

# MR PELVIS WO- PLACENTA

Indication/Clinical History: placenta accreta, placenta percreta, succenturiate lobe, vasa previa, placental abnormalities

All scans should be performed with breath hold.

Each sequence should cover the entire uterus/amniotic sac. Preferably done at 1.5T. Preferably done between 28-32 weeks of gestation. Bladder should be at least partially distended. Needs to be monitored by a body radiologist.

**Contrast should NOT be administered under any circumstance.**

SCAN ORDER	PLANE	IMAGE CONTRAST / WEIGHTING	MODE	PULSE SEQ	COVERAGE	TR RANGE	TE RANGE	FLIP ANGLE	THICKNESS / GAP (mm)	FOV (cm)	Max Pixel (mm) Fr x Ph	PHASE AXIS	SEND TO PACS	Max scan time (target)
1	COR		2D	FIESTA	ENTIRE AMNIOTIC SAC	MIN	MIN	50-65	4/0	44-48	1.3X2.7	RL (SI MAY IMPROVE ARTIFACT)	FULL SERIES	<20S BH
2	AX		2D	FIESTA	ENTIRE AMNIOTIC SAC	MIN	MIN	50-65	4/0	36-40	1.3X2.7	AP	FULL SERIES	<20S BH
3	SAG		2D	FIESTA	ENTIRE AMNIOTIC SAC	MIN	MIN	50-65	4/0	36-40	1.3X2.7	PA (SI MAY IMPROVE ARTIFACT)	FULL SERIES	<20S BH
4	AX	T2 (BH)	2D	SSFSE/HASTE	ENTIRE AMNIOTIC SAC	>1000	100	>130	4/0	32-44	1.4X2.0	RL	FULL SERIES	<20S BH
5	SAG	T2 (BH)	2D	SSFSE/HASTE	ENTIRE AMNIOTIC SAC	>1000	100	>130	4/0	32-44	1.4X2.0	SI	FULL SERIES	<20S BH
6	COR	T2 (BH)	2D	SSFSE/HASTE	ENTIRE AMNIOTIC SAC	>1000	100	>130	4/0	38-48	1.5X2.5	RL (SI MAY IMPROVE ARTIFACT)	FULL SERIES	<20S BH
7	AX	T1 FS (BH)	2D	FSPGR/FLASH	ENTIRE AMNIOTIC SAC	MIN	IN+OUT	85	4/0	36-44	1.2X2.8	PA	FULL SERIES	<20S BH