

**Sternoclavicular Joint, Sternum, Chest**

- Exams

Anatomy: Chest

Sub-Anatomy: Chest, 3T or 1.5T

- Routine

Coil: Torso or large flex Coil

Pixel Shift

SEQUENCE - BASICS																
PLANE	SEQ	Slice thickness (mm)	Comment	M	%	Gap	Voxel	TR	TE	F	Nex	NS	ETL	Phase	Scan TIME	BW-kHz
ROUTINE				X	R	(mm)	size			A/	Avg		Turbo	Encode	(min)	
					F		(mm)			TI	Acq		Factor			
	3 plane scout		Only GRE													
1	AX T2 SPAIR	3-4 x0.5x0.6				0.5		4000	50-65							
2	Ax T1	3-4 x0.5x0.6				0.5		600	6-9							
3	Cor T1	3-4 x0.5x0.6				0.5		600	6-9							
4	Cor STIR	3-4 x0.5x0.6				0.5		2000	25-35							
5	Sag fsT2W	3-4 x0.5x0.6				0.5		4000	50-65							
↓ OPTIONAL ↓																
	Sag or axial STIR	4 x0.5x0.6	Failed fat sat			0.5		2000	25-35							

**Instructions: FOV and Coverage-** Include both sides and medial 1/3 of clavicles if for sternoclavicular joints. For sternum, focus on the sternal field of view with above sequences. Image in prone position if possible, to reduce breathing artifacts. Add HASTE if breathing artifacts. If for chest in general or rib fracture, cover skin to chest and both chest walls for comparison similar to CT chest. Add contrast if suspicion of infection or mass lesion.

**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.

Orderable: UTSW – Chest