Reviewed: Jan 2022 Updated: Sept 2020



## MRA HEAD WITHOUT and NECK WITH CONTRAST

Indications			Intracranial arterial stenosis, occulsion, abnormality		
IV site			IV site in RIGHT arm		
Localizer			3 plane scout		
Notes			Precontrast MRA necessary before post contrast performed		
PLANE	SEQUENCE	FAT SAT	SLT/SP	FOV	NOTES
Axial - head	T1		5 / 1.5	24 cm	entire brain to vertex
Axial - neck	T1	Υ	2 - 5 mm	20 cm	thyroid gland to skull base
Axial - head	3D TOF		< 1.5 or VOI	20 cm	upper C-1 through upper 3rd ventricle. use 2 slabs if necessary
Axial - neck	2D and/or 3D TOF		< 1.5 or VOI	24 cm	cover from thoracic outlet to skull base
Axial neck + C	3D TOF		VOI	24 cm	minimum coverage from aortic arch to floor of sella. subclavian arteries 2 cm distal to the vertebral arteries.

\*\*Do vendor appropriate timing sequence Post processing Neck prior to CE-MRA

Interval ≤0.75 on recons of neck

Send source images

Make sure MIP 'slices' are thin minimum 1. Right ICA, A1-2, M1-2 18 projections, 10 degree angle Name each MIP

- MIP right half of neck in R to L rotation
- MIP Left half of neck in R to L rotation
- MIP entire neck in R to L rotation
- MPR in sagittal and coronal plane. Send source images

Post processing Head

MIP in R to L rotation and cranio-caudal "tumble" rotation

- 2. Left ICA A1-2, M1-2
- 3. Vertebrobasilar, PICA, and P1 & P2 posterior cerebral arteries



