

MR Neck Soft Tissues

Last Updated: 04/2026

Name	Plane	Type	Thick	Space	FOV	Scan Range
Localizer	All 3 Planes					
AX T1	Axial	Spin Echo T1	4 mm	0.4 mm	20-22, can adjust to fit to patient, do not cut out nose, ears, or areas of interest denoted in history	Mid orbits to aortic arch
Cor T1	Coronal	Spin Echo T1	4 mm	0.4 mm	20-22, adjust if needed	Tip of nose through posterior elements of spine, extend if area of interest is located posteriorly, can exclude portion of head above the orbits and chest below aortic arch
AX T2 Fat Sat	Axial	Dixon preferred, particularly at 3T	4 mm	0.4 mm	20-22, adjust if needed	Mid orbits to aortic arch
Cor T2 Fat Sat/STIR	Coronal	Dixon preferred, particularly at 3T	4 mm	0.4 mm	20-22, adjust if needed	Tip of nose through posterior elements of spine, extend if area of interest is located posteriorly, can exclude portion of head above the orbits and chest below aortic arch
INJECT IF WITH CONTRAST						
AX T1 Fat Sat	Axial	Spin echo T1, Dixon preferred	4 mm	0.4 mm	20-22, adjust if needed	Mid orbits to aortic arch
Cor T1 Fat Sat	Coronal	Spin echo T1, Dixon preferred	4 mm	0.4 mm	20-22, adjust if needed	Tip of nose through posterior elements of spine, extend if area of interest is located posteriorly, can exclude portion of head above the orbits and chest below aortic arch
Optional* Sag T1 fat sat	Sagittal	Spin Echo	4 mm	0.4 mm	20-22, adjust if needed	Ear to ear, can exclude head above the orbits and chest below aortic arch, do not cut off parts of face

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 – Perpendicular to Axials
 - Sagittal Plane – Align to Midline