

MSK CHEST MRI

6-20-19

PECTORALIS MUSCLE ****Images****

1. 3 Pl loc SSFSE offset ant 50
2. Ax Cal (PURE)
3. Straight Ax T1 28 FOV 5/1
4. Straight Ax T2 fat
▶ Mid humeral head superiorly through soft tissue of axilla inferiorly
5. Oblq Cor T1 28 FOV 4/1
6. Oblq Cor T2 fat
▶ Grx on Axial parallel to pectoralis muscle/chest wall
▶ From chest wall anteriorly through the entire pectoralis muscle & humerus posteriorly
7. Oblq Sag T1 28 FOV 5/2.5
8. Oblq Sag T2 fat
▶ Grx on Axial perpendicular to pectoralis / chest wall.
▶ From edge of sternum medially through entire humerus laterally. Center S/I at the level of soft tissue of axilla.

COIL:
8ch Cardiac
or GEMS:
Body Array

Request:
MRI Chest
wo

STERNUM

1. 3 Pl loc SSFSE offset ant 80
 2. Ax Cal (PURE)
 3. Oblq Cor T1 24 FOV 4/1
 4. Oblq Cor T2 IDEALarc
▶ Grx on **Sag loc** parallel to long axis of sternum
 5. Oblq Ax T1 **Swap freq to A/P** 22 FOV 5/2.5
 6. Oblq Ax T2 IDEALarc 22 FOV 5/2.5
▶ Grx on obl Cor, above sternal notch to below sternum
 7. Oblq Sag T1 **Swap freq to A/P** 24 FOV 4/1
 8. Oblq Sag T2 IDEALarc
▶ Grx on obl Cor through entire sternum (Rt to Lt)
- OPTIONAL CONTRAST**
9. +C Oblq Cor T1 fat 24 FOV 4/1
 10. +C Oblq Ax T1 IDEALarc 22 FOV 5/2.5
 11. +C Oblq Sag T1 fat 24 FOV 4/1

PRONE if possible
COIL:
8ch Cardiac
or GEMS:
Body Array
Request:
MRI Chest
wo or
w/wo
[Optional Contrast:](#)
[Multihance](#)
[.1mmol/kg](#)
[Max 20 mL](#)
Low eGFR
inpatient
Dose: No
Change

If patient is unable to lie prone for Sternum or SC Joints and there is quality issues with breathing motion, it is OK to run BH or Respiratory Triggered sequences from Chest Wall-Non-specific protocol. It is OK to call the reading room and check to ensure no repeats are needed.

SCAPULA ****IMAGES****

1. 3 Pl loc SSFSE offset post 50
 2. Ax Cal (PURE)
 3. Straight Ax T1 24 FOV 5/2.5
 4. Straight Ax T2 fat
 5. Oblq Cor T1 24 FOV 4/1
 6. Oblq Cor T2 fat
▶ Oblique perpendicular to shoulder joint, parallel to scapula, through entire scapula.
 7. Oblq Sag T1 24 FOV 5/2.5
 8. Oblq Sag T2 fat
▶ Oblique parallel to shoulder joint, perpendicular to scapula, through entire scapula.
- OPTIONAL CONTRAST**
9. +C Straight Ax T1 fat 24 FOV 5/2.5
 10. +C Oblq Cor T1 fat 24 FOV 4/1
 11. +C Oblq Sag T1 fat 24 FOV 5/2.5

COIL:
8ch Cardiac
or GEMS:
Body Array
Request:
MRI Chest
wo
or
MRI Chest
w/wo
Optional Contrast:
[Multihance](#)
[.1mmol/kg](#)
[Max 20 mL](#)
Low eGFR
inpatient
Dose: No
Change

S-C JOINTS (Sternoclavicular)

1. 3 Pl loc SSFSE offset ant 80
 2. Ax Cal (PURE)
 3. Cor T1 Through SC Joints 24 FOV 4/0.5
 4. Cor T2 STIR Through SC Joints 24 FOV 4/0.5
 5. Sag T1 Through SC Joints 24 FOV 4/1
 6. Sag T2 IDEALarc Through SC Jnts 24 FOV 4/1
 7. Ax T1 Through SC Joints 20 FOV 4/0.5
 8. Ax T2 IDEALarc Through SC Jnts 20 FOV 4/0.5
- OPTIONAL CONTRAST**
9. +C Cor T1 fat 24 FOV 4/0.5
 10. +C Sag T1 fat 24 FOV 4/1
 11. +C Ax T1 IDEALarc 20 FOV 4/0.5

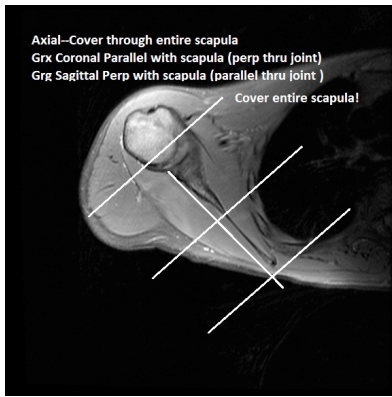
COIL:
If Prone, use
8Ch cardiac
16 ch wrap
coil or
NVPA
Request:
MRI Chest
wo or w/wo
Optional Contrast:
[Multihance](#)
[.1mmol/kg](#)
[Max 20 mL](#)
Low eGFR
inpatient
Dose: No
Change

CHEST WALL—Non-Specific

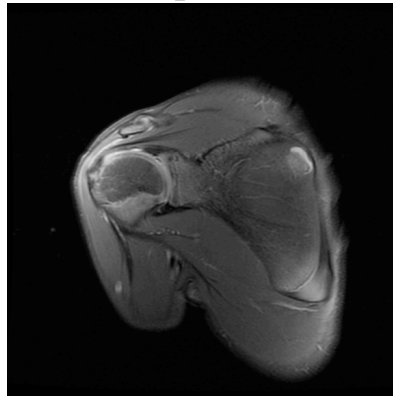
- ▶ Radiologists should specify coverage. Please check prior to contrast. Sequences in scanners are very thin. Depending on coverage and area needed slice thickness may be increased.
1. 3 Pl Loc
 2. Ax T1 FSE Breath hold
 3. Ax T2 fat FRFSE Resp triggered
 4. Sag T2 fat FRFSE Resp triggered
 5. Sag T1 Breath hold
 6. Cor T1 FSE Breath hold
 7. Cor T2 fat FR FSE Resp triggered
- POST CONTRAST IF PROTOCOLED**
8. +c Ax T1 fat Breath hold
 9. +c Sag T1 fat Breath hold
 10. +c Cor T1 fat Breath hold
- ***please substitute any of these sequences for IDEALarc Sequences if Fat Sat is poor or you have a Large FOV

COIL:
8ch Cardiac
or GEMS: Body
Array
Request:
MRI Chest wo
or
MRI Chest w/wo
Optional Contrast:
[Multihance](#)
[.1mmol/kg](#)
[Max 20 mL](#)
Low eGFR
inpatient Dose: No
Change

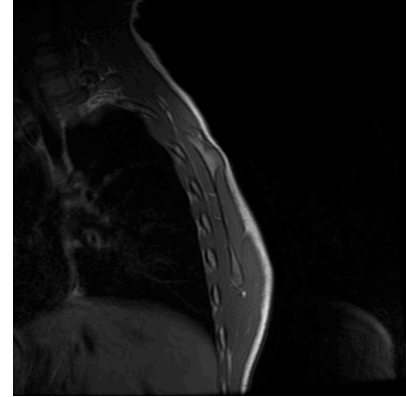
Scapula Set up:



Cor Scapula



Sag Scapula



Pectoralis Muscle Set up:

