

## MR Cervical Spine

Last Updated: 12/2025

Name	Plane	Sequence	Slice	Gap	FOV	Scan Range
3-Plane Localizer	Ax, Sag, Cor					
SAG T1	Sagittal	T1 FLAIR	3 mm	0.3 mm	28	Pons to T4
SAG T2	Sagittal	T2 TSE or T2 CUBE	3 mm	0.3 mm	28	Pons to T4
SAG STIR	Sagittal	T2 TSE STIR	3 mm	0.3 mm	28	Pons to T4
AX T2	Axial	T2 TSE	3 mm	0.3 mm	12	C1 to T1
AX T2* MERGE/MEDIC	Axial	T2* MEDIC/MERGE	3 mm	0.3 mm	12	C1 to T1
<b>OPTIONAL - INJECT CONTRAST 3 min delay</b>						
AX T1 FS POST	Axial	T1 FS TSE	3 mm	0.3 mm	12	C1 to T1
SAG T1 FS POST	Sagittal	T1 FS TSE	3 mm	0.3 mm	20	Pons to T4

### Notes:

- Place saturation band over neck in front of esophagus
- May use T2 CUBE 1mm axials if available
- If excessive hardware, skip T\* MEDIC/MERGE sequence. Decrease hardware susceptibility artifact on other sequences by increasing bandwidth, ETL, or spatial resolution.
- Contrast only for mass/mets, myelopathy or infection
- Contrast type- per site. Contrast dose- 0.2mL/kg
- No fat sat or use metal artifact suppression techniques (MAVERICK) on post contrast if significant hardware

#### Images:

- SAGITTAL- Plan on coronal plane, angle parallel to spinal cord, cover pons to T4 (see Figures 1, 2, 3)
- AXIAL- Plan on sagittal plane, angle perpendicular to the spinal canal, cover C2-T1 (see Figures 5, 6, 7)

Figure 1:

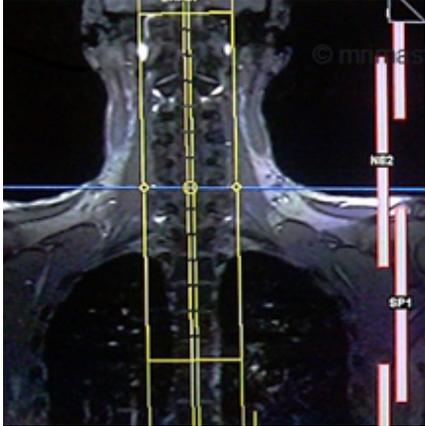


Figure 4:

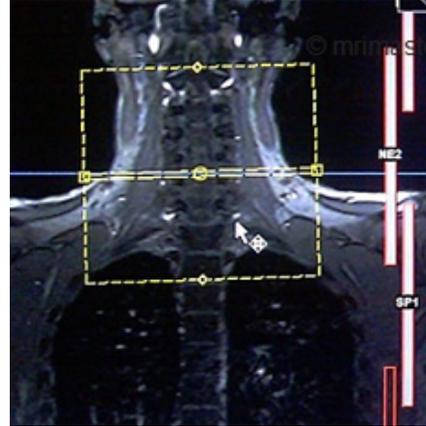


Figure 2:

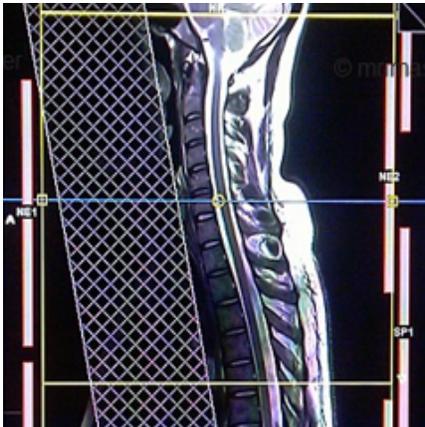


Figure 5:

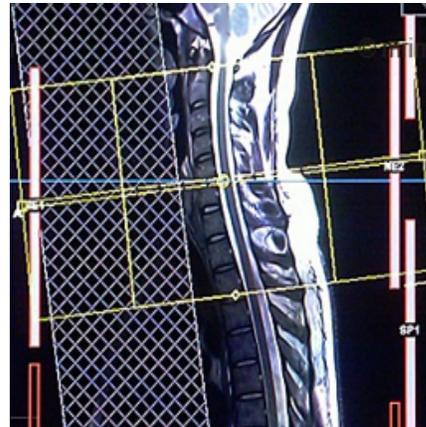


Figure 3:

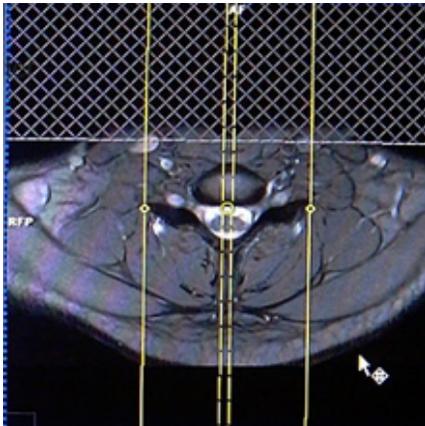


Figure 6:

