

UT Southwestern Department of Radiology

**ORDERABLE-
SHOULDER**

Anatomy: **UPPER EXTREMITY**
 Sub-Anatomy: **Shoulder- 3T Arthrogram**

- Exams
 - Routine

Coil: **Shoulder (avg pt) / mFlex coil (large pt)**

SEQUENCE - BASICS				VARIABLE PARAMETERS														
PLANE	SEQ	Slice Thickness (mm)	Misc / Comment	MT X	Gap	% RFO V	Slices	Voxel size (mm)	TR	TE			NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz	
ROUTINE																		
	3 plane scout		Only GRE															
1	Cor Obl fs T1W	3-4			10%			0.5x0.6	600	6-9								
2	Cor obl fs PDW	3-4			10%			0.5x0.6	3000	35-40								
3	Sag Obl fs T1W	3-4			10%			0.5x0.6	600	6-9								
4	Ax fsT1W	3-4			10%			0.5x0.6	600	6-9								
5	Sag Obl T1W	3-4			10%			0.5x0.6	600	6-9								
6	Sag 3D PD VISTA	3D	Do not send first 11-15 images to PACS		0			0.7 iso										
7	Ax T1 VIBE no FS	3D																
8	ABER fs T1W	3-4			10%			0.5x0.6	600	6-9								

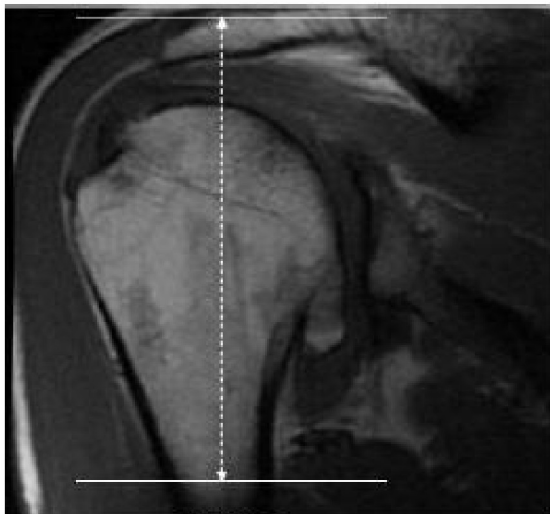
Instructions: FOV and Coverage- On axials, cover from humeral meta-diaphyseal junction to the skin surface. On coronals, cover deltoid to deltoid- oblique, parallel to scapula.

On sagittals, cover from skin to chest wall- oblique- perpendicular to scapula. Put some towel/cloth over the shoulder to avoid coil shine through near skin surface.

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

Reconstruction for 3D- 0.7 mm / acquired voxel in axial and sagittal planes.

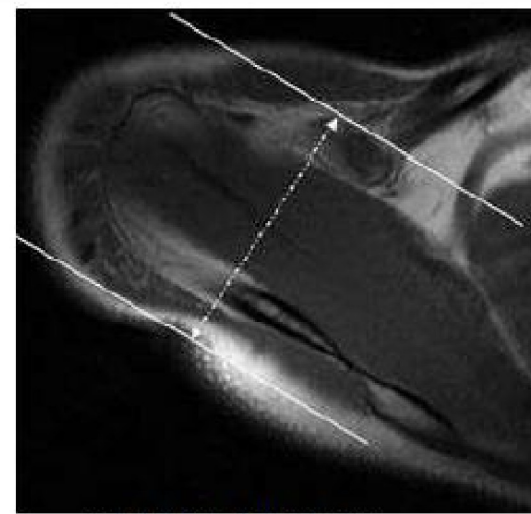
Others- Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



AXIAL Coverage



SAGITTAL OBLIQUE Coverage



CORONAL OBLIQUE Coverage

TIPS:



ABER patient position



ABER

Imaging plane taken from
 coracoclavicular ligament; for
 ABER position. Planes should
 be drawn parallel to long axis
 of humeral shaft.