

# IAC W+WO IV CONTRAST Protocol

Scan notes:

For neonates (<2 years old), please use the 2D T1 sagittal and axial sequences and axial GRE. (The 3D sequences are more susceptible to motion artifact.)

- MUST Reformat 3D CISS to SAG OBL perpendicular to LT and RT IAMS (see screenshot examples)

Revised 08/23/2021

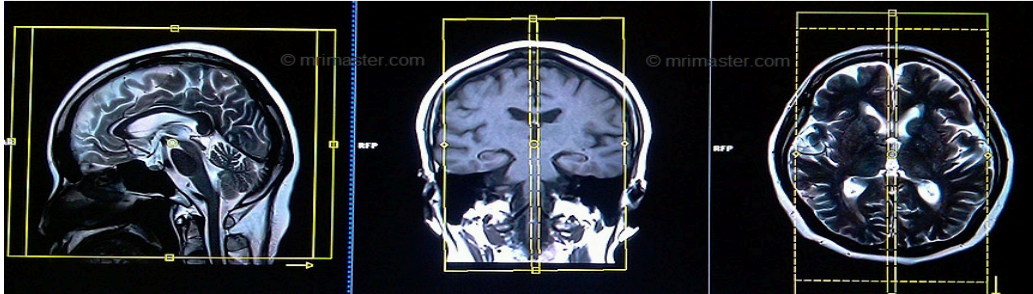
Charge as: Inner Auditory Canals/Posterior Fossa W+WO IV CONTRAST

Scanner: 1.5T or 3T

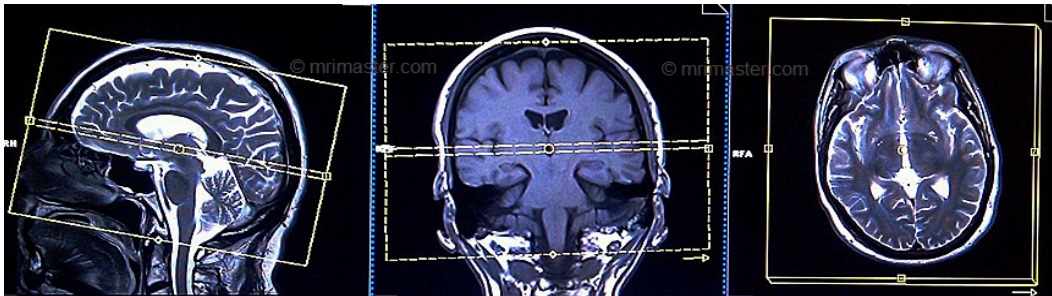
Coil: Head Coil/Flex Coil (flex coil may be needed if anterior head coil cannot clamp)

Plane	Weighting	Slice	Gap	FAT SAT	Scan Range
<b>SAG</b>	T1 MPRAGE 3D	1mm	0.5m m	None	Whole brain/parallel to midline of brain. MUST BE REROMATTED TO AXIAL
<b>AXIAL</b>	Diffusion	4mm	0mm	None	Whole brain/parallel to AC/PC line
<b>AXIAL</b>	T2 Flair	4mm	0mm	Yes	Whole brain/parallel to AC/PC line
<b>AXIAL</b>	T2	4mm	0mm	None	Whole brain/parallel to AC/PC line
<b>AXIAL</b>	T2 SWI	2mm	0.4m m	None	Whole brain/parallel to AC/PC line
<b>COR</b>	T1	3mm	.3mm	None	IAMS from posterior border of sphenoid sinus up to fourth ventricle/parallel to LT and RT IAMS
<b>AXIAL</b>	T1	3mm	.3mm	None	IAMS from the hippocampus up to C1 vertebral body/parallel to LT and RT IAMS
<b>AXIAL</b>	T2 CISS 3D	0.6m m	.12m m	None	IAMS from the hippocampus up to C1 vertebral body/parallel to LT and RT IAMS (MUST Reformat to SAG OBL perpendicular to LT and RT IAMS)
<b>Inject Contrast</b>					
<b>COR</b>	T1	3mm	.3mm	Yes	IAMS from posterior border of sphenoid sinus up to fourth ventricle/parallel to LT and RT IAMS
<b>AXIAL</b>	T1	3mm	.3mm	Yes	IAMS from the hippocampus up to C1 vertebral body/parallel to LT and RT IAMS
<b>AXIAL</b>	T1	4mm	0mm	None	Whole brain/parallel to AC/PC line

