

**ORDERABLE-  
SHOULDER**

Anatomy: **UPPER EXTREMITY**  
 Sub-Anatomy: **Shoulder- 1.5T Arthrogram**

- Exams  
 - Routine

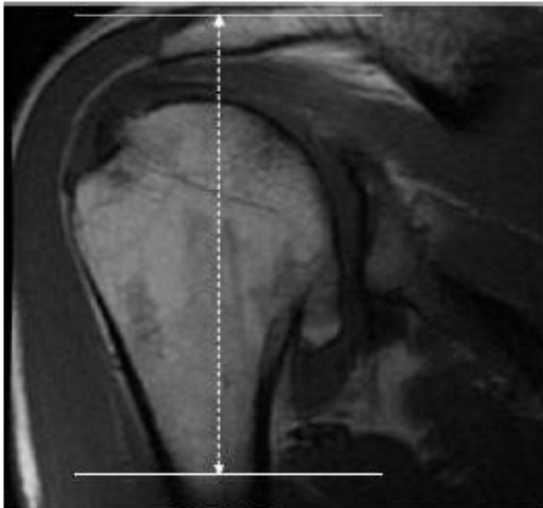
Coil: **Shoulder (avg pt) / mFlex coil (large pt)**

SEQUENCE - BASICS				VARIABLE PARAMETERS													
PLANE	SEQ	Slice Thickness (mm)	Misc / Comment	MTX	Gap	% RFO V	Slices	Voxel size (mm)	TR	TE			NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
	<b>ROUTINE</b>																
	<b>3 plane scout</b>		Only GRE														
1	<b>Cor obl 2D fs T1W</b>	4			10%			<b>0.5x0.6</b>	600	6-9							
2	<b>Sag 2D fs T1W</b>	4			10%			<b>0.5x0.6</b>	600	6-9							
3	<b>Ax 2D fsT1W</b>	4			10%			<b>0.5x0.6</b>	600	6-9							
4	<b>Cor PD FS</b>	4			10%			<b>0.5x0.6</b>	4000	35-40							
5	<b>Sag PD</b>	4			10%			<b>0.5x0.6</b>	4000	40-45							
6	<b>Ax T1 VIBE no FS</b>	3D															
7	<b>ABER fs T1W</b>	4			10%			<b>0.5x0.6</b>	600	6-9							

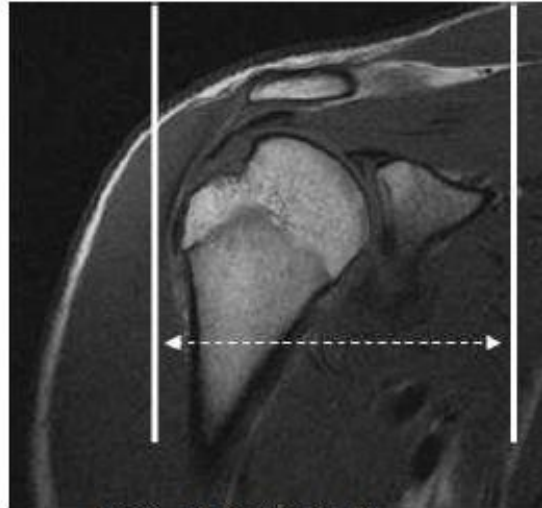
**Instructions: FOV and Coverage-** On axials, cover from humeral meta-diaphyseal junction to the skin surface. On coronals, cover deltoid to deltoid- oblique, parallel to scapula. On sagittals, cover from skin to chest wall- oblique- perpendicular to scapula. Put some towel/cloth over the shoulder to avoid coil shine through near skin surface.

**Large subject:** Increase voxel-5x0.6x0.7 mm, use mFlex coil, if problem with SNR or wrap, etc- call OPB/PMH for remote monitoring help.

