

Anatomy: Scapula, Pectoralis Major Tear
 Sub-Anatomy: Scapula, 3T or 1.5T

- Exams
 - Routine

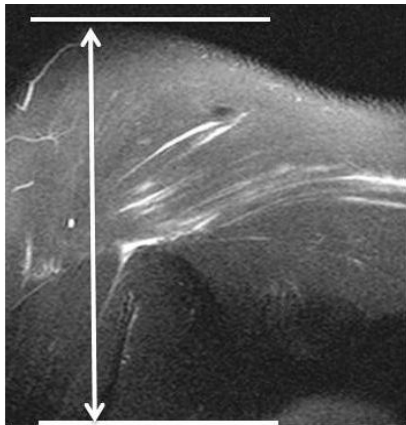
ORDERABLE- Chest

Coil: Torso or large flex Coil

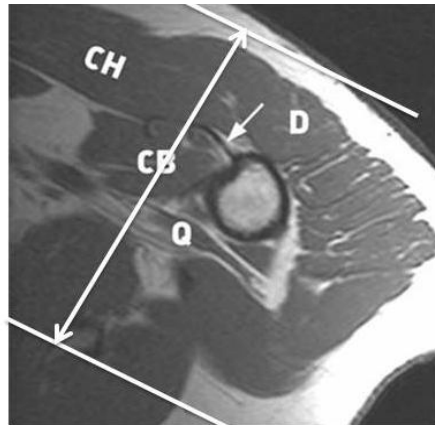
SEQUENCE - BASICS																		
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M	T	X	% R F O V	Gap (mm)	Voxel size (mm)	TR	TE	F A/ TI	Nex Avg Acq	NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
	ROUTINE																	
	3 plane scout		Only GRE															
1	AX T2 SPAIR	4 x0.5x0.6						0.5		4000	50-65							
2	Ax T1	4 x0.5x0.6						0.5		600	6-9							
3	Ax PD	4 x0.5x0.6						0.5		2000	35-40							
4	Cor Obl STIR	4 x0.5x0.6						0.5		2000	25-35							
5	Cor Obl 3DT2 TSW	1mm isotropic	SPACE, CUBE or VISTA					0		2000	110							
	↓ OPTIONAL ↓																	
	Sag or axial STIR	4 x0.5x0.6	Failed fat sat					0.5		2000	25-35							

Instructions: FOV and Coverage- Do only one side in the FOV, unless ordered or protocolled for both sides. Axial T1, PD and T2 SPAIR (SITR if poor fat sat) --are straight axials from contralateral paramidline to ipsilateral lateral border of arm; Craniocaudal - from clavicle to midarm -- 4 mm thick
 The obl coronals are T2 SPACE/VISTA/CUBE non-fat sat (1mm isotropic) and STIR (4 mm thick)- along the axis of pect major --anteroposterior- skin to midlung and craniocaudal from clavicle to mid arm.

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 Coverage



Coronal Oblique Coverage