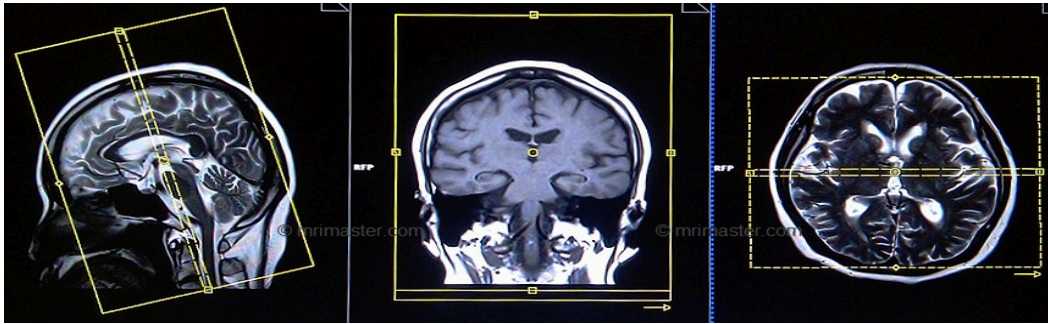
### Brain SAG Image Planning:



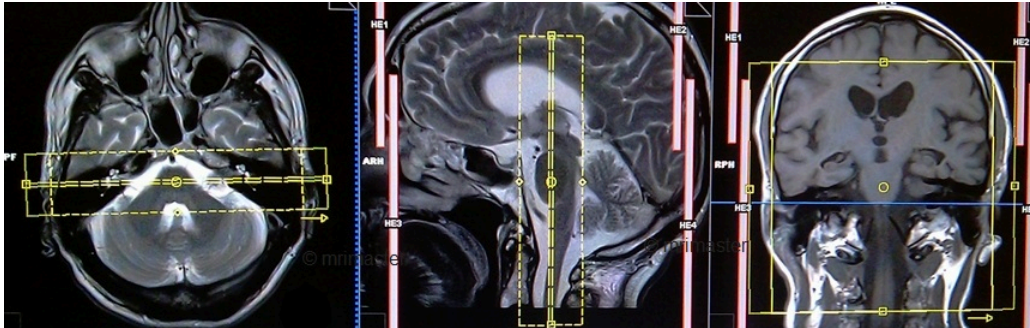
### Brain AXIAL Image Planning:



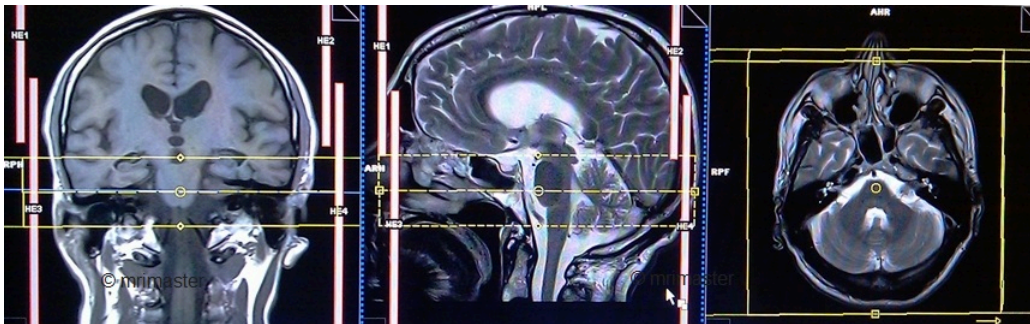
### Brain COR Image Planning:



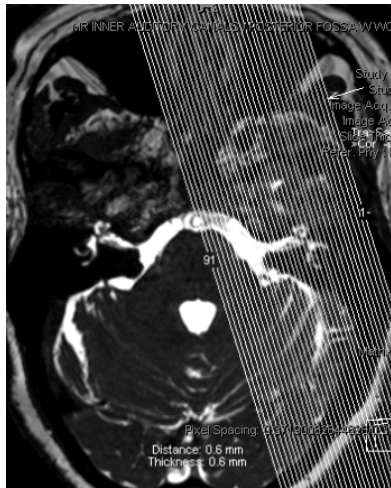
### IAM COR Image Planning:



### IAM AXIAL Image Planning:



### Left IAM 3D CISS Reformat Planning:



### Right IAM 3D CISS Reformat Planning:

