

**PROTOCOL: MRCP WO (LIVER/PANCREAS/BILIARY SYSTEM)**

**CLINICAL INDICATIONS/ HISTORY:** CHOLELITHIASIS, BILIARY DILATATION, COMMON DUCT OBSTRUCTION

SCAN ORDER	PLANE	IMAGE CONTRAST / WEIGHTING	MODE	PULSE SEQ	COVERAGE	TR RANGE	TE RANGE	FLIP ANGLE	THICKNESS / GAP (mm)	FOV (cm)	MAX PIXEL - Fr x Ph (mm)	PHASE AXIS	SEND TO PACS	MAX SCAN TIME (TARGET)
1	COR	T2	2D	SSFSE/ HASTE	ENTIRE ABDOMEN: KIDNEYS, LIVER, PANCREAS, ADRENALS FROM ABOVE DIAPHRAGM TO BIFURCATION OR THROUGH LOWEST KIDNEY	>1000	100	>130	5/1	40	1.0X2.0	SI	FULL SERIES	<18s BH
2	AX	T2	2D	SSFSE/ HASTE	ENTIRE ABDOMEN	>1000	100	>130	5/1	36	1.25X2.25	PA	FULL SERIES	<18s BH
3	AX	T1 DIXON/FLEX IN/OUT/FS	3D	LAVA FLEX/ VIBE DIXON	ENTIRE ABDOMEN	MIN	AUTO	8-15	3-4/OVLP	36	1.25X2.25	PA	IN/OUT/WATER	<18s BH
4	COR	T2 MRCP FS	2D	SSFSE/ HASTE	4-5 SLICES TO COVER LIVER & PANCREAS	>4000	>180	>130	50/OVLP	32-35	1.0X1.0	RL	FULL SERIES	5s/SLICE
5	RADIAL	T2 MRCP FS	2D	SSFSE/ HASTE	COVER 180 DEGREES STARTING WITH SAGITTAL MOVING CLOCKWISE WITH 22.5 DEGREES SPACING **CENTER ON PORTA HEPATIS/CBD**	>4000	>180	>130	50/22.5 DEGREE SEPARATION	40	1.0X1.0	RL/PA	FULL SERIES	5s/SLICE
<b>SERIES 6: 3D MRCP IS A REQUIRED SEQUENCE AND CANNOT BE SKIPPED. IT IS LENGTHY AND IF YOU HAVE PROBLEMS, PLEASE REACH OUT FOR ASSISTANCE AS THIS SEQUENCE IS DIAGNOSTICALLY CRITICAL.</b>														
6	COR	T2 MRCP FS	3D	SPACE/CUBE /FSE	CENTRAL BILIARY TREE AND PANCREAS	AUTO	>180	>130	1.4-2.0/OVLP	32-35	1.3x1.85	RL/PA	FULL SERIES+ AX/SPIN MIP	8:00 (NAVI)
7	AX	T2 FS	2D	FSE/ PROPELLER/ BLADE	ENTIRE ABDOMEN	PER BREATH HOLD	100	>130	5/1	36	1.5X1.5	PA	FULL SERIES	<18s BH
8	AX	DWI b50/800	2D	EPI DWI	ENTIRE ABDOMEN	MIN	MIN	180	5/1	36	3.5X3.5	AP	FULL SERIES+ADC	<18s BH