | 3 | 0.1 | |
| Cor TI FS | 22 17 | 3 | 0.1 | Rev 7-11-19 |
| Ax T2 Propeller Ax T2 FS Propeller | 17 | 3 | 0.2 | Include IMA |
| Ax TI FS | 17 | 3 | 0.2 | |
| Ax TI FS +C | 17 | 3 | 0.2 | |
| Cor T1 FS +C Sag T1 FS +C | 22 24 | 3 | 0.1 | 1 |
| ong -1.1M TV | | - | | |
| D. (10 (17.m) | | | | 1 |
| Rectal Cancer (1.5 T) | | 1 | 1 | * Preferred prep: Microenema administered by the patient in the department, immediately before the scan. |
| | | | | * If microenema is not available in the department, full prep may be utilized which requires the patient to plan to purchase and perform the prep at home. |
| Technical note: | | ļ | | * Prep: Nothing to eat or drink 12 hours prior, 1 bisacodyl suppository (Dulcolax) 10 hours prior to study, void just before exam |
| Ax T2 FRFSE Global | ~30 | 5 | 0 | * Special Instructions: No Caffeine the morning of the exam 320x320 |
| Ax 12 PACSE Global Ax Diff Global (50/800) | ~30 | 5 | 1 | CONTROL ON THE CONTRO |
| Sag T2 FRFSE | 24 | 4 | 0 | 320x224 (Do axials PERPENDICULAR to mass. VERY IMPORTANT** See images) |
| Cor T2 FRFSE Ax OBL T2 FRFSE | 24 24 | 3 | 0 | 320x224 320x224 320x224 320x226 (Sa Impage Below) |
| AX OBL T2 FRFSE Cor OBL T2 | 24 | 3 | 0 | 320x224 (See Images Below) The second image shows how sometimes multiple axial planes must be used to get it perpendicular. |
| | | | | * No laxative is needed for diverted patients |
| Bodel Corres (2.0 m) | | | | |
| Rectal Cancer (3.0 T) | | 1 | | * Preferred prep: Microenema administered by the patient in the department, immediately before the scan. |
| | | | | * If microenema is not available in the department, full prep may be utilized which requires the patient to plan to purchase and perform the prep at home. |
| | | | | * Prep: Nothing to eat or drink 12 hours prior, 1 bisacodyl suppository (Dulcolax) 10 hours prior to study, void just before exam |
| Ax T2 FRFSE Global | ~30 | 5 | 0 | * Special Instructions: No Caffeine the morning of the exam 320x320 |
| Ax Diff Global (50/800) | ~30 | 5 | 1 | |
| Sag T2 FRFSE | 24 | 4 | 1 | 416x384 |
| Cor T2 FRFSE Ax OBL T2 FRFSE | 24 24 | 3 2 | 1 | 320x320 (These are overlapped images. 3mm then move 1 mm) 416x384 (Perpendicular to tumor) |
| AX OBL 12 FRESE Cor OBL T2 | 24 | 3 | 1 | 410x384 (rependicular to tumor) The second image shows how sometimes multiple axial planes must be used to get it perpendicular. |
| | | | | * No laxative is needed for diverted patients |
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| Urethra Diverticuli | | | | |
|---|------------------|-----|-----|--|
| Ax T2 FS Global Axial T2 | 28 12-16 | 4 2 | 0.3 | Include entire urrethra from bladder neck to external meatus. No vaginal gel. |
| Axia 12 Sag T2 | 12-16 | 3 | 0.3 | NO vaginar ger. |
| Cor T2 | 12-16 | 3 | 0.3 | |
| Ax T1 Lava | 12-16 | 3 | 1 | |
| Ax T1 Lava +C (Dynamic) Ax T1 Lava + C Global | 12-16 34-40 | 3 | 6 | Nex = 1 at 0 (pre contrast) then 25, 60, 100, 140, 180 seconds (and make subtraction of each of these from non contrasted exam) |
| Ax T1 Lava +C (after voiding) | 12-16 | 3 | 1 | Images acquired after voiding through urethra (to answer the question does the abnormality fill with contrast after voiding to confirm a urethra diverticulum) |
| | | | | |
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| | | | | |
| MRV Pelvis (May-Thurner's Syndrome) | 40 | | na | |
| CEMRA (Mask + 4 phases 20 sec apart , 3D Lab recons) | 40 | 4 | 2 | |
| | | | | |
| MRA Aorta | | | | |
| Ax 3D Dual Echo | 40 | 4 | 2 | |
| Ax T2 FS Propeller CEMRA (Mask + Dyn 2cc/sec 32 Locs) | 40 | 6 | 1 | |
| CEMRA (Mask + Dyn 2cc/sec 32 Locs) | 40 | 3 | 1.5 | |
| | | | | |
| MRA Renal | | | | |
| Ax 3D Dual Echo Ax T2 FS Propeller | 40 40 | 6 | 2 | If requested by referring physician to complete with and without, you can complete with following post sequences |
| Ax 3D Enhance wo (60 locs/slab) | 38 | 2 | 1 | Axial and coronal VIBELAVA fat saturated images at 3-4mm slice thickness Axial and coronal 3D enhance post contrast (same parameters as without 3D enhance) with reformats (MRA spin/tumble) |
| The sea similare we (see received) | 97.90 | - | - | |
| W.F.c. W | | | ` | |
| 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 | | 3 | 1 | |
