

Anatomy: Unilateral Hip  
 Sub-Anatomy: HIP- 1.5T- Metal

- Exams **ORDERABLE- HIP – Unilateral**  
 - Routine Coil: HIP (Torso coil)

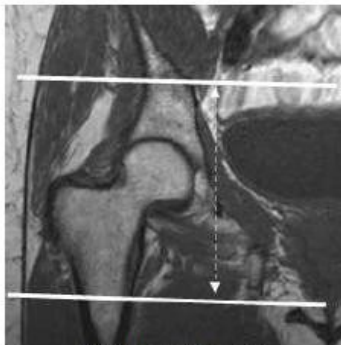
(If possible, prefer to do on the Avanto scanner using WARP software)

PLANE	SEQ	Slice thickness (mm)	Misc / Comment	gap	TR	TE	FA/TI		NS	ETL Turbo Factor
<b>ROUTINE</b>										
	<b>3 plane scout</b>		Only use GRE							
<b>1</b>	<b>Ax STIR</b>	<b>4x0.5x0.6</b>		10%	4000	20-25				
<b>2</b>	<b>Cor STIR</b>	<b>4x0.5x0.6</b>		10%	4000	20-25				
<b>3</b>	<b>Cor PD</b>	<b>4x0.5x0.6</b>		10%	4000	25-30				
<b>4</b>	<b>Sag PD</b>	<b>4x0.5x0.6</b>		10%	4000	25-30				
<b>5</b>	<b>Ax PD</b>	<b>4x0.5x0.6</b>		10%	4000	25-30				
<b>6</b>	<b>Cor T1</b>	<b>4x0.5x0.6</b>		10%	600	7-9				
<b>↓ OPTIONAL ↓</b>										
	<b>Sag STIR</b>	<b>4x0.5x0.6</b>	Failed fat sat	10%	4000	20-25				

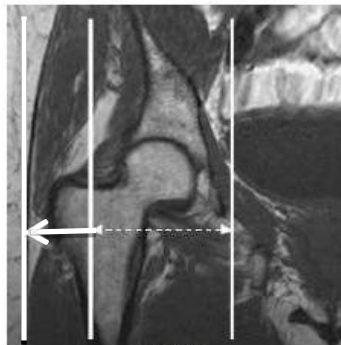
**Instructions: FOV and Coverage-** On axials, cover above the acetabulum to femoral metadiaphyseal junction. On coronals, just anterior to femoral vessels to behind the ischial spine/tuberosity. On sagittals, cover from medial to acetabulum to slightly lateral to greatertrochanter.

Keep high ETL, low TE, high bandwidth, freq encoding gradient along metal, small echospacing. NO FREQUENCY Selective FS or SPIR

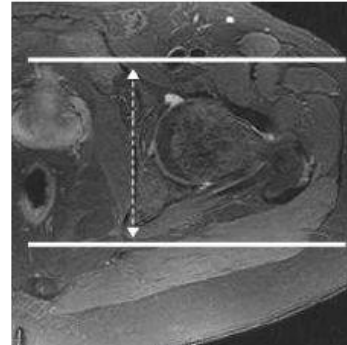
**Others-** Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



Axial Image Coverage



Sagittal



Coronal