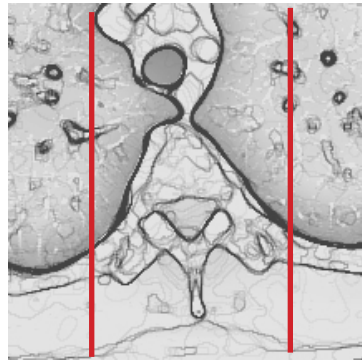


## MRI THORACIC SPINE WITHOUT AND WITH CONTRAST



- 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

**Note:**

Contrast for the thoracic spine will be used in special circumstances only. If there is a question about the appropriateness of gadolinium use, contact the radiologist.

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

**Indications** Myelopathy, cord disease, Syrinx, MS, infection, tumor, mets, discitis, intramedullary disease, complicated post-op problems, osteomyelitis

**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	Y		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
Axial +C	T1	Y		4/1	16-18 cm	C7 to L1 two stacks
Sagittal +C	T1	Y		3/1	30 cm	