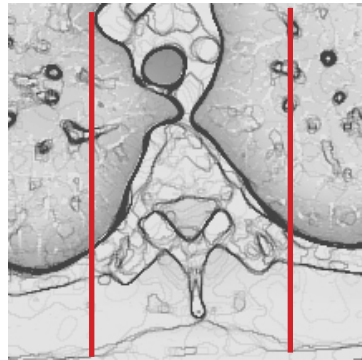


MRI THORACIC SPINE



- Abnormalities should be in one stack of axials.
- Do not place the end or beginning of the stack within the abnormality!
- axial images are typically split into two stacks that should overlap
- The orientation of the two axial stacks should be perpendicular to as many discs as possible

Special Note:

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

Indications Degenerative disk disease, radiculopathy, fracture/stenosis, myelopathy, MS, tumor, mets, infection

Localizer scout

Plane	Sequence	Fat Sat	Mode	SLT / SP	FOV	Notes
Sagittal-counting	T2			3/1	50 cm	Must include C2 through T12 with NO scout pre-sat band so that levels can be accurately counted from above. If surgical artifact obscures cervical disk detail, add lumbar scout including L5-S1.
Sagittal	T1			3/1	30 cm	
Sagittal	STIR			3/1	30 cm	
Sagittal	T2			3/1	30 cm	
Axial	T1			4/1	16-18 cm	C7 to L1 two stacks
Axial	T2			4/1	16-18 cm	
Axial	3D T2			4/1	16-18 cm	optional, if needed