

Anatomy: **LOWER EXTREMITY**
 Sub-Anatomy: **KNEE- Ortho 3T**

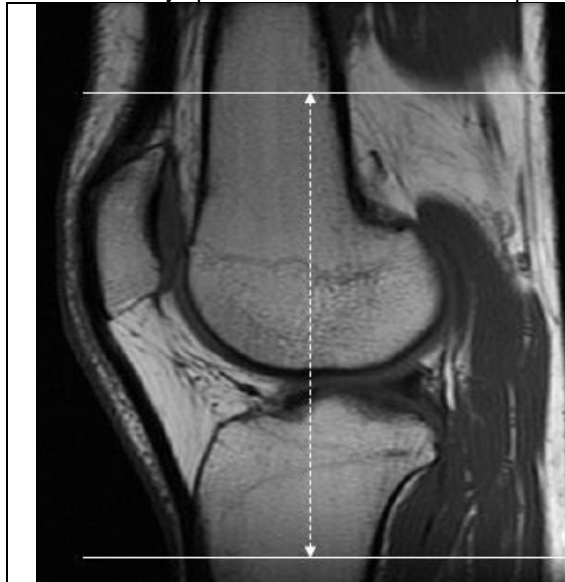
- Exams **ORDERABLE- KNEE**
 - Routine

Coil: **KNEE (vs. m flex coil for large pt)**

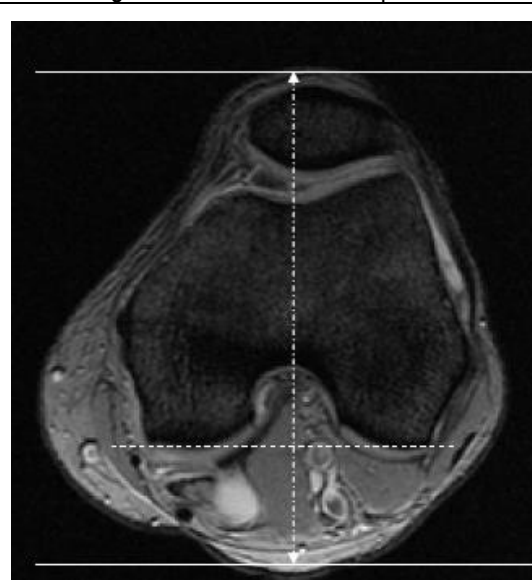
SEQUENCE - BASICS																	
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M	T	X	Gap	% R F O V	Voxel size (mm)	TR	TE		NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
ROUTINE																	
	3 plane scout		Only use GRE														
SAG	PD	3.5					10%		0.4x0.5	3000	40-45						
SAG	PD FS	3.5					10%		0.4x0.5	3000	40-45						
COR	PD mDIXON	3.5					10%		0.4 x 0.5	3000	35-40						
AX	T2 mDIXON	3.5					10%		0.4x 0.5	3000	35-40						
COR	3D PD	3.5					10%		0.65x 0.65	3000	35-40						
↓ OPTIONAL ↓																	
SAG	STIR	3.5	Failed fs						30-35	3000							

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. **Large subject:** Increase voxel-0.7 mm, use mFlex coil, if problem with SNR or wrap, etc- call OPB/PMH for remote monitoring help. **Reconstruction for 3D-** 0.65 mm in Sagittal and axial planes

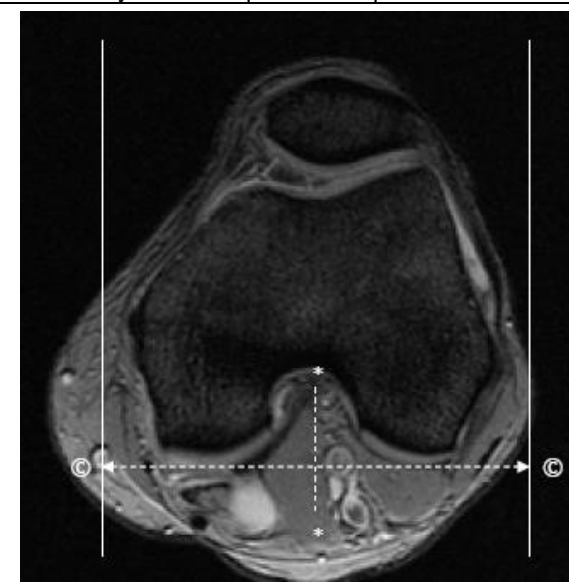
Others- Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



Axial



Coronal (parallel to fem condyle)



Sagittal (perpendicular to coronal)