## UT Southwestern Department of Radiology

Anatomy: UPPER EXTREMITY - Exams ORDERABLE- Elbow
Sub-Anatomy: Rheumatology Elbow- 3T Ortho - Routine Coil: Flex coil

SEQUENCE - BASICS														
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	MT X	Gap	Sc an	Voxel size (mm)	TR	TE	N S	ETL Turbo	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
	ROUTINE					%	()			4	Factor		()	
	3 plane scout		Only use GRE											
1	Sag fs PD	3.5	OILE		10%		0.4x0.5	3000	35-40					
2	Cor fs PD	3.5			10%		0.4x0.5	3000	35-40					
3	Ax fsPD	3.5			10%		0.4x0.5	3000	35-40					
4	Cor PD	3.5			10%		0.4x0.5	3000	40-45					
5	Axial PD	3.5			10%		0.4x0.5	3000	40-45					
6	Axial DWI	4/0	7 b values											
7	Cor 3D PD	0.65			0									
8	Sag mDIXON pre	1.0	iso		3D		1x1x1							
9	Cor 4D TRAKS		25 dynamic											
10	Sag mDIXON post	1.0	iso		3D		1x1x1							
<b>1</b>	OPTIONAL ↓													
	STIR	3-4	Failed fat sat		10%		0.4x05	3000						

Instructions: FOV and Coverage- Always try to do in superman position with elbow in the center of FOV. On coronal, cover from skin to skin. On axials, cover humeral meta-diaphyseal junction to just below radial tuberosity. On sagittals, cover from medial to common flexor tendon and lateral to common extensor tendon.

Large subject: Increase voxel-0.7-0.75 mm, use mFlex coil, if problem with SNR or wrap, etc- call OPB/PMH for remote monitoring help.

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.

4D TRAKS use weight based dose and start injection and scan at the same time. Make sure there is 25 dynamic scans. 2cc/sec

