

PROTOCOL: MR NECK WWO (ROUTINE-NOT FOR CANCER DIAGNOSIS)

CLINICAL HISTORY/ INDICATIONS: lump, mass, swelling, palpable abnormality, infection, trauma.
 *This protocol designed to be a general screen for neck pathology. It is not intended to evaluate cancer of the tongue, sinuses, pharynx, skull base, or parotid. This protocol is not optimized to evaluate for peri-neural tumor spread. *

tips:
 -Place a vitamin E capsule or marker over area of palpable abnormality.
 -For post contrast fat suppression, use 3-point DIXON. If not available, do both with and without fat suppression.

SCAN ORDER	PLANE	IMAGE CONTRAST/WEIGHTING	MODE	PULSE SEQ	COVERAGE		TR RANGE	TE RANGE	TI	FLIP ANGLE	THICKNESS/GAP (mm)	FOV (cm)	Max Pixel (mm) Fr x Ph	PHASE AXIS	SEND TO PACS	Max scan time (target)
1	AX	DWI (b1200)	2D	EPI/ RESOLVE	SUPERIOR ORBITAL RIDGE	TOP OF LUNG	>4000	MIN	-	90	5/1	20	2.5X2.5	AP	FULL SERIES + ADC MAP	3:00
2	COR	T1	2D	FSE	COVER ENTIRE NECK		<790	MIN	-	>130	5/5	24-25	1.0X1.0	RL	FULL SERIES	4:00
3	SAG	T1	2D	FSE	COVER ENTIRE NECK		<790	MIN	-	>130	5/1	24-25	1.0X1.0	PA	FULL SERIES	4:00
4	AX	T1	2D	FSE	SUPERIOR ORBITAL RIDGE	THORACIC INLET	<790	MIN	-	>130	5/1	20	.9X.9	RL	FULL SERIES	4:30
5	AX	T2 DIXON/ IDEAL	2D	FSE	SUPERIOR ORBITAL RIDGE	THORACIC INLET	4000-7000	85-105	-	>130	5/1	20	.9X.9	RL	IN-PHASE AND WATER ONLY	5:00
6	COR	STIR	2D	FSE	COVER ENTIRE NECK		3000-6000	45-65	150	>130	5/5	24-25	1.0X1.0	RL	FULL SERIES	5:00
IF CONTRAST ORDERED																
7+C	COR	T1 DIXON/ IDEAL FS	2D	FSE	COVER ENTIRE NECK		<790	MIN		>130	5/5	24-25	1.0X1.0	RL	IN-PHASE AND WATER ONLY	5:30
8+C	AX	T1 DIXON/ IDEAL FS	2D	FSE	SUPERIOR ORBITAL RIDGE	THORACIC INLET	<791	MIN		>131	5/1	20	1.0X1.0	RL	IN-PHASE AND WATER ONLY	5:45

COVERAGE EXAMPLES:



Coronal field of view: superior orbital ridge / top of sella to thoracic inlet



Sagittal field of view: superior orbital ridge to thoracic inlet