

MR Long Bones Tumors Infection

Last Updated: 2/2020

Name	Plane	Sequence	FOV	TE	TR
AX T1	Axial	T1	See Note 1	15	<700
AX T2	Axial	T2	See Note 1	60	>3000
AX T2 FATSAT	Axial	T2 Fat Sat	See Note 1	60	>3000
COR T1	Coronal (or Sagittal, Note 2)	T1	See Note 1	15	<700
COR STIR or SAG STIR	Coronal (or Sagittal, Note 2)	STIR	See Note 1	40	>3000
COR STIR OVERVIEW or SAG STIR OVERVIEW	Coronal (or Sagittal, Note 2)	STIR	Large, to include the entire bone.	40	>3000
AX T1 FATSAT	**Optional Precontrast Axial	T1 Fat Sat	See Note 1	15	<700
POST AX T1 FATSAT	**Optional Postcontrast Axial	T1 Fat Sat	See Note 1	15	<700
POST COR T1 FATSAT or POST SAG T1 FATSAT	**Optional Postcontrast Coronal (or Sagittal, Note 2)	T1 Fat Sat	See Note 1	15	<700

Notes:

- For foot / heel infection protocols, please see the dedicated page for **foot** and **heel** infection protocols.
- FOV should be appropriate to the desired body part and the pathology, and should completely encompass the abnormality.
- Acquire T1 and STIR images in a second plane, either coronal or sagittal, to best demonstrate the pathology.
- The large FOV STIR should include the entire bone in question, and should also be in the same second plane.
- **Consult with the radiologist to determine if contrast is necessary. Please note, that if contrast is given, PRE- and POST-contrast scans (3 scans total) must be done. If contrast is not given, do NOT do a T1 fat sat scan.**