

PROTOCOL: MRI THORACIC SPINE WO-ROUTINE

CLINICAL INDICATIONS/ HISTORY BACK PAIN, RADICULOPATHY, POST TRAUMA, DISC DISEASE

- TIPS:**
- Localizer not optional; should include skull base to at least T3 to allow radiologist count vertebral levels.
 - Axial T2 should be aligned to the discs.
 - T1 +C should have fat saturation on all planes, unless it creates extensive artifact due to metal hardware
 - For scoliosis, add a coronal T2 and consider running axial T2s through disc not as a stack.
 - Hospitals should be using STIR + T2, NOT T2 DIXON fat suppression techniques.
 - If metal hardware, scan on 1.5T magnet rather than 3T magnet (if available), and use metal suppression techniques for extended bandwidth or echo train OR metal suppression software like MARS or MAVRIC or WARP

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	SAG	T1	2D	FSE	COVER BONY THORACIC SPINE	<790	MIN	-	>130	3/1	30-32	.7X.7	SI	FULL SERIES	3:00
2	SAG	T2	2D	FSE		4000-7000	90-110	-	>130	3/1	30-32	.7X.7	SI	FULL SERIES	3:00
3	SAG	STIR	2D	FSE		3000-6000	50-70	150	>130	3/1	30-32	1.0X1.0	SI	FULL SERIES	3:30
4A	AX	T2	2D	FSE	UPPER LEVELS FROM MID C7 TO ~T7/8	4000-7000	90-110	-	>120	3.5/1	14-16	1.0X1.0	PA	FULL SERIES	3:30
4B	AX	T2	2D	FSE	LOWER LEVELS FROM OVERLAP POINT TO MID L1	4000-7000	90-110	-	>130	3.5/1	14-16	1.0X1.0	PA	FULL SERIES	3:30
* (IF SCOLIOSIS)	COR	T2	2D	FSE	COVER BONY CERVICAL SPINE	4000-7000	90-110	-	>130	4/0	20-22	.8X.8	RL	FULL SERIES	3:00
* (IF TRAUMA)	SAG	T2*	2D	MEDIC/ MERGE	COVER BONY CERVICAL SPINE	SINGLE ACQ	20-24		20-25	3/1	20-22	1.0X1.0	SI	FULL SERIES	4:30