UT Southwestern Department of Radiology

Anatomy: LOWER EXTREMITY - Exams ORDERABLE- HIP - Unilateral
Sub-Anatomy: Rheumatology HIP- Ortho 3T - Routine Coil: HIP (Torso coil)

SEQUENCE - BASICS													
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M T X	Gap	Voxel size (mm)	TR	TE		ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
	ROUTINE												
	3 plane scout		Only use GRE										
AX	mDIXON QUANT	3.5											
COR	PD mDIXON	3.5	unilateral		10%	0.5x0.6	3000	35-40					
SAG	PD FS	3.5	unilateral		10%	0.5x0.6	3000	35-40					
AX	T2 mDIXON	3-4	unilateral		10%	0.5x0.6	3000	55					
AX	DWI	4/0	7 b values										
SAG	3D PD SPAIR	3D	unilateral		0	0.65 iso							
SAG	T1 mDIXON Pre	3D				1x1x1							
COR	4D TRAKS		25 dynamics										
SAG	T1 mDIXON Post	3D				1x1x1							
\downarrow	OPTIONAL ↓							•	•			•	•
	STIR	3.5	Failed fat sat		10%	0.5x0.6	3000						

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 greater trochanter.

Large subject: Use torso coil, increase voxel size to 0.75mm or resort to 2D imaging; 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 - Dose dependent on patients weight. Inject and scan at the same time - 25 dynamic scan. 2cc/sec







