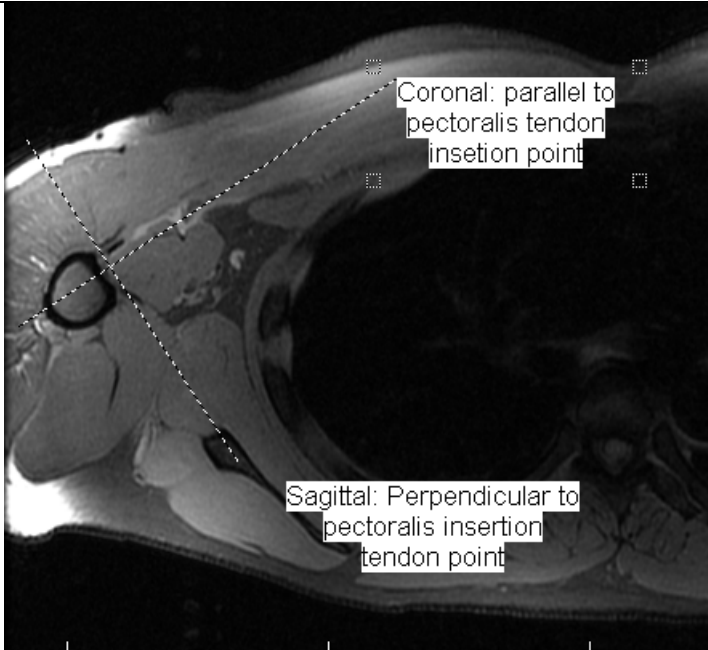
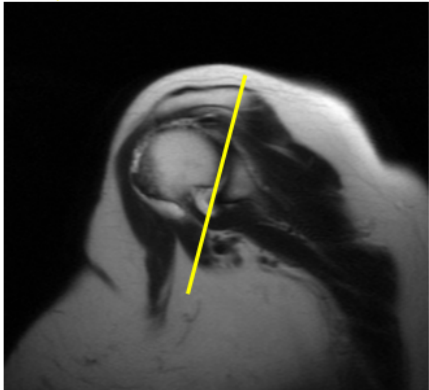
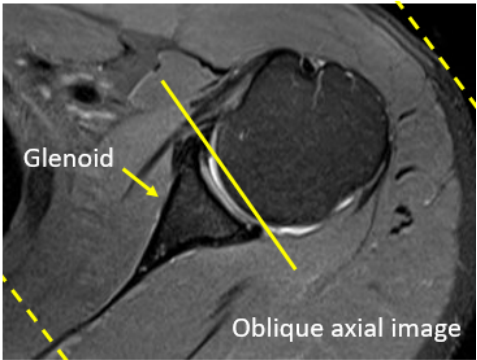
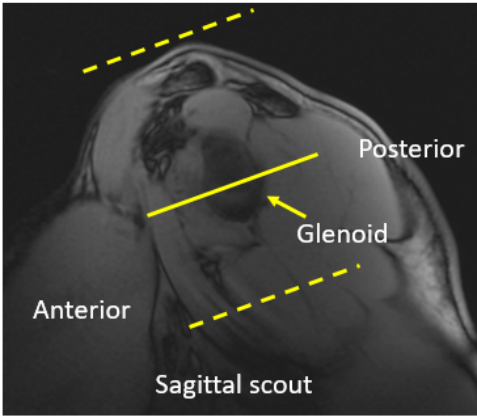
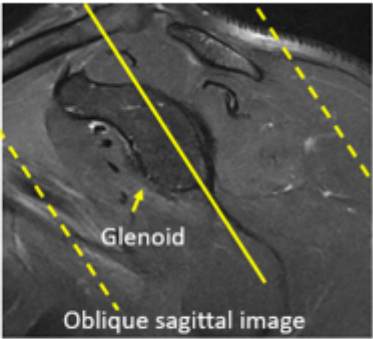
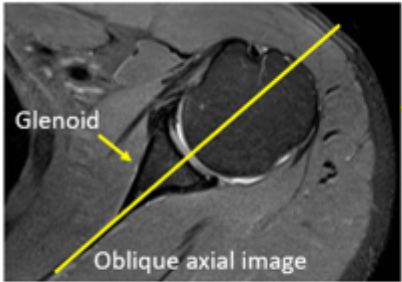


BODY PART	INDICATIONS	PROTOCOL PLEASE NOTE THE FOLLOWING: 1) ALL PRE & POST IMAGING PARAMETERS MUST MATCH !! (ie. TR , TE, #slices, etc) 2) If Rx says to evaluate for a nerve, then please add a T1 Axial to any Ortho protocol that doesn't already have a T1 Axial. 3) Please perform a subtraction on every MSK case that is given contrast 4) NO THRIVE/VIBE sequences in MSK
PECTORALIS (CHEST)	PECTORALIS TEAR	Coverage: Cover Superior to AC Joint through middle humeral diaphysis, sternum through entire humerus, mid-scapula through deltoid muscle. <u>T1 AX (large FOV)</u> {5THK/1GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU MIDDLE HUMERAL DIAPHYSIS PAST THE PECTORALIS MUSCLE INSERTION POINT <u>TO INCLUDE BILATERAL PECTORALIS MUSCLES</u> <u>T2 STIR (large FOV)</u> {5THK/1GAP} COPY PREVIOUS AX <u>T1 AX (affected side only)</u> {5THK/1GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU MIDDLE HUMERAL DIAPHYSIS PAST THE PECTORALIS MUSCLE INSERTION POINT <u>T2 AX FSAT</u> {5THK/1GAP} COPY PREVIOUS AX <u>PD HI-RES COR</u> {4THK/1GAP} ANGLE PARALLEL TO PECTORALIS MUSCLE INSERTION ON THE HUMERUS, COVER SUPERIOR TO AC JOINT THROUGH MIDDLE HUMERAL DIAPHYSIS AND COVER FROM STERNUM PAST HUMERUS <u>T2 COR FSAT</u> {4THK/1GAP} COPY PREVIOUS COR <u>T2 SAG FSAT</u> {5THK/2.5GAP} COPY PREVIOUS SAG ***If Rx says to evaluate for a nerve, then please add a T1 Axial.

			
SHOULDER WO	LIMITED ROM(range of motion), SHOULDER PAIN, IMPINGEMENT, R/O ROTATOR CUFF TEAR	<u>PD AX OBL FSAT</u> {4THK/0.4GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU PROX. HUMERAL DIAPHYSIS, AND PERPENDICULAR TO THE LONG AXIS OF THE GLENOID (SOLID YELLOW LINE) BASED ON SAGITTAL SCOUT IMAGE. <u>T2 AX OBL FSAT</u> {4THK/0.4GAP} COPY SLICES <u>PD COR OBL HI-RES</u> {4THK/0.4GAP} ENTIRE SHOULDER JOINT, ANGLE PARALLEL TO SUPRASPINATUS MUSCLE, AND PARALLEL TO THE LONG AXIS OF THE GLENOID ON THE OBL SAGITTAL. <u>T2 COR OBL FSAT</u> {4THK/0.4GAP} COPY SLICES <u>T1 SAG OBL</u> {5THK/1GAP} ANGLE PARALLEL TO GLENOID-HUMERAL JT. COVER 5CM MEDIAL TO GLENOID AND PARALLEL TO THE GLENOID FACE (SOLID YELLOW LINE) BASED ON AXIAL OBL AND CORONAL SCOUT IMAGES. <u>T2 SAG OBL FSAT</u> {3THK/0.2GAP} COPY SLICES	

		 Figure 1 AXIAL SLICE ORIENTATION Figure 1 SAGITAL OBL SLICE ORIENTATION  Figure 1 CORONAL OBL SLICE ORIENTATION ***If Rx says to evaluate for a nerve, then please add a T1 Axial.	
SHOULDER WO	LIMITED ROM(range of motion), SHOULDER	T1 AX OBL {4THK/0.4GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU PROX. HUMERAL DIAPHYSIS, AND PERPENDICULAR TO THE LONG AXIS OF THE GLENOID (SOLID YELLOW LINE) BASED ON SAGITTAL SCOUT IMAGE.	

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METAL *must include entire implant	PAIN, IMPINGEMENT, R/O ROTATOR CUFF TEAR ** PREFERRED TO BE SCANNED ON THE OPEN MRI @ LH'S – IF A MIF, LLC PT SEE EXAMPLE SLICE ORIENTATION UNDER SHOULDER W/O	<u>STIR AX OBL</u> {4THK/0.4GAP} COPY SLICES <u>PD COR OBL HI-RES</u> {4THK/0.4GAP} ENTIRE SHOULDER JOINT, ANGLE PARALLEL TO SUPRASPINATUS MUSCLE, AND PARALLEL TO THE LONG AXIS OF THE GLENOID ON THE OBL SAGITTAL <u>STIR COR OBL</u> {4THK/0.4GAP} COPY SLICES <u>T1 SAG OBL</u> {4THK/1GAP} ANGLE PARALLEL TO GLENOID-HUMERAL JT. COVER 5CM MEDIAL TO GLENOID AND PARALLEL TO THE GLENOID FACE (SOLID YELLOW LINE) BASED ON AXIAL OBL AND CORONAL SCOUT IMAGES <u>STIR SAG OBL</u> {4THK/1GAP} COPY SLICES
SHOULDER W/WO INFECTION, MASS	POST OP INFECTION SEE EXAMPLE SLICE ORIENTATION UNDER SHOULDER W/O	<u>PD AX OBL FSAT</u> {4THK/0.4GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU PROX. HUMERAL DIAPHYSIS, AND PERPENDICULAR TO THE LONG AXIS OF THE GLENOID (SOLID YELLOW LINE) BASED ON SAGITTAL SCOUT IMAGE. <u>T2 AX OBL FSAT</u> {4THK/0.4GAP} COPY SLICES <u>T2 COR OBL FSAT</u> {4THK/0.4GAP} ENTIRE SHOULDER JOINT, ANGLE PARALLEL TO SUPRASPINATUS MUSCLE, AND PARALLEL TO THE LONG AXIS OF THE GLENOID ON THE OBL SAGITTAL <u>T1 SAG OBL</u> {4THK/1GAP} ANGLE PARALLEL TO GLENOID-HUMERAL JT. COVER 5CM MEDIAL TO GLENOID AND PARALLEL TO THE GLENOID FACE (SOLID YELLOW LINE) BASED ON AXIAL OBL AND CORONAL SCOUT IMAGES <u>T2 SAG OBL FSAT</u> {3THK/0.2GAP} COPY PREVIOUS <u>T1 AX OBL FSAT-PRE</u> {4THK/0.4GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS (Non fs when no gad) ***If Rx says to evaluate for a nerve, then please add a T1 Axial. **INJECT CONTRAST <u>T1 AX OBL FSAT C+</u> {4THK/0.4GAP} COPY PRE AXIAL SLICE LOCATIONS <u>T1 SAG OBL FSAT C+</u> {4THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS

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SHOULDER W/ ARTHRO	LABRAL TEAR, CHRONIC DISLOCATIO NS, SLAP LESION, INSTABILITY, BANKART LESION SEE EXAMPLE SLICE ORIENTATION UNDER SHOULDER W/O	<u>T1 AX OBL FSAT C+</u> {4THK/0.4GAP} PERPENDICULAR TO HUMERAL SHAFT, COVER SUPERIOR TO AC JOINT THRU PROX. HUMERAL DIAPHYSIS, AND PERPENDICULAR TO THE LONG AXIS OF THE GLENOID (SOLID YELLOW LINE) BASED ON SAGITTAL SCOUT IMAGE <u>T2 AX OBL FSAT C+</u> {4THK/0.4GAP} COPY SLICES <u>T2 COR OBL FSAT C+</u> {4THK/0.4GAP} ENTIRE SHOULDER JOINT, ANGLE PARALLEL TO SUPRASPINATUS MUSCLE, AND PARALLEL TO THE LONG AXIS OF THE GLENOID ON THE OBL SAGITTAL <u>T1 COR OBL FSAT C+</u> {4THK/0.4GAP} COPY SLICES <u>T1 SAG OBL C+</u> {3THK/1GAP} ANGLE PARALLEL TO GLENOID-HUMERAL JT. COVER 5CM MEDIAL TO GLENOID AND PARALLEL TO THE GLENOID FACE (SOLID YELLOW LINE) BASED ON AXIAL OBL AND CORONAL SCOUT IMAGES <u>T2 SAG OBL FSATC+</u> {4THK/1GAP} COPY PREVIOUS
ELBOW WO	ELBOW PAIN, BICEP TENDON TEAR, PAIN, EPICONDYLITIS	<u>PD AX</u> {3THK/1GAP} SCAN FROM HUMERAL METAPHYSIS THRU RADIAL TUBEROSITY <u>T2 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 SAG</u> {3THK/1GAP} SKIN TO SKIN, USE BOTH CORONAL & AXIAL TO GET PROPER ANGLE, PRESCRIBE PLANE II TO ANTERIOR HUMERUS @ CONDYLES <u>T2 SAG FSAT</u> {3THK/1GAP} COPY SAGITTAL SLICES <u>PD COR</u> {3THK/0.5GAP} SKIN TO SKIN, USE BOTH SAGITTAL & AXIAL TO GET PROPER ANGLE, ANGLE PERPENDICULAR TO SAGITTALS <u>T2 COR FSAT</u> {3THK/0.5GAP} COPY CORONAL SLICES ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
ELBOW W/WO	INFECTION, MASS, OSTEOMYELITIS, CELLULITIS	<u>T1 AX</u> {3THK/1GAP} SCAN FROM HUMERAL METAPHYSIS THRU RADIAL TUBEROSITY <u>T1 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES (OMIT IF NO GAD) <u>T2 AX STIR</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 SAG Non-FSAT</u> {3THK/1GAP} SKIN TO SKIN, USE BOTH CORONAL & AXIAL TO GET PROPER ANGLE <u>T2 SAG STIR</u> {3THK/1GAP} COPY SAGITAL SLICES <u>T1 COR Non-FSAT</u> {3THK/1GAP} SKIN TO SKIN, USE BOTH SAGITTAL & AXIAL TO GET PROPER ANGLE <u>T2 COR STIR</u> {3THK/1GAP} SKIN TO SKIN, USE BOTH SAGITTAL & AXIAL TO GET PROPER ANGLE

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		**INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 SAG FSAT C+</u> {3THK/1GAP} COPY CORONAL SLICES
ELBOW W/ ARTHRO	ELBOW PAIN, BICEP TENDON TEAR, PAIN	<u>T1 AX FSAT C+</u> {3THK/1GAP} SCAN FROM HUMERAL METAPHYSIS THRU RADIAL TUBEROSITY <u>T2 AX FSAT C+</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 SAG FSAT C+</u> {3THK/1GAP} SKIN TO SKIN, USE BOTH CORONAL & AXIAL TO GET PROPER ANGLE <u>PD COR HI-RES C+</u> {3THK/0.5GAP} SKIN TO SKIN, USE BOTH CORONAL & AXIAL TO GET PROPER ANGLE, PRESCRIBE PLANE II TO ANTERIOR HUMERUS @ CONDYLES <u>T1 COR C+</u> {3THK/0.5GAP} SKIN TO SKIN, USE BOTH SAGITTAL & AXIAL TO GET PROPER ANGLE, ANGLE PENDICULAR SAGITTALS <u>T2 COR FSAT C+</u> {3THK/0.5GAP} COPY CORONAL SLICES
WRIST W/O CONTRAST	FRACTURE , TENDONITIS, TENOSYNOVITIS , SYNOVITIS, PAIN	<u>PD AX HI-RES</u> {3THK/0.5GAP} SUPERIOR TO MCP'S DOWN INTO RADIUS & ULNA METAPHYSIS <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T1 SAG</u> {2THK/0.2GAP} COVER MEDIAL TO LATERAL ASPECT <u>T2 COR FSAT</u> {2THK/0.2GAP} COVER VENTRAL THRU DORSAL APSECT <u>PD COR FSAT HI-RES</u> {2THK/0.2GAP} COPY SLICES
WRIST W/O CONTRAST METAL *must include entire implant	FRACTURE , TENDONITIS, TENOSYNOVITIS , SYNOVITIS, PAIN METAL IN WRIST	<u>T1 AX</u> {3THK/0.5GAP} SUPERIOR TO MCP'S DOWN INTO RADIUS & ULNA METAPHYSIS <u>STIR AX</u> {3THK/0.5GAP} COPY SLICES <u>T1 SAG</u> {2THK/0.2GAP} COVER MEDIAL TO LATERAL ASPECT <u>STIR SAG</u> {2THK/0.2GAP} COPY SAGITTAL SLICES <u>STIR COR</u> {3THK/1GAP} COVER VENTRAL THRU DORSAL APSECT <u>T1 COR</u> {3THK/1GAP} COPY SLICES
WRIST W/WO	GANGLION CYST, PREVIOUS SURGERY	<u>T1 AX FSAT</u> {3THK/0.5GAP} SUPERIOR TO MCP'S DOWN INTO RADIUS & ULNA METAPHYSIS

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	(only if ordered by dr as w/wo), MASS, AVN, KEINBOCK'S, INFECTION Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES **Run STIR if FSAT ISSUES <u>T1 COR</u> {2THK/0.2GAP} COVER VENTRAL THRU DORSAL APSECT **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.5GAP} COPY SLICES **Run STIR if FSAT ISSUES <u>T1 COR FSAT C+</u> {2THK/0.2GAP} COPY SLICES **Run STIR if FSAT ISSUES <u>T1 SAG FSAT C+</u> {3THK/0.2GAP} COVER MEDIAL TO LATERAL ASPECT <u>T2 COR FSAT C+</u> {2THK/0.2GAP} COPY SLICES **Run STIR if FSAT ISSUES
WRIST ARTHRO	PAIN, LIGAMENT TEAR	<u>T1 AX FSAT C+</u> {3THK/0.5GAP} SUPERIOR TO MCP'S DOWN INTO RADIUS & ULNA METAPHYSIS <u>T2 AX FSAT C+</u> {3THK/0.5GAP} COPY SLICES <u>T1 SAG C+</u> {3THK/0.5GAP} COVER MEDIAL TO LATERAL ASPECT <u>T2 COR FSAT C+</u> {2THK/0.2GAP} COVER VENTRAL THRU DORSAL APSECT <u>T1 COR FSAT C+</u> {2THK/0.2GAP} COPY SLICES <u>PD COR FSAT C+</u> {2THK/0.2GAP} COPY SLICES
HAND WO	PAIN, TENDON, LIGAMENT INJURY *bilateral hands are ordered by Rheum - then can definitely put both hands in praying position	<u>T2 AX FSAT</u> {3THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>PD AX Hi-Res</u> {3THK/1GAP} COPY AXIAL SLICES <u>T2 COR FSAT</u> {2.5THK/0.5GAP} ANGLE II WITH LONG AXIS OF METACARPAL <u>T1 COR</u> {2.5THK/0.5GAP} COPY SLICES <u>T2 Sag FSAT</u> {3THK/1GAP} ANGLE II OR PERPENDICULAR WITH SHORT AXIS OF PHALANX <u>PD Sag</u> {3THK/1GAP} COPY SAG SLICES
HAND W/WO INFECTION	INFECTION, OSTEOMYELITIS	<u>T1 AX</u> {3THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T2 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES <u>T2 Sag STIR</u> {3THK/1GAP} ANGLE II OR PERPENDICULAR WITH SHORT AXIS OF PHALANX <u>T1 COR</u> {2.5THK/0.5GAP} ANGLE II WITH LONG AXIS OF METACARPAL

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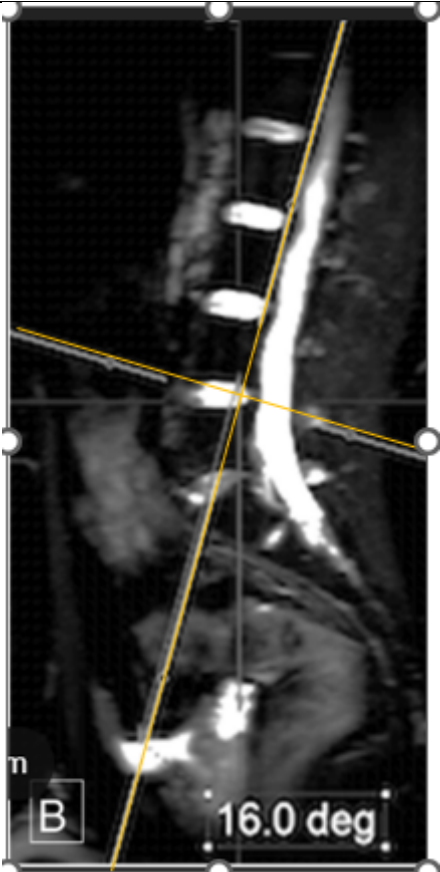
		<u>T2 COR FSAT</u> {2.5THK/0.5GAP} ANGLE II WITH LONG AXIS OF METACARPAL <u>T1 AX FSAT-PRE</u> {3THK/1GAP} COPY AXIAL SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/1GAP} COPY PRE AXIAL SLICES <u>T1 (COR or SAG) FSAT C+</u> {copy slice thk/gap by plane} COPY SLICES
HAND W/WO MASS	LUMP , MASS Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX</u> {3THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T1 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES <u>T2 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 COR</u> {2.5THK/0.5GAP} ANGLE II OR PERPENDICULAR WITH SHORT AXIS OF PHALANX <u>T2 Sag FSAT</u> {2.5THK/0.5GAP} COPY SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 (COR or SAG) FSAT C+</u> {copy slice thk/gap by plane} COPY SLICES
HAND W/WO PRAYING HANDS	RHEUMATOID ARTHRITIS SCAN BOTH TAPED TOGETHER ... PLACE A MARKER ON THE LT HAND	<u>T2 AX FSAT</u> {3THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T2 SAG FSAT</u> {3THK/1GAP} ANGLE II TO THE LONG AXIS OF THE HANDS <u>T2 COR FSAT</u> {3THK/2GAP} ANGLE PERPENDICULAR TO THE LONG AXIS OF THE HANDS <u>T1 COR</u> {3THK/2GAP} COPY CORONAL SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/1GAP} COPY AXIAL SLICES <u>T1 COR FSAT C+</u> {3THK/2GAP} COPY COR SLICES
FINGER WO	TENDONITIS, SYNOVITIS, COLLATERAL LIGAMENT, PULLEY INJURY, VOLAR PLATE, EXTENSOR OR FLEXOR INJURY	<u>PD AX HI-RES</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T2 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>PD COR FSAT</u> {2.5THK/0.5GAP} ANGLE PARALLEL TO ANTERIOR METACARPAL HEAD.

