

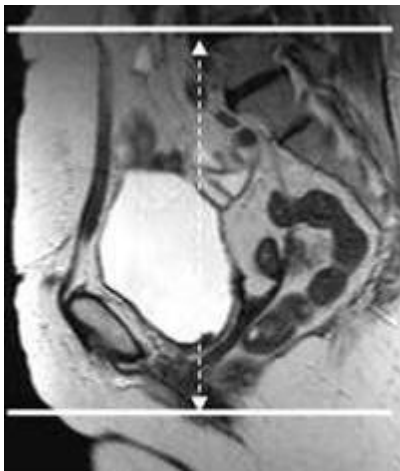
Anatomy: **Athletic Pubalgia**  
 Sub-Anatomy: **Pelvis 1.5T or 3T**

- Exams **ORDERABLE- Pelvis**  
 - Routine Coil: **Torso coil**

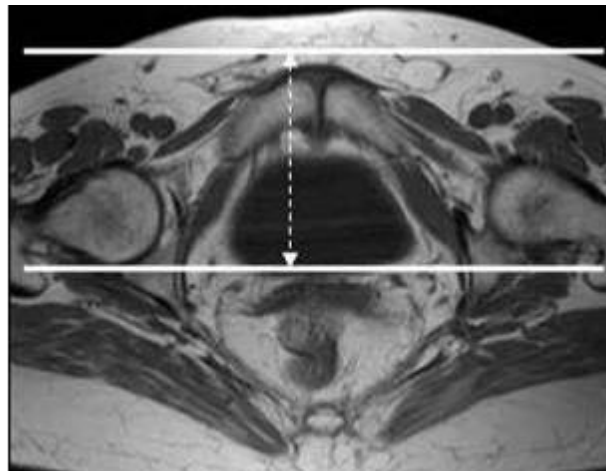
SEQUENCE - BASICS																	
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M T X	% R F O V	Gap (mm)	Voxel size (mm)	TR	TE	F A/ TI	Nex Avg Acq	NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz	
<b>ROUTINE</b>																	
	<b>3 plane scout</b>		Only GRE														
1	<b>AX T2 FS</b>	<b>4x0.6x0.7</b>				0.4		4000	50-65								
2	<b>Ax T1</b>	<b>4x0.6x0.7</b>				0.4		600	6-9								
3	<b>Cor T1</b>	<b>4x0.6x0.7</b>				0.4		600	6-9								
4	<b>Cor STIR</b>	<b>4x0.6x0.7</b>				0.4		2000	25-35								
5	<b>Sagittal T2fs</b>	<b>4x0.6x0.7</b>				0.4		4000	50-65								
6	<b>Obli Cor T2 SPAIR</b>	<b>4x0.6x0.7</b>				0.4		4000	50-65								
<b>↓ OPTIONAL ↓</b>																	
	<b>Ax STIR</b>	<b>4x0.6x0.7</b>	Failed fat sat			0.4		2000	25-35								

**Instructions: FOV and Coverage-** On axials, cover from L4-5 to just below lesser trochanters and from skin to skin. On coronal, cover till midpelvis. On sagittals, cover from greater trochanter to greater trochanter. Coronal oblique is parallel to axis of pubic bone from skin to midpelvis.

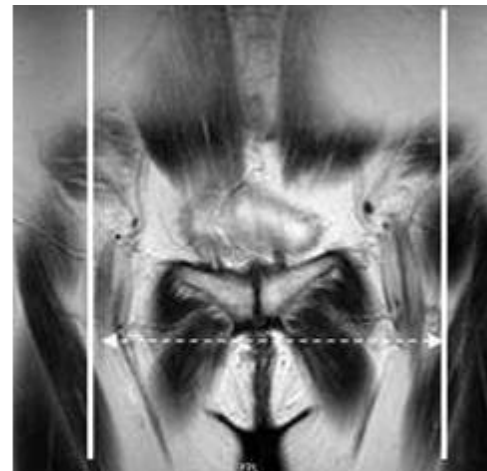
**Others-** Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



**Axial Coverage**



**Coronal Coverage**



**Sagittal Coverage**



**Oblique Cor scans**