

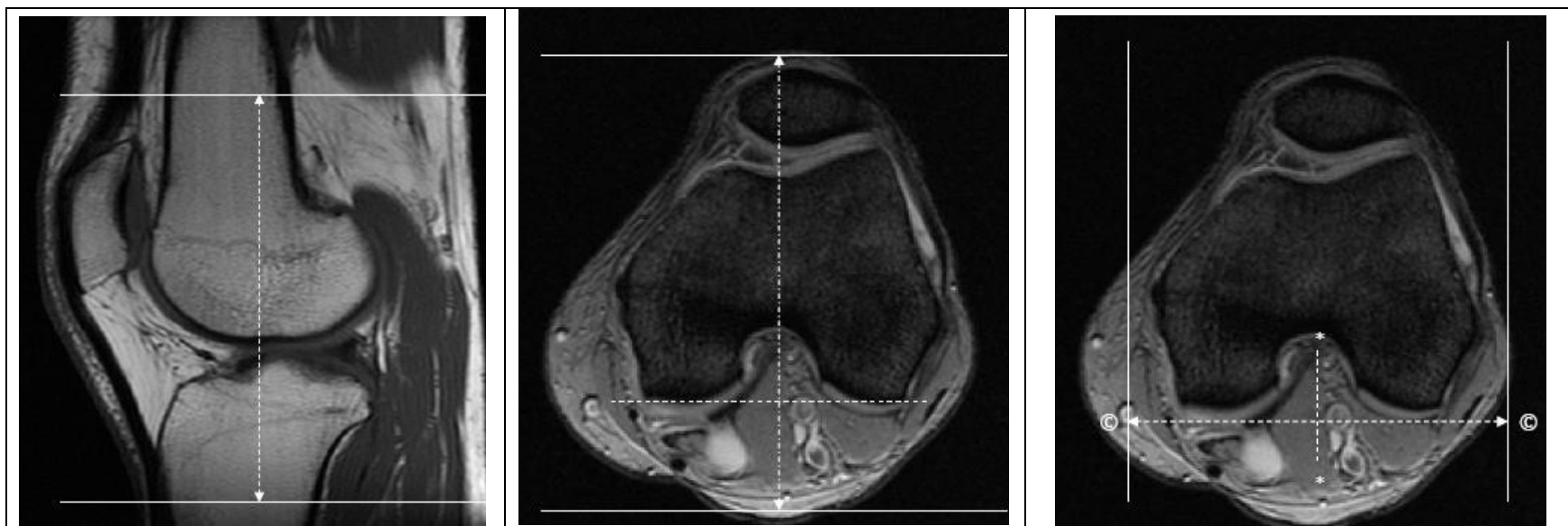
Anatomy: **LOWER EXTREMITY**
 Sub-Anatomy: **KNEE- MR Arthro 1.5T**

- Exams **ORDERABLE- KNEE**
 - Routine Coil: **KNEE**

SEQUENCE - BASICS																
PLANE	SEQ	Slice thickness (mm)	Comment	gap	FOV (cm)	% R F O V	Slices	Voxel size (mm)	TR	TE	N S	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz	
ROUTINE																
	3 plane scout		Only GRE													
1	Sag T1 FS	4x0.4x0.5		10%					600	6-9						
2	Sag PD FS	4x0.4x0.5		10%					4000	35-40						
3	Cor T1FS	4x0.4x0.5		10%					600	6-9						
4	Cor PD FS	4x0.4x0.5		10%					4000	35-40						
5	AX PD FS	4x0.4x0.5		10%					4000	35-40						
6	Ax T1 VIBE no FS	3D		10%												
↓ OPTIONAL ↓																
	Cor STIR	4x0.4x0.5	Failed fat sat	10%					4000	30-35						

Instructions: FOV and Coverage- On axials, cover just above the quadriceps fat pad to just below the fibular neck. On coronals, cover from skin to skin. On sagittals, cover from slightly medial to medial epicondyle to slightly lateral to lateral epicondyle.

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	Coronal (parallel to fem condyle)	Sagittal (perpendicular to coronal)
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