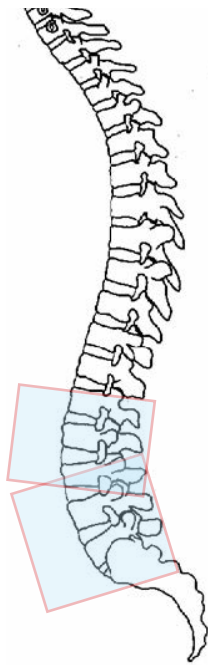
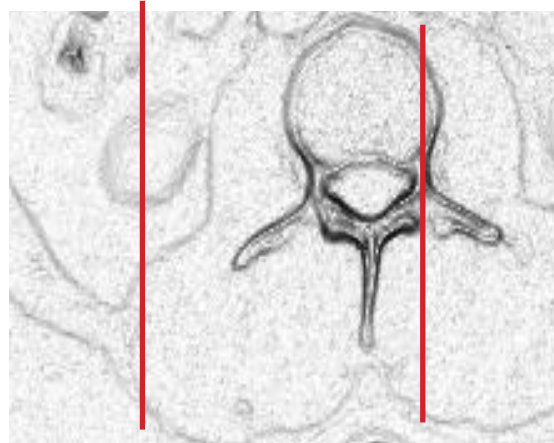


## MRI LUMBAR SPINE



- Abnormalities should be in one stack of axials.
- Do not place the end or beginning of the stack within the abnormality!



### Special Note:

**Contact the radiologist if the patient has multi-level spine studies ordered before performing any of the studies.**

**Any patient that has had prior lumbar surgery MUST be scanned with and without contrast. Contact the radiologist if ordered without prior to scanning the patient.**

**Indications** Radiculopathy, degenerative disease, disk disease, fracture, osteoporosis

**Localizer** scout

Plane	Sequence	Fat Sat	Mode	SLT / SP	FOV	Notes
Sagittal	T2			4/1	28 cm	cover from T12 through S2
Sagittal	T1			4/1	28 cm	
Sagittal	STIR			4/1	28 cm	
Axial	T1			4/1	16-18 cm	Scan Axials as two continuous blocks through l-spine (1) T12-L2/3, angle to L2 (2) L3-S1, angle to L4/5
Axial	T2			4/1	16-18 cm	<b>These may need to be scanned separately if you experience cross-talk/artifact. Do not prescribe axials in one single block without prior radiologist approval.</b>