| Axial TRUFISP Axial DWI (B50, B1000) | 20-30 20-30 | 4 | 1 | 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 | |
| | | | | |
| Abridged Whole Body MRI | | | | |
| Neck | 10 | 2 | 2 | 3 separate exams will need ordered MRI Neck, MRI Chest, and MRI Abdomen/Pelvis. Whole Body MRI is an unlisted CPT code and cannot be used as it is not billable Superior FOV must include IACs |
| Axial T1 Axial T2 fat sat | 18 18 | 3 | 3 | Superior FOV must include IACs |
| Axial DWI | 18 | 3 | 3 | |
| Axial C+T1 fat sat | 18 | 3 | 0.3 | |
| Coronal C+T1 fat sat Chest | 25 | 3 | 0.3 | |
| Coronal T2 Haste | 20-30 | 4 | 1 | |
| Axial STIR | | 4 | 1 | |
| Axial DW/ADC Axial TI VIBE pre/post (60-70s) | 20-30 20-30 | 3 | 1 | |
| Coronal T1 VIBE post (5min) | 20-30 | 5 | 1 | |
| Abdomen/Pelvis | | | | |
| Coronal T2 Haste Axial T2 fat sat | ~30-40 ~30-40 | 5 | 2.5 | |
| Axial 12 fat sat Axial T1 in/out of phase | ~30-40 | 5 | 1 | |
| Axial DWI/ADC | ~30-40 | 4 | 1 | |
| Axial T1 VIBE pre/post (60-70s) | | 5 | 1 | |
| Coronal T1 VIBE post | ~30-40 | 8 | 2 | |
| | | | | |
| Rib | | | | |
| Routine Breathing Axial T1 | 25-35* | 4 | 1 | Mark the site(s) of pain * FOV to only include rib cage and adjacent chest wall musculature |
| Axial T2 Fat Sat | 25-35* | 4 | 1 | , an angular and a state of the |
| Coronal STIR | 25-35* | 4 | 1 | |
| Coronal GRE Breath Hold (~20 seconds each) | 25-35* | 4 | 1 | |
| COR T1 VIBE (non Fat Sat) | 25-35* | 4 | 1 | |
| Sag T1 VIBE (non Fat Sat) | 25-35* | 4 | 1 | Georgia Constantina del Martina del Constantina del Constantin |
| Ax T2 HASTE (non Fat Sat) Triplane T2 HASTE Fat Sat | 25-35* 25-35* | 4 | 1 | If poor Fat Sat on the HASTE, please use triplane breath-hold STIR |
| rapate 12 trastit rat sat | manuf of our | | | |
| 0.679 | | | | NOV. 16 |
| Soft Tissue "Tumor" Axial T1 | * | * | * | *FOV and Spacing subject to area of concern. Use same FOV and Spacing as the closest joint or body part. |
| Axial PD Fat Sat | * | * | * | |
| Axial GRE | * | * | * | |
| If contrast ordered: Ax T1 Fat Sat Cor T2 | * | * | * | |
| Cor STIR | * | * | * | |
| Sag T2 Fat Sat | * | * | * | |
| If contrast ordered Triplane T1 Fat Sat Post | * | * | * | |
| Impiane 11 rat Sat Post | - | | | |
| | | | | |
| Pectoralis Axial T2 Fat Sat | 35 | 4 | 1 | Large field of view oriented to pectoralis major muscle (to include from lateral cortex of humerus thru sternum) |
| Axial T2 Fat Sat Cor T1 | 35 32 | 4 | 1 | Large field of view oriented to pectoralis major muscle (to include from lateral cortex of humerus thru sternum) |
| Cor STIR | 32 | 4 | 1 | Large field of view oriented to pectoralis major muscle (to include from lateral cortex of humerus thru sternum) |
| Sag T1 | 32 20 | 4 | 1 | Large field of view oriented to pectoralis major muscle (to include from lateral cortex of humerus thru sternum) Small field of view oriented to the humerus (truly axial to humerus, from glenohumeral joint to about mid humerus) |
| Axial T2 Axial PD Fat Sat | | 4 | 1 | Small nied of view oriented to the humerus (runy axiat to numerus, from glenonumeral joint to arout min numerus) Small field of view oriented to the humerus (ruly axiat to humerus, from glenonumeral joint to about min humerus) |
| Axial GRE | 20 | 4 | 1 | Small field of view oriented to the humerus (truly axial to humerus, from glenohumeral joint to about mid humerus) |
| | | | | |
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| | 1 | | 1 | |
|---|--------|-------|--------|--|
| Urogram | | | | |
| Saline Bolus 100 ml | | | | |
| Cor SSFSE | ~30-40 | 6 mm | 7 mm | |
| Axial SSFSE | ~30-40 | 6 mm | 7 mm | |
| Axial DE | ~30-40 | 5 mm | 2.5 mm | |
| Axial LAVA | ~30-40 | 3 mm | 1.5 mm | |
| Axial T2 | ~30-40 | 6 mm | 7 mm | |
| Axial DWI | ~30-40 | 8 mm | 10 mm | |
| Give Lasix 1 mg | ~30-40 | | | |
| 2D Cor Oblique (MRCP) 3D Cor Oblique (MRCP) | ~30-40 | 60 mm | 60 mm | |
| 3D Cor Oblique (MRCP) | ~30-40 | 2 mm | 2 mm | |
| Cor LAVA - Dynamic 5 min. & 10 min. | ~30-40 | 3 mm | 1.5 mm | |
| Axial LAVA 12 minute | ~30-40 | 3 mm | 1.5 mm | |
| Cor Fiesta | ~30-40 | 6 mm | 7 mm | |
| Axial Fiesta | ~30-40 | 6 mm | 7 mm | |
| Cor LAVA - 15 min. | ~30-40 | 6 mm | 7mm | |
| | | | | |