Cervical Spine

Scan notes:

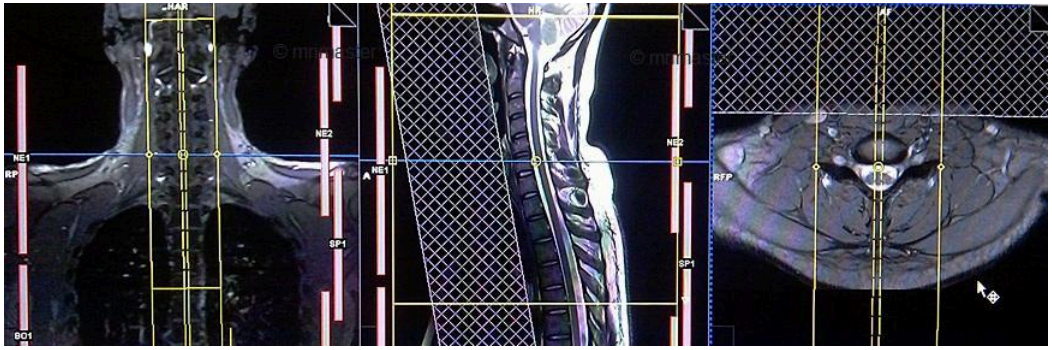
If trauma, chiari, craniocervical junction anomaly, or MS, extend axial T2 through pons

Revised 11/11/2021
Charge as: MR cervical spine WO IV contrast; MR cervical spine W WO IV contrast
Scanner: 1.5T or 3T
Coil: Head Coil/Flex Coil (flex coil may be needed if anterior head coil cannot clamp)

Plane	Weighting	Slice	Gap	FAT SAT	Scan Range
SAG	T1	3mm	0.3mm	None	FOV must be big enough to cover whole cspine from pons to T4. Slices must be sufficient to cover the spine from lateral borders of transverse process
SAG	T2	3mm	0.3mm	None	FOV must be big enough to cover whole cspine from pons to T4. Slices must be sufficient to cover the spine from lateral borders of transverse process
SAG	STIR	3mm	0.3mm	None	FOV must be big enough to cover whole cspine from pons to T4. Slices must be sufficient to cover the spine from lateral borders of transverse process
AXIAL	T2	3mm	0.3mm	None	Angle slices perpendicular to spinal cord. Slices must be sufficient to cover whole cspine. (just above C1 to T1)
AXIAL	GRE	3mm	0.3mm	None	Angle slices perpendicular to spinal cord. Slices must be sufficient to cover whole cspine. (just above C1 to T1)
IF W contrast run T1 axial pre contrast.					
AXIAL	T1	3mm	0.3mm	None	Angle slices perpendicular to spinal cord. Slices must be sufficient to cover whole cspine. (just above C1 to T1)
Inject contrast					

SAG	T1 Dixon	3mm	0.3mm	Strong	FOV must be big enough to cover whole cspine from pons to T4. Slices must be sufficient to cover the spine from lateral borders of transverse process
AXIAL	T1	3mm	0.3mm	None	Angle slices perpendicular to spinal cord. Slices must be sufficient to cover whole cspine. (just above C1 to T1)

SAG Image Planning:



AXIAL Image Planning:

