RADIOLOGY ASSOCIATES OF NORTH TEXAS, P.A.

MR Face And Sinuses
Last Updated: 04/2026

Name	Plane	Type	Thick	Space	FOV	Scan Range
Localizer	All 3 Planes					
Sag T1	Sagittal	Spin Echo T1	3 mm	0.3 mm	18, can adjust to fit to patient	Scalp to scalp, include whole of face and posteriorly to 4th ventricle
AX T1	Axial	Spin Echo T1	3 mm	0.3 mm	18, can adjust to fit to patient	Above frontal sinus through mandible
Cor T1	Coronal	Spin Echo T1	3 mm	0.3 mm	18, adjust if needed	Tip of nose to floor of 4th ventricle
AX T2 Fat Sat	Axial	Dixon preferred, particularly at 3T	3 mm	0.3 mm	18, adjust if needed	Above frontal sinus through mandible
Cor T2 Fat Sat/STIR	Coronal	Dixon preferred, particularly at 3T	3 mm	0.3 mm	18, adjust if needed	Tip of nose to floor of 4th ventricle
INJECT IF WITH CONTRAST						
AX T1 Fat Sat	Axial	Spin echo T1, Dixon preferred	3 mm	0.3 mm	18, adjust if needed	Above frontal sinus through mandible
Cor T1 Fat Sat	Coronal	Spin echo T1, Dixon preferred	3 mm	0.3 mm	18, adjust if needed	Tip of nose to floor of 4th ventricle
Sag T1 Fat Sat	Sagittal	Spin echo T1, Dixon preferred	3 mm	0.3 mm	18, adjust if needed	Scalp to scalp, include whole of face and posteriorly to 4th ventricle

Contrast:

- Type: Facility Protocol
- Dose: Facility Protocol
- Delay: 1 Min

Notes:

- No fat saturation on pre-contrast T1 images
- If below 3T or with time constraint can use different fat suppression techniques, ie STIR for the T2s

- If Dixon used send in phase and fat subtracted images
- For planning:
    - Axial Plane – Parallel to Hard Palate
    - Coronal Plane – Can Align To Floor of 4th Ventricle
    - Sagittal Plane – Align to Midline