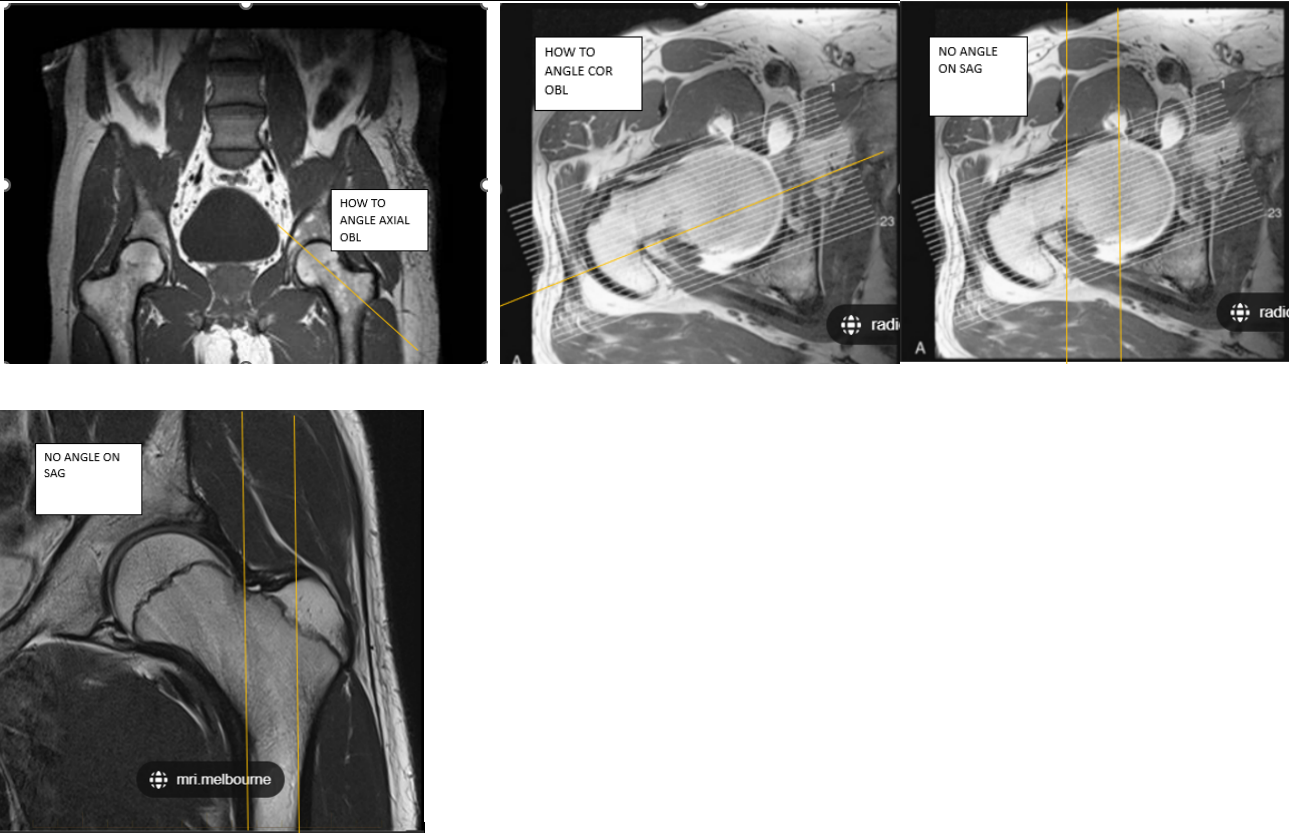
Last updated 7/25/2024

	*MIF/MINS Preferred	<u>T2 COR FSAT</u> {2.5THK/0.5GAP} COPY CORONAL SLICES **Run STIR if FSAT ISSUES <u>T1 COR</u> {2.5THK/0.5GAP} COPY CORONAL SLICES <u>PD SAG FSAT</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO CORONAL <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} COPY SAGITTAL SLICES **Run STIR if FSAT ISSUES ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
FINGER W/WO INFECTION	CELLULITIS, OSTEOMYELITIS, REDNESS, SWELLING	<u>T1 SAG</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T2 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO ANTERIOR METACARPAL HEAD <u>T2 COR STIR</u> {2.5THK/0.5GAP} ANGLE II WITH ANTERIOR HEAD OF METACARPAL **Run STIR if FSAT ISSUES <u>T1 COR</u> {2.5THK/0.5GAP} COPY CORONAL SLICES <u>T1 AX FSAT-PRE</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {2.5THK/0.5GAP} COPY PRE AXIAL SLICES <u>T1 SAG FSAT C+</u> {2.5THK/0.5GAP} COPY SLICES
FINGER W/WO MASS	MASS, LUMP Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T1 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES <u>T2 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>T1 COR</u> {2.5THK/0.5GAP} ANGLE II WITH ANTERIOR METACARPAL HEAD <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO ANTERIOR METACARPAL HEAD **Run STIR if FSAT ISSUES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {2.5THK/0.5GAP} COPY AXIAL SLICES <u>T1 COR or SAG FSAT C+</u> {2.5THK/0.5GAP} COPY SLICES

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THUMB WO GAMEKEEP- ERS	PAIN, TENDERNESS, SWELLING, AND/OR BRUISING AT THE BASE OF THE THUMB,PUL LEY RUPTURE, FLEXOR/EXTENSOR TENDON INJURY Note: Please include CMC in FOV *Preferred @ 3T	<u>PD AX FSAT</u> {3THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF 1ST PHALANGE <u>T2 AX FSAT</u> {3THK/1GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>T2 COR FSAT</u> {2.5THK/0.5GAP} ANGLE PARALLEL WITH SHORT AXIS OF PHALANX **Run STIR if FSAT ISSUES <u>PD COR FSAT</u> {2.5THK/0.5GAP} COPY CORONAL SLICES <u>T1 SAG</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO SHORT AXIS OF PHALANX <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} COPY SAGITTAL SLICES **Run STIR if FSAT ISSUES ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
LUMBAR PLEXUS	Plexopathy, Malignancy or Peripheral Nerve masses, Tumors, Leg pain, Sciatica, Sacral/ Coccyx pain,	<u>T1 AXOBLQ</u> {6THK/1GAP} ANGLE PERPENDICULAR TO THE SPINE <u>T2 AXOBLQ FSAT</u> {6THK/1GAP} COPY SLICES <u>T1 COROBLQ</u> {5THK/1GAP} ANGLE PARALLEL WITH SPINE (cover just anterior to hips posterior spine to skin) <u>T2 COROBLQ FSAT</u> {5THK/1GAP} COPY SLICES <u>T1 SAG</u> {6THK/1GAP} ANGLE II WITH SPINE (cover trochanter to trochanter) <u>T2 SAG FSAT</u> {6THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS **INJECT CONTRAST <u>T1 AXOBLQ FSAT C+</u> {6THK/1GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COROBLQ FSAT C+</u> {4THK/0.5GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS <u>T1 SAG FSAT C+</u> {6THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS

		 n B 16.0 deg	
HIP WO	HIP PAIN, AVN, FX, BURSITIS, TENDONITIS	<u>T1 COR <BILAT HIPS></u> <u>T2 COR STIR<BILAT HIPS></u> <u>T2 AX FSAT <Whole Pelvis></u> <u>PD COR Fsat<AFFECTED HIP> VIEW</u> <u>PD AX-OBLIQUE Fsat<AFFECTED HIP></u> <u>PD SAG FSAT<AFFECTED HIP></u>	{5THK/1GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) {5THK/1GAP} COPY AXIAL SLICES {4THK/1GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) {4THK/0.4GAP} ANGLE PERPENDICULAR TO HIP JT OR II TO FEMORAL NECK ON AXIAL VIEW {4THK/0.4GAP} Angle Parallel to Femoral Neck on Coronal View (SEE EXAMPLE) {4THK/0.4GAP} No angle

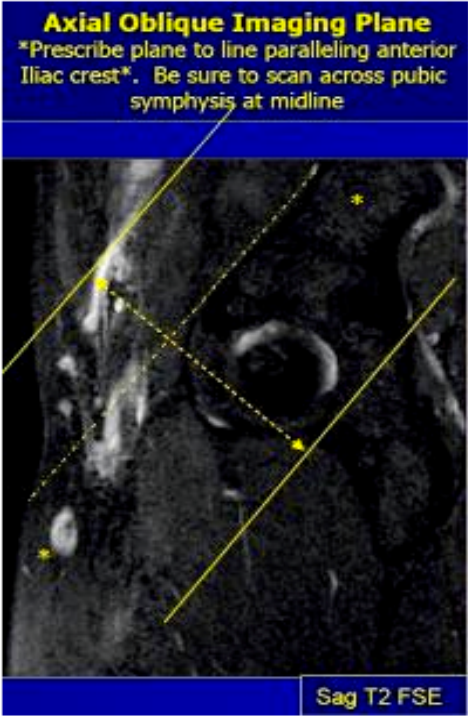
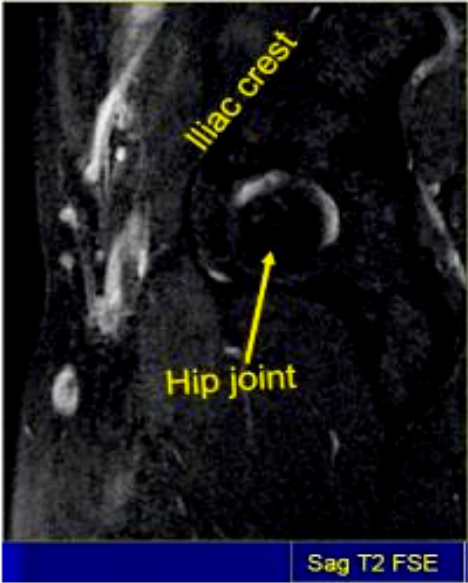
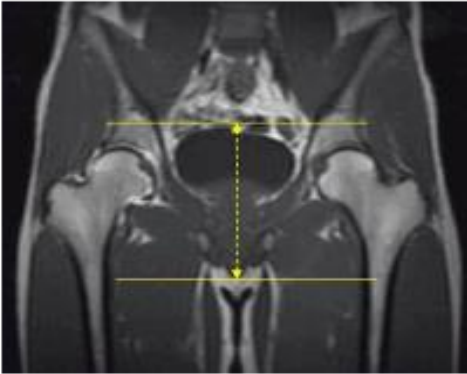
			
HIP WO OR W/WO METAL *must include entire implant	HIP PAIN, AVN, FX, BURSITIS, TENDONITIS OR POST SURGICAL INFECTION, LUMP, MASS	<u>T1 COR < BILAT HIPS></u> {5THK/1GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) <u>STIR COR < BILAT HIPS></u> {5THK/1GAP} COPY AXIAL SLICES <u>PD COR HI-RES <AFFECTED HIP></u> {4THK/0.4GAP} ANGLE PERPENDICULAR TO HIP JT OR II TO FEMORAL NECK <u>T1 AX <AFFECTED HIP></u> {4THK/0.4GAP} COVER ABOVE ACETABULUM PAST LESSER TROCHANTER <u>STIR AX <AFFECTED HIP></u> {4THK/0.4GAP} COPY AXIAL SLICES **INJECT CONTRAST (IF CONTRAST IS NEEDED) <u>T1 AX C+ <AFFECTED HIP></u> {4THK/0.4GAP} COPY AXIAL SLICES <u>T1 COR C+ <AFFECTED HIP></u> {4THK/0.4GAP} COPY COR SLICES	
HIP W/ ARTHRO	HIP PAIN, LABRAL TEAR	<u>T1 AX-OBLIQUE FSAT</u> {4THK/0.4GAP} ANGLE II TO FEMORAL NECK OFF OF CORONAL IMAGE	

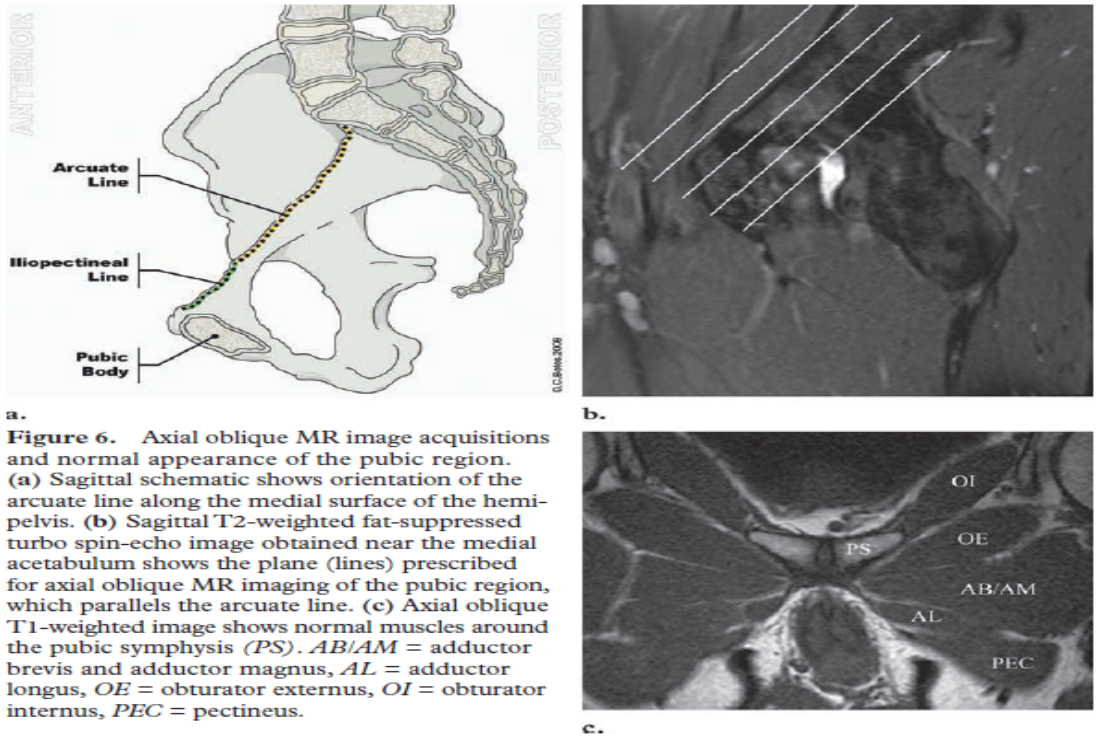
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	*MIF ONLY	<u>T2 AX-OBLIQUE FSAT</u> {4THK/0.4GAP} COPY AXIAL SLICES <u>PD COR HI-RES</u> {4THK/0.4GAP} ANGLE PERPENDICULAR TO HIP JT OR II TO FEMORAL NECK ON AXIAL <u>T1 COR FSAT</u> {4THK/0.4GAP} COPY CORONAL SLICES <u>T2 COR FSAT</u> {4THK/0.4GAP} COPY CORONAL SLICES <u>T2 SAG FSAT</u> {4THK/0.4GAP} -NO ANGLE
HIP W/WO INFECTION Or MASS	SEPTIC ARTHRITIS, MASS, LUMP If being performed for Mass, please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 COR <BILAT HIPS></u> {5THK/1GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) <u>T2 COR FSAT <BILAT HIPS></u> {5THK/1GAP} COPY AXIAL SLICES <u>T1 AX <AFFECTED HIP></u> {4THK/0.4GAP} COVER ABOVE ACETABULUM PAST LESSER TROCHANTER <u>T2 AX FSAT <AFFECTED HIP></u> {4THK/0.4GAP} COPY AXIAL SLICES <u>T1 AX FSAT-PRE <AFFECTED HIP></u> {4THK/0.4GAP} COPY AXIAL SLICES (OMIT IF NO CONTRAST) **INJECT CONTRAST <u>T1 AX FSAT C+ <AFFECTED HIP></u> {4THK/0.4GAP} COPY PRE AXIAL SLICES <u>T1 COR or SAG FSAT C+ <AFFECTED HIP></u> {4THK/1GAP}
BONEY PELVIS	FX, ARTHRITIS, PELVIC PAIN	<u>T1 COR BILAT HIPS</u> {5THK/2.5GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) , ANGLE II WITH A LINE BISECTING FEMORAL HEADS <u>T2 COR FSAT B/L HIPS</u> {5THK/2.5GAP} COPY CORONAL SLICES <u>T1 AX B/L HIPS</u> {5THK/2.5GAP} COVER ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN <u>T2 AX FSAT B/L HIPS</u> {5THK/2.5GAP} COPY AXIAL SLICES <u>T1 SAG</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD <u>SAG STIR</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD
BONY PELVIS WO METAL *must include entire implant	FX, ARTHRITIS, PELVIC PAIN	<u>T1 COR BILAT HIPS</u> {5THK/2.5GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) , ANGLE II WITH A LINE BISECTING FEMORAL HEADS <u>STIR COR B/L HIPS</u> {5THK/2.5GAP} COPY CORONAL SLICES <u>T1 AX B/L HIPS</u> {5THK/2.5GAP} COVER ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN

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		<u>T2 STIR FSAT B/L HIPS</u> {5THK/2.5GAP} COPY AXIAL SLICES <u>T1 SAG</u> {5THK/2.5GAP} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD <u>SAG STIR</u> {5THK/2.5GAP} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD
BONEY PELVIS W/WO	METS, OSTEOMYELITIS,	<u>T1 COR BILAT HIPS</u> {5THK/2.5GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) , ANGLE II WITH A LINE BISECTING FEMORAL HEADS <u>T2 COR FSAT B/L HIPS</u> {5THK/2.5GAP} COPY CORONAL SLICES <u>T1 AX B/L HIPS</u> {5THK/2.5GAP} COVER ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN <u>T2 AX FSAT B/L HIPS</u> {5THK/2.5GAP} COPY AXIAL SLICES <u>T1 SAG</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD <u>SAG STIR</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD **INJECT CONTRAST <u>T1 AX FSAT C+</u> {5THK/2.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COR FSAT C+</u> {5THK/2.5GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS
BONEY PELVIS W/WO	LUMP/MASS Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 COR BILAT HIPS</u> {5THK/2.5GAP} ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN (A / P) , ANGLE II WITH A LINE BISECTING FEMORAL HEADS <u>T2 COR FSAT B/L HIPS</u> {5THK/2.5GAP} COPY CORONAL SLICES <u>T1 AX B/L HIPS</u> {5THK/2.5GAP} COVER ABOVE ILIAC CREST THRU LESSER TROCHANTER, SKIN TO SKIN <u>T2 AX FSAT B/L HIPS</u> {5THK/2.5GAP} COPY AXIAL SLICES <u>T1 AX FSAT</u> {5THK/2.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 SAG</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD <u>SAG STIR</u> {7THK/1.0} INCLUDE THE COCCYX. COVER FEMORAL HEAD TO FEMORAL HEAD **INJECT CONTRAST <u>T1 AX FSAT C+</u> {5THK/2.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COR or SAG FSAT C+</u> {5THK/2.5GAP}
SPORTS HERNIA	SPORTS HERNIA	COVERAGE: ILIAC CREST TO BELOW LESSER TROCHANTER (APPROX. 2"), MUST INCLUDE SKIN TO SKIN (ESP. RECTUS ABD. MUSCLES)

(PELVIS WO)	**If hardware is present – please run STIRS	COR STIR ischial tuberosities) T1 COR T2 AX FSAT T2 SAG FSAT PD AX-OBLQ T2 AX-OBLQ FSAT 20FOV {4THK/1GAP} ANGLE PARALLEL TO RECTUS ABDOMINUS MUSCLE (2cm anterior to symphysis pubic thru both ischial tuberosities) 28-30 FOV{4THK/0GAP} COPY PREV CORONAL SLICES 20FOV {4THK/1GAP} 1 cm ABOVE ACETABULUM through pubic symphysis 20FOV {4THK/1GAP} ISCHIAL TUBEROSITY TO ISCHIAL TUBEROSITY (not skin to skin) 20FOV {4THK/0GAP} ANGLE PARALLELL ANTERIOR TO ILIAC CREST , FROM CREST THRU HIP JOINT 20FOV {4THK/0GAP} COPY AXIAL SLICES ** Reference image attached for correct angulation of Axial Obliques (INSERT NEW IMAGES)  Sag T2 FSE Sag T2 FSE
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		 a. Figure 6. Axial oblique MR image acquisitions and normal appearance of the pubic region. (a) Sagittal schematic shows orientation of the arcuate line along the medial surface of the hemipelvis. (b) Sagittal T2-weighted fat-suppressed turbo spin-echo image obtained near the medial acetabulum shows the plane (lines) prescribed for axial oblique MR imaging of the pubic region, which parallels the arcuate line. (c) Axial oblique T1-weighted image shows normal muscles around the pubic symphysis (<i>PS</i>). <i>AB/AM</i> = adductor brevis and adductor magnus, <i>AL</i> = adductor longus, <i>OE</i> = obturator externus, <i>OI</i> = obturator internus, <i>PEC</i> = pectineus. b. c.	
SACRUM & COCCYX	COCCYXDENIA FRACTURE ARTHRITIS PIRIFORMIS SYNDROME	<u>T1 AXOBLQ</u> <u>T2 AXOBLQ FSAT</u> <u>T1 COROBLQ</u> <u>T2 COROBLQ FSAT</u> <u>T1 SAG</u> <u>T2 SAG FSAT</u>	{4THK/1GAP} ANGLE PERPENDICULAR TO SACRAL LONG AXIS OFF OF SAGITTAL {4THK/1GAP} COPY SLICES {4THK/0.5GAP} ANGLE II WITH SACRAL LONG AXIS {4THK/0.5GAP} COPY SLICES {4THK/1GAP} ANGLE II WITH SI JTS ON CORONAL IMAGE {4THK/1GAP} COPY SLICES
SACRUM & COCCYX W/VO	SACROILITIS, DECUBITUS ULCER, INFECTION, LUMP/ MASS, RHEUMATOID ARTHRITIS	<u>T1 AXOBLQ</u> <u>T2 AXOBLQ FSAT</u> <u>T1 AXOBLQ FSAT</u>	{4THK/1GAP} ANGLE PERPENDICULAR TO SACRAL LONG AXIS OFF OF SAGITTAL {4THK/1GAP} COPY SLICES {4THK/1GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS

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	Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 COROBLQ</u> {4THK/0.5GAP} ANGLE II WITH SACRAL LONG AXIS <u>T2 COROBLQ FSAT</u> {4THK/0.5GAP} COPY SLICES <u>T1 SAG</u> {4THK/1GAP} ANGLE II WITH SI JTS ON CORONAL IMAGE **INJECT CONTRAST <u>T1 AXOBLQ FSAT C+</u> {4THK/1GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COROBLQ FSAT C+</u> {4THK/0.5GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS <u>T1 SAG FSAT C+</u> {4THK/1GAP} ANGLE II WITH SI JTS ON CORONAL IMAGE
THIGH WO	PAIN, SOFT TISSUE INJURY *smallest FOV possible, mark pathology with skin marker	<u>T1 AX</u> {7THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF FEMORAL SHAFT <u>T2 AX FSAT</u> {7THK/1GAP} COPY AXIAL SLICES <u>T1 SAG</u> {5THK/2.5GAP} ANGLE II TO FEMORAL SHAFT OFF OF CORONAL IMAGE <u>T2 SAG FSAT</u> {5THK/2.5GAP} COPY SAGITTAL SLICES <u>T1 COR</u> {5THK/2.5GAP} ANGLE II TO FEMORAL SHAFT OFF OF SAGITTAL IMAGE <u>T2 COR FSAT</u> {5THK/2.5GAP} COPY CORONAL SLICES
THIGH W/WO	MASS Include only affected thigh in imaging.	<u>T1 AX</u> {7THK/1GAP} ANGLE PERPENDICULAR TO LONG AXIS OF FEMORAL SHAFT <u>T2 AX FSAT</u> {7THK/1GAP} COPY AXIAL SLICES <u>T1 AX FSAT</u> {7THK/1GAP} COPY AXIAL SLICES <u>T1 SAG</u> {5THK/2.5GAP} ANGLE II TO FEMORAL SHAFT OFF OF CORONAL IMAGE <u>T2 SAG FSAT</u> {5THK/2.5GAP} COPY SAGITTAL SLICES <u>T1 COR</u> {5THK/2.5GAP} ANGLE II TO FEMORAL SHAFT OFF OF SAGITTAL IMAGE <u>T2 COR FSAT</u> {5THK/2.5GAP} COPY CORONAL SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {4THK/0.4GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 (COR or SAG) FSAT C+</u> {copy slice thk/gap by plane} COPY SLICES
THIGH W/WO	RHEUMATOID MYOSITIS/FASCIITIS	<u>T1 AX</u> {10THK/2GAP} ANGLE PERPENDICULAR TO LONG AXIS OF FEMORAL SHAFT

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	Include both thighs (not separate). Keep thighs together (tape if necessary) FOV from iliac crest to above knee. TABLE/BODY COIL	<u>T2 AX FSAT</u> {10THK/2GAP} COPY AXIAL SLICES <u>T1 COR</u> {10THK/2GAP} ANGLE II TO FEMORAL SHAFT OFF OF SAGITTAL IMAGE <u>T2 COR FSAT</u> {10THK/2GAP} COPY CORONAL SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {10THK/2GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COR or SAG FSAT C+</u> {10THK/2GAP} COPY PREVIOUS SLICES
HAMSTRING	TEAR Coronal FOV ~48cm with Iliac crest barely in superiorly and then at least mid-femur inferiorly. Make sure skin is included posteriorly. Its ok to get contralateral leg in FOV.	<u>T1 AX</u> {7THK/2GAP} Angle perpendicular to femoral shaft <u>STIR AX</u> {7THK/2GAP} COPY Axial Slices <u>STIR COR</u> {7THK/2GAP} Angle Parallel to femoral shaft <u>T1 COR</u> {7THK/2GAP} COPY Coronal Slices STIR SAG {7THK/2GAP}
KNEE	MENISCAL TEAR, BAKER'S CYST JOINT EFFUSION, ACL TEAR	<u>PD AX FSAT</u> {4THK/1GAP} SCAN FROM SUPERIOR OF PATELLA DOWN THRU PATELLAR TENDON INSERTION <u>PD SAG HI-RES</u> {3THK/1GAP} MEDIAL CONDYLE TO LATERAL CONDYLE <u>T2 SAG FSAT</u> {3THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS <u>PD COR FSAT</u> {3THK/1GAP} POSTERIOR CONDYLES THRU PATELLA, UNLESS POSTERIOR PATHOLOGY <u>PD COR HI-RES</u> {3THK/1GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
KNEE METAL *must include entire implant	JOINT REPLACEMENT IN KNEE ** PREFERRED TO BE SCANNED ON THE OPEN MRI @ LH'S – IF A MIF, LLC PT	<u>T2 AX</u> {4THK/1GAP} SCAN FROM SUPERIOR OF PATELLA DOWN THRU PATELLAR TENDON INSERTION <u>T1 SAG</u> {3THK/1GAP} MEDIAL CONDYLE TO LATERAL CONDYLE <u>STIR SAG</u> {3THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS <u>T1 COR</u> {3THK/1GAP} POSTERIOR CONDYLES THRU PATELLA, UNLESS POSTERIOR PATHOLOGY <u>STIR COR</u> {3THK/1GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS ***If Rx says to evaluate for a nerve, then please add a T1 Axial.

