

**MR Lumbosacral Plexus**

Last Updated: 12/2025

Name	Plane	Sequence	Slice	Gap	FOV	Scan Range
3-Plane Localizer	Ax, Sag, Cor				40	
SAG STIR	Sagittal	T2 STIR	5 mm	0.5 mm	35	L2 - Ischial tuberosities, hip to hip
COR T1	Coronal	T1 TSE	5 mm	0.5 mm	35	L2 - Ischial tuberosities, hip to hip
3D COR STIR CUBE/SPACE	Coronal	T2 STIR CUBE/SPACE	1 mm	0 mm	35	L2 - Ischial tuberosities, hip to hip
OBL COR T2 FS	Coronal Oblique	T2 TSE SPAIR	5 mm	0.5 mm	20	L4 - Coccyx, parallel to sacrum
AX T1	Axial	T1 TSE	3 mm	0.3 mm	30	L2 - Ischial tuberosities, hip to hip
AX T2 FS	Axial	T2 TSE SPAIR	3 mm	0.3 mm	30	L2 - Ischial tuberosities, hip to hip
<b>OPTIONAL - INJECT CONTRAST 3 min delay</b>						
COR T1 FS POST	Coronal	T1 TSE FS or IDEAL	3 mm	0.3 mm	35	L2 - Ischial tuberosities, hip to hip
AX T1 FS POST	Axial	T1 TSE FS	3 mm	0.3 mm	30	L2 - Ischial tuberosities, hip to hip

**Notes:**

- 3T preferred unless pelvic/lumbosacral hardware present
- Send source isotropic 3D Cor STIR CUBE/SPACE and 10mm MIPs
- Contrast recommended unless contraindicated for renal impairment
- 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

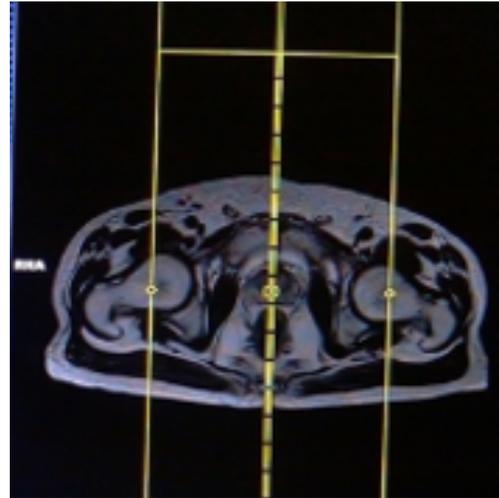
**Images:**

- SAGITTAL (see Figures 1, 2, 3)
- CORONAL (see Figures 4, 5, 6)
- OBLIQUE CORONAL (see Figures 7, 8, 9)
- AXIAL (see Figures 10, 11, 12)

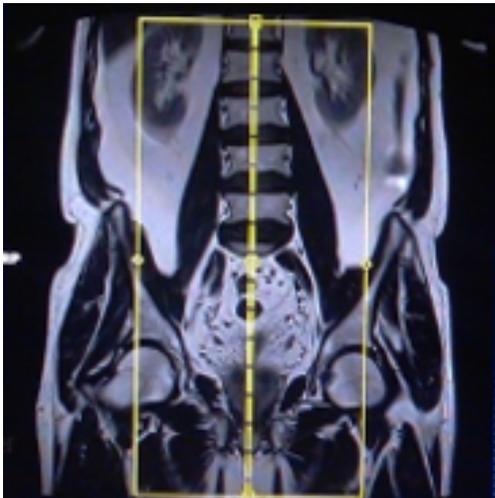
**Figure 1:**



**Figure 3:**



**Figure 2:**



**Figure 4:**



Figure 5:

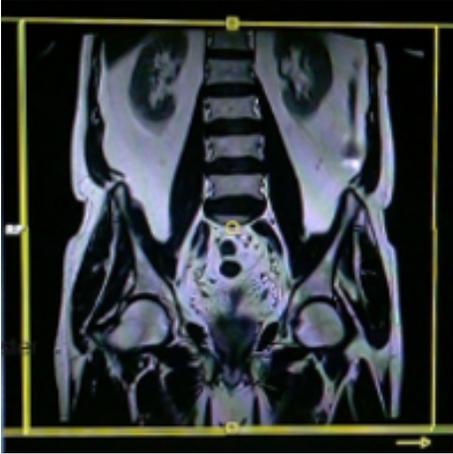


Figure 8:

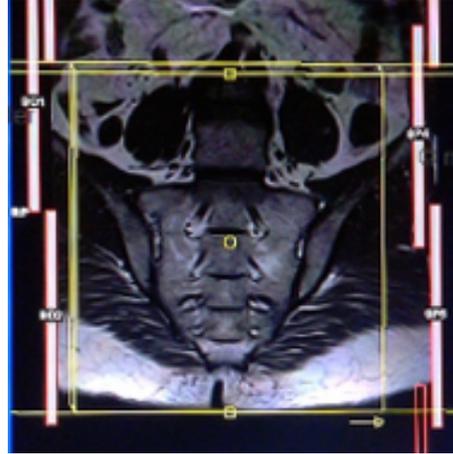


Figure 6:

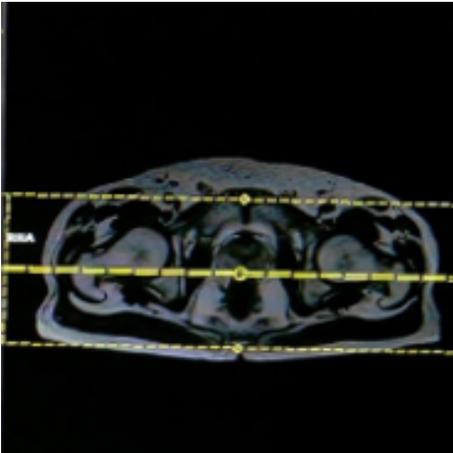


Figure 9:

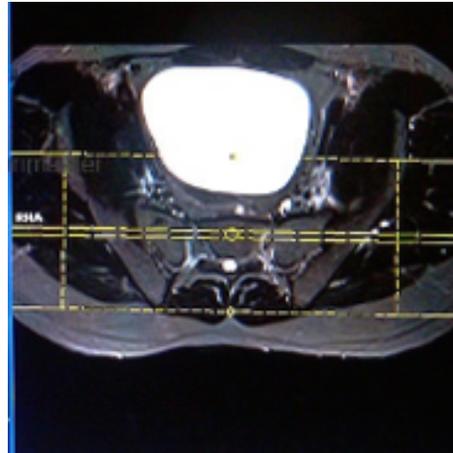


Figure 7:



Figure 10:

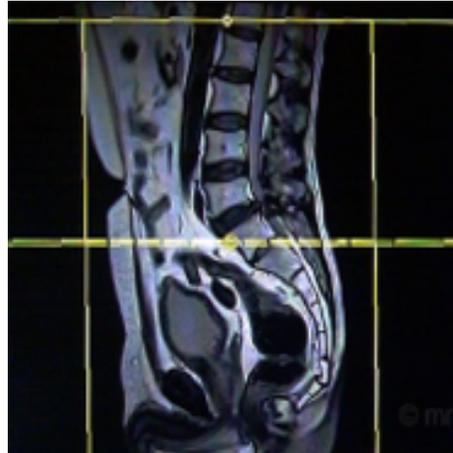


Figure 11:

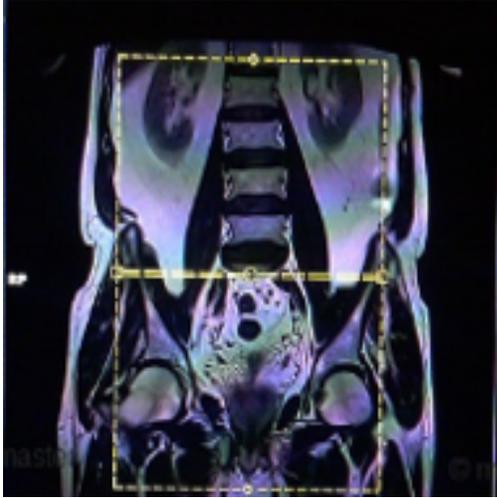


Figure 12:

