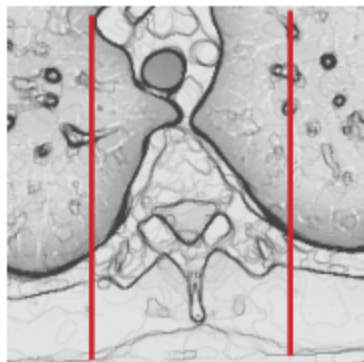
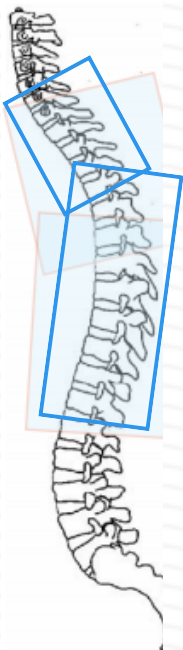


MRI T- SPINE WITHOUT CONTRAST

| | |
|--------------------|---|
| Indications | Degenerative disc disease, radiiculopathy, fracture/stenosis, myelopathy, MS, tumor, mets, infection |
| Localizer | 3 plane scout |
| Note | Contact the Radiologist if the patient has multi-level spine studies ordered before performing any of the studies. |

| PLANE | SEQUENCE | FAT SAT | 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 disc 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 - L1 two stacks optional if needed |
| Axial | T2 | | 4 / 1 | 16 - 18 cm | C7 - L1 two stacks optional if needed |
| Axial | 3D T2 | | 4 / 1 | 16 - 18 cm | C7 - L1 two stacks optional if needed |



- 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