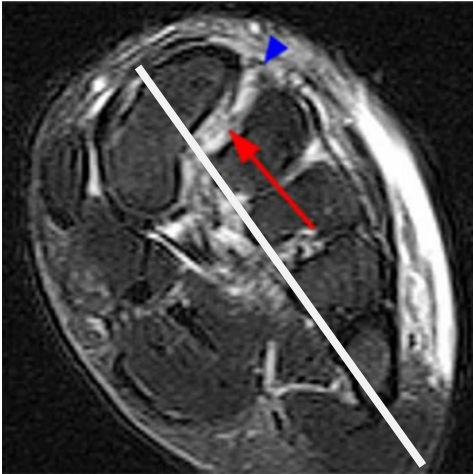
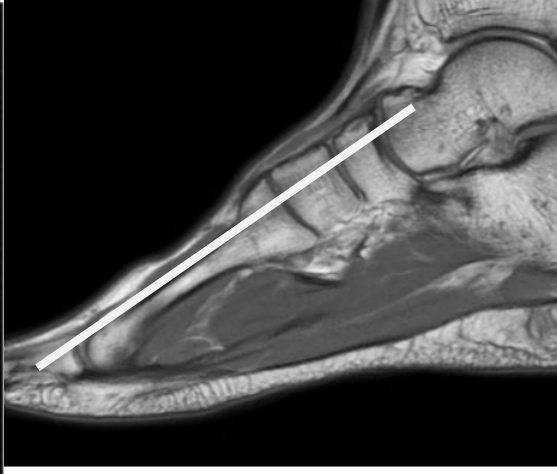
Last updated 7/25/2024

KNEE W/WO INFECTION Or MASS	INFECTION, ABCESS, SWELLING, MASS OR LUMP If for MASS, please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX FSAT</u> {4THK/1GAP} SCAN FROM SUPERIOR OF PATELLA DOWN THRU PATELLAR TENDON INSERTION <u>T2 AX FSAT</u> {4THK/1GAP} COPY SLICES <u>T2 SAG FSAT</u> {3THK/1GAP} COVER SKIN TO SKIN <u>T1 SAG</u> {3THK/1GAP} COVER SKIN TO SKIN COPY PREVIOUS SAGITTAL SLICE LOCATIONS <u>PD COR FSAT</u> {3THK/1GAP} POSTERIOR CONDYLES THRU PATELLA, UNLESS POSTERIOR PATHOLOGY ***If Rx says to evaluate for a nerve, then please add a T1 Axial. **INJECT CONTRAST <u>T1 AX FSAT C+</u> {4THK/1GAP} COPY AXIAL SLICES <u>T1 SAG FSAT C+</u> {3THK/1GAP} COPY SAG SLICES
ANKLE WO	TIBIAL TENDON TEAR(RUN PD/T2 AX OBL TO TENDON), PERONEAL TEAR(RUN PD/T2 AX OBL TO TENDON), AVN, TENDONITIS, TARSAL TUNNEL SYNDROME, PTT, PLANTAR FASCITIS, TRAUMA, BONE MARROW DISORDER, STRESS FX	<u>PD AX HI-RES</u> {3THK/0.5GAP} SCAN FROM DISTAL TIBIA THRU PLANTAR SUBCUTANEOUS SOFT TISSUE <u>PD AX FSAT</u> {3THK/0.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 SAG</u> {3THK/1GAP} LATERAL MALLEOLUS TO MEDIAL MALLOLUS/ ANGLE WITH ANKLE_MORTISE <u>T2 SAG FSAT</u> {3THK/1GAP} COPY PREVIOUS SAGITTAL SLICE LOCATIONS – follow retraction if torn <u>PD COR FSAT</u> {3THK/0.5GAP} POSTERIOR CALCANEUS THRU PROX METATARSAL BASES <u>PD COR HI-RES</u> {3THK/0.5GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
ANKLE WO METAL *check with a Rad to see how much coverage is necessary if metal implant is larger than the area of concern.	TIBIAL TENDON TEAR(RUN PD/T2 AX OBL TO TENDON), PERONEAL TEAR(RUN PD/T2 AX OBL TO TENDON), AVN, TENDONITIS, TARSAL TUNNEL SYNDROME, PTT, PLANTAR FASCITIS, TRAUMA, BONE MARROW DISORDER, STRESS FX	<u>T1 AX</u> {3THK/0.5GAP} SCAN FROM DISTAL TIBIA THRU PLANTAR SUBCUTANEOUS SOFT TISSUE <u>STIR AX</u> {3THK/0.5GAP} COPY SLICES <u>PD COR HI-RES</u> {3THK/0.5GAP} POSTERIOR CALCANEUS THRU PROX METATARSAL BASES <u>STIR COR</u> {3THK/0.5GAP} COPY SLICES <u>T2 SAG STIR</u> {3THK/1GAP} LATERAL MALLEOLUS TO MEDIAL MALLOLUS/ ANGLE WITH ANKLE_MORTISE <u>T1 SAG</u> {3THK/1GAP} COPY SLICE
ANKLE W/WO	BONE MARROW DISORDER, OSTEOMYELITIS,	<u>T1 AX</u> {3THK/0.5GAP} SCAN FROM DISTAL TIBIA THRU PLANTAR SUBCUTANEOUS SOFT TISSUE

Last updated 7/25/2024

	INFECTION, LUMP/MASS MUST PERFORM SUBTRACTIONS	<u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T1 COR</u> {3THK/0.5GAP} POSTERIOR CALCANEOS THRU PROX METATARSAL BASES <u>T2 COR FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T2 SAG FSAT</u> {3THK/1GAP} COVER MEDIAL TO LATERAL MALLEOLUS <u>T1 AX FSAT-PRE</u> {3THK/0.5GAP} COPY SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.5GAP} COPY PRE SLICES <u>T1 (COR or SAG) FSAT C+</u> {3THK/0.5GAP} COPY SLICES ** BEST PLANE**
FOOT WO	All diagnosis – exams ordered as w/o or GFR is too low to give contrast *avoid entire foot whenever possible	<u>T1 AX</u> {3THK/0.5GAP} ANGLE PERPENDICULAR TO MT'S <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T1 COR</u> {3THK/0.3GAP} COVER FROM 1st MT THRU 5th MT <u>T2 COR FSAT</u> {3THK/0.3GAP} COPY SLICES <u>T1 SAG</u> {3THK/0.3GAP} } POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE <u>T2 SAG FSAT</u> {3THK/0.3GAP} COPY SLICES
FOOT W/WO INFECTION	INFECTION, REDNESS, SWELLING, OSTEOMYELITIS *avoid entire foot whenever possible	<u>T1 AX</u> {3THK/0.5GAP} ANGLE PERPENDICULAR TO MT'S <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T1 COR</u> {3THK/0.3GAP} COVER FROM 1st MT THRU 5th MT <u>T2 SAG STIR</u> {3THK/0.3GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE <u>T1 AX FATSAT-PRE</u> {3THK/0.5GAP} COPY SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.5GAP} COPY PRE AXIAL SLICE LOCATIONS <u>T1 (COR or SAG) FSAT C+</u> {3THK/0.3GAP} COPY PREVIOUS SLICES ** BEST PLANE**

Last updated 7/25/2024

FOOT W/WO MASS	MASS, LUMP Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX</u> {3THK/0.5GAP} ANGLE PERPENDICULAR TO MT'S <u>T1 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T1 COR</u> {3THK/0.3GAP} COVER FROM 1st MT THRU 5th MT <u>T2 SAG FSAT</u> {3THK/0.3GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 (COR or SAG) FSAT C+</u> {3THK/0.3GAP} COPY PREVIOUS SLICE LOCATIONS ** BEST PLANE**
MIDFOOT	MT FX, LIS FRANCS TEAR, STRESS FX, LIGAMENT INJURY	<u>T1 AX</u> {3THK/0.5GAP} COVER FROM TARSAIS TO MTP JTS <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T2 SAG FSAT</u> {3THK/0.3GAP} COVER VENTRAL THRU DORSAL SOFT TISSUE <u>T1 COR</u> {3THK/0.3GAP} <u>PARALLEL TO THE METATARSALS IN 2 PLANES</u>, COR/OBLIQUE <u>T2 COR FSAT</u> {3THK/0.3GAP} <u>PARALLEL TO THE METATARSALS IN 2 PLANES</u>, COR/OBLIQUE   
FOREFOOT W/WO	INFECTION, OSTEOMYELITIS	<u>T1 AX</u> {3THK/0.3GAP} COVERAGE FROM TOES THRU MID MT

Last updated 7/25/2024

INFECTION		<u>T2 AX FSAT</u> {3THK/0.3GAP} COPY SLICES <u>SAG STIR</u> {2.5THK/0.5GAP} COVER FROM 1st MT THRU 5th MT <u>T1 COR</u> {3THK/1GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE <u>COR STIR</u> {3THK/1 GAP} COPY SLICES <u>T1 AX FSAT-PRE</u> {3THK/0.3GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.3GAP} COPY PRE AXIAL SLICE LOCATIONS <u>T1 (COR or SAG) FSAT C+</u> { copy slice thk/gap by plane } COPY PREVIOUS SLICE LOCATIONS ** PICK THE BEST PLANE
FOREFOOT W/VO MASS	MASS, LUMP Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX</u> {3THK/0.3GAP} COVERAGE FROM TOES THRU MID MT <u>T2 AX FSAT</u> {3THK/0.3GAP} COPY SLICES <u>T1 AX FSAT</u> {3THK/0.3GAP} COPY SLICES <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} COVER FROM 1st MT THRU 5th MT <u>T1 COR</u> {3THK/1GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE <u>T2 COR FSAT</u> {3THK/1 GAP} COPY SLICES **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.3GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 (COR or SAG) FSAT C+</u> { copy slice thk/gap by plane } COPY PREVIOUS SLICE LOCATIONS ** PICK THE BEST PLANE
FOREFOOT W/VO METAL *must include entire implant	INFECTION, OSTEOMYELITIS, LUMP, MASS	<u>T1 AX</u> {3THK/0.3GAP} COVERAGE FROM TOES THRU MID MT <u>STIR AX</u> {3THK/0.3GAP} COPY SLICES <u>STIR SAG</u> {2.5THK/0.5GAP} COVER FROM 1st MT THRU 5th MT <u>T1 SAG</u> {2.5THK/0.5GAP} COPY SLICES <u>T1 COR</u> {3THK/1GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE

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		<u>STIR COR</u> {3THK/1GAP} COPY SLICES **INJECT CONTRAST <u>T1 AX C+</u> {3THK/0.3GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COR OR SAG C+</u> {3THK/1GAP} COPY PREVIOUS COR SLICE LOCATIONS
MORTON'S NEUROMA W/WO	MORTON'S NEUROMA Please perform SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T1 AX</u> {3THK/0.5GAP} COVERAGE FROM TOES THRU MID MT <u>T1 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T2 AX FSAT</u> {3THK/0.5GAP} COPY SLICES <u>T2 SAG FSAT</u> {3THK/0.5GAP} COVER FROM 1st MT THRU 5th MT <u>T2 COR FSAT</u> {2.5THK/0.5GAP} POSTERIOR SOFT TISSUE THRU ANTERIOR SOFT TISSUE **INJECT CONTRAST <u>T1 AX FSAT C+</u> {3THK/0.5GAP} COPY PREVIOUS AXIAL SLICE LOCATIONS <u>T1 COR FSAT C+</u> {2.5THK/0.5GAP} COPY PREVIOUS CORONAL SLICE LOCATIONS
TOE WO	FRACTURE, PAIN, LIGAMENT/ TENDON INJURY, PLANTAR PLATE INJURY 3T ONLY	<u>PD AX HI-RES</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANGE <u>T2 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>T1 COR</u> {2.0THK/0.5GAP} ANGLE PARALLEL TO ANTERIOR METATARSAL HEAD <u>T2 COR FSAT</u> {2.5THK/0.5GAP} COPY CORONAL SLICES **Run STIR if FSAT ISSUES <u>PD SAG FSAT</u> {2.0THK/0.5GAP} ANGLE PERPENDICULAR CORONAL PLANE <u>T2 SAG FSAT</u> {2.5THK/0.5GAP} COPY SAGITTAL SLICES **Run STIR if FSAT ISSUES ***If Rx says to evaluate for a nerve, then please add a T1 Axial.
TOE W/WO INFECTION	INFECTION, REDNESS, SWELLING, OSTEOMYELITIS, MASS, LUMP Please perform	<u>T1 AX</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR TO LONG AXIS OF PHALANX <u>T2 AX FSAT</u> {2.5THK/0.5GAP} COPY AXIAL SLICES **Run STIR if FSAT ISSUES <u>STIR SAG</u> {2.5THK/0.5GAP} ANGLE PERPENDICULAR WITH SHORT AXIS OF PHALANX **Run STIR if FSAT ISSUES <u>T1 COR</u> {2THK/0.5GAP} ANGLE II WITH SHORT AXIS OF PHALANX

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	SUBTRACTIONS on the T1 Ax Fatsats & export.	<u>T2 COR STIR</u> {2THK/0.5GAP} COPY CORONAL SLICES **Run STIR if FSAT ISSUES <u>T1 AX FSAT-PRE</u> {2.5THK/0.5GAP} COPY SLICES **INJECT CONTRAST - JUST 2 PLANES POST- PICK 2 BEST –YOUR DISCRETION. <u>T1 AX FSAT C+</u> {2.5THK/0.5GAP} COPY PRE SLICES <u>T1 COR or SAG FSAT C+</u> {2THK/0.5GAP} COPY SLICES
SCAPULA (See Example: Acc# 1003557845)	FRACTURE, SCAPULAR PAIN	<u>T1/AX/OBL</u> <u>T2/AX/OBL/FS</u> <u>T1/COR/OBL</u> <u>T2/COR/OBL/FS</u> <u>T1/SAG/OBL</u> <u>T2/SAG/OBL/FS</u> <u>T1/AX/FS/OBL</u> <u>INJECT</u> <u>T1/AX/FS/OBL C+</u> <u>T1/COR/FS/OBL C+</u> <u>T1/SAG/FS/OBL C+</u>
CLAVICLE w/o		<u>Ax T1 02:25</u> – ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE (sag to the body) <u>Ax T2 FS 03:06</u> – ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE (sag to the body) <u>Cor T1 01:58</u>– ANGLE WITH CLAVICLE (cor to the body) <u>Cor T2 FS 03:33</u> – ANGLE WITH CLAVICLE (cor to the body) <u>Sag T1 02:23</u> – ANGLE PARALLEL TO THE LONG AXIS OF THE CLAVICLE (axial to the body) <u>Sag T2 FS 02:07</u> – ANGLE PARALLEL TO THE LONG AXIS OF THE CLAVICLE (axial to the body)

CLAVICLE w/wo		<u>Ax T1</u> – ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE (sag to the body) <u>Ax T2 FS</u>– ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE <u>Cor T1</u> – ANGLE WITH CLAVICLE (cor to the body) <u>Cor T2 FS</u> – ANGLE WITH CLAVICLE (cor to the body) <u>Sag T1</u> – ANGLE PARALLEL TO THE LONG AXIS OF THE CLAVICLE <u>Sag T2 FS</u>– ANGLE PARALLEL TO THE LONG AXIS OF THE CLAVICLE <u>Ax T1 FS</u> – ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE <u>*Contrast</u> <u>C+ Ax T1 FS</u>– ANGLE PERPENDICULAR TO THE LONG AXIS OF CLAVICLE <u>C+ Cor T1 FS</u> – ANGLE WITH CLAVICLE (cor to the body) <u>C+ Sag T1 FS</u>– ANGLE PARALLEL TO THE LONG AXIS OF THE CLAVICLE
STERNUM/SC JOINT	*FOR STERNAL BODY OR ZYPHOID CONCERNS, INCREASE FOV TO INCLUDE ENTIRE STERNUM	<u>COR T1 FSE</u> – FOV 20 3THK/1GAP ANGLE WITH STERNUM ON AXIAL SCOUT <u>COR T2 STIR</u> – FOV 20 3THK/1GAP ANGLE WITH STERNUM ON AXIAL SCOUT <u>AX T1 FSE</u> – FOV 20 5THK/1GAP ANGLE PERPENDICULAR TO LONG AXIS OF STERNUM ON CORONAL IMAGE <u>SAG T1 FSE</u> – FOV 20 4THK/1GAP ANGLE PARALLEL TO LONG AXIS OF STERNUM ON CORONAL IMAGE <u>SAG T2 STIR</u> – FOV 20 4THK/1GAP ANGLE PARALLEL TO LONG AXIS OF STERNUM ON CORONAL IMAGE <u>AX T1 FS</u> – FOV 20 5THK/1GAP ANGLE PERPENDICULAR TO LONG AXIS OF STERNUM ON CORONAL IMAGE <u>AX T2 STIR</u> - FOV 20 5THK/1GAP ANGLE PERPENDICULAR TO LONG AXIS OF STERNUM ON CORONAL IMAGE

TMJ		CLOSED MOUTH <u>T2 CORONAL BILATERAL 10 FOV 2MM X .8</u> <u>T2 SAGITTAL BILATERAL 10 FOV 2MM X .8</u> OPEN MOUTH <u>T2 SAGITTAL BILATERAL OPEN 10 FOV 2MMX .8</u> <u>LEFT SAG T2 CINE 4MM X 0</u> <u>RIGHT SAG T2 CINE 4MM X 0</u>
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