

**MR Thoracic Spine**

Last Updated: 12/2025

Name	Plane	Sequence	Slice	Gap	FOV	Scan Range
3-Plane Localizer	Ax, Sag, Cor					
SAG COUNTER	Sagittal	T2 TSE	5 mm	0.5 mm	48	C2 to L1
COR T2 (optional if scoliotic)	Coronal	T2 TSE	5 mm	0.5 mm	28	C7 to T1
SAG T1	Sagittal	T1 FLAIR	3 mm	0.3 mm	30-35	C7 to L1 pedicle to pedicle
SAG T2	Sagittal	T2 TSE	3 mm	0.3 mm	30-35	C7 to L1 pedicle to pedicle
SAG STIR	Sagittal	T2 TSE STIR	3 mm	0.3 mm	30-35	C7 to L1 pedicle to pedicle
AX T2	Axial	T2 TSE	4 mm	0.4 mm	15	T1 to T12
AX T2* MERGE/MEDIC (Optional - if MS)	Axial	T2* MEDIC/MERGE	4 mm	0.4 mm	15	T1 to T12
AX T1 (optional - if w & w/o)	Axial	T1 TSE	4 mm	0.4 mm	15	T1 to T12
<b>OPTIONAL - INJECT CONTRAST 3 min delay</b>						
AX T1 FS POST	Axial	T1 FS TSE	4 mm	0.4 mm	15	C1 to T1
SAG T1 FS POST	Sagittal	T1 FS TSE	3 mm	0.3 mm	30-35	C7 to L1

**Notes:**

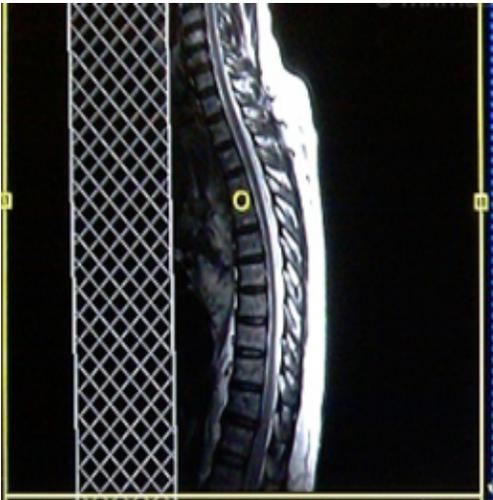
- Place saturation band anterior to spine
- Axial T2\* MEDIC/MERGE only in MS or in trauma at level of injury
- Coronal T2 only if significant scoliosis noted on localizer
- Axial T1 only on w & w/o
- Contrast only for mass/mets, myelopathy or infection

- Contrast type- per site. Contrast dose- 0.2mL/kg
- No fat sat on post contrast or use hardware artifact suppression techniques (MAVERICK) if significant hardware

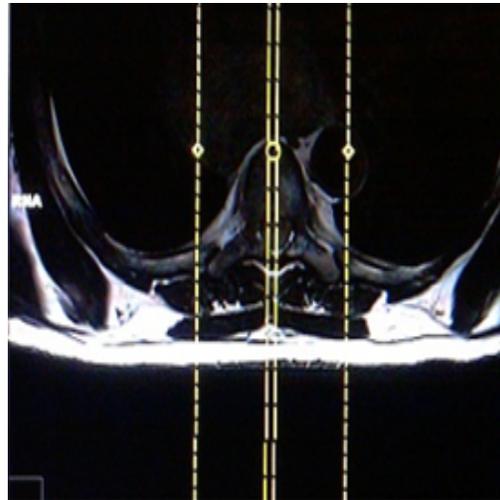
**Images:**

- SAGITTAL - Plan on coronal plane, angle parallel to spinal cord (see Figures 1, 2, 3)
- AXIAL- Plan on sagittal plane, angle perpendicular to the spinal canal (see Figures 4, 5, 6)

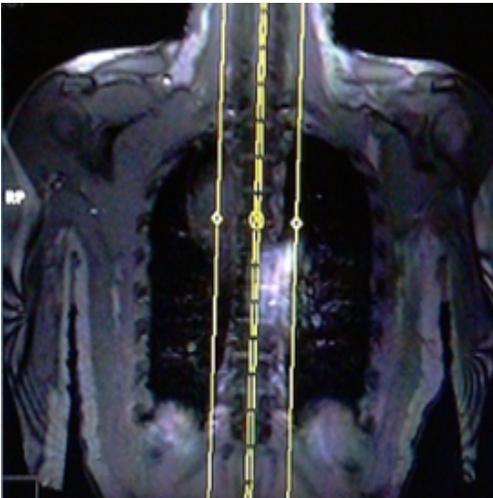
**Figure 1:**



**Figure 3:**



**Figure 2:**



**Figure 4:**

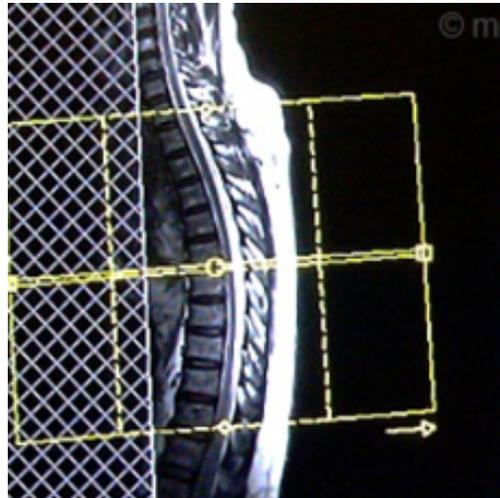


Figure 5:

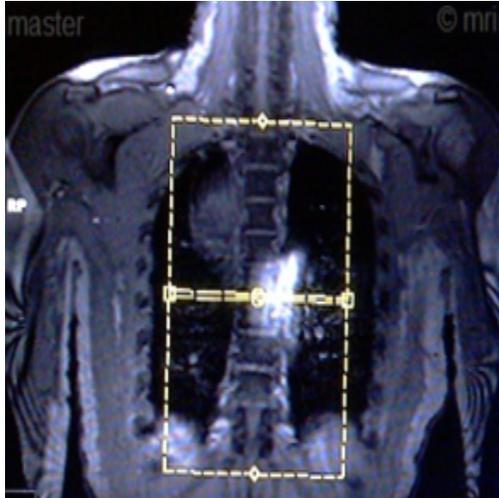


Figure 6:

