

Anatomy: LOWER EXTREMITY
 Sub-Anatomy: Rheumatology KNEE- Ortho 3T

- Exams **ORDERABLE- KNEE**
 - Routine

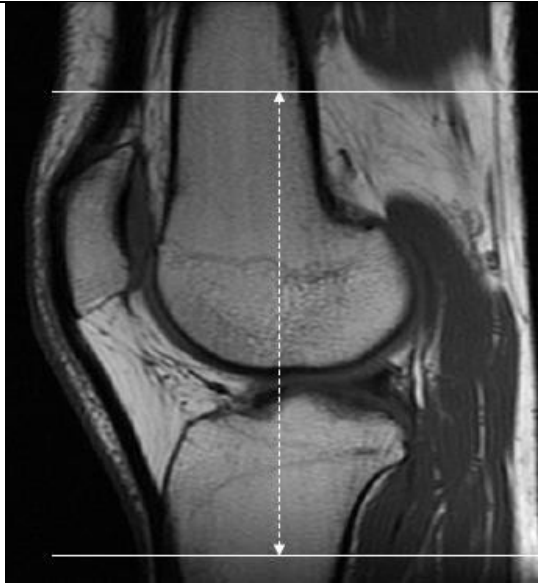
Coil: KNEE (vs. m flex coil for large pt)

SEQUENCE - BASICS															
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M T X	Gap	% R F O V	Voxel size (mm)	TR	TE		NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
ROUTINE															
	3 plane scout		Only use GRE												
SAG	PD	3.5			10%		0.4x0.5	3000	40-45						
SAG	PD FS	3.5			10%		0.4x0.5	3000	40-45						
COR	PD mDIXON	3.5			10%		0.4 x 0.5	3000	35-40						
AX	T2 mDIXON	3.5			10%		0.4x 0.5	3000	35-40						
COR	3D PD	3.5			10%		0.65x 0.65	3000	35-40						
AX	DWI	4/0	7 b values												
SAG	T1 mDIXON Pre	3D					1x1x1								
COR	4D TRAKS		25 dynamics												
SAG	T1 mDIXON Post	3D													
↓ OPTIONAL ↓															
SAG	STIR	3.5	Failed fs				30-35	3000							

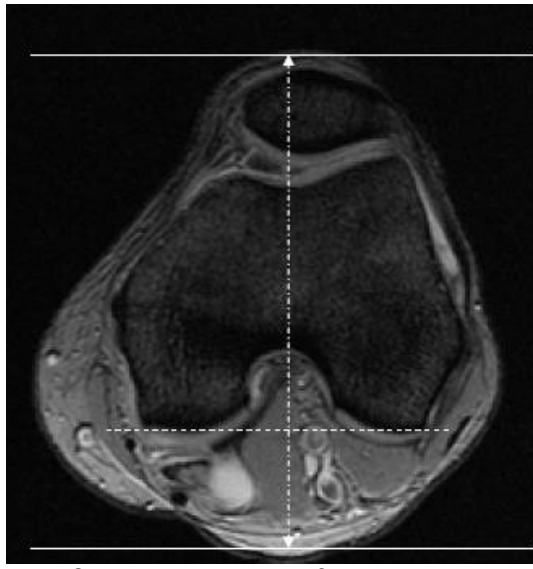
Instructions: FOV and Coverage- On axials, cover just above the quadriceps fat pad to just below the fibular neck. On coronals, cover from skin to skin. On sagittals, cover from slightly medial to medial epicondyle to slightly lateral to lateral epicondyle. **Large subject:** Increase voxel-0.7 mm, use mFlex coil, if problem with SNR or wrap, etc- call OPB/PMH for remote monitoring help.

Others- Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.

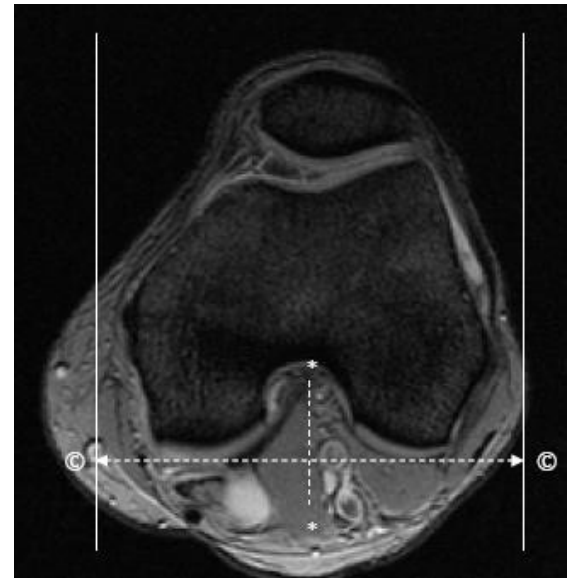
4D TRAKS – Inject contrast and scan at the same time. 2cc/sec 25 dynamic scans.



Axial



Coronal (parallel to fem condyle)



Sagittal (perpendicular to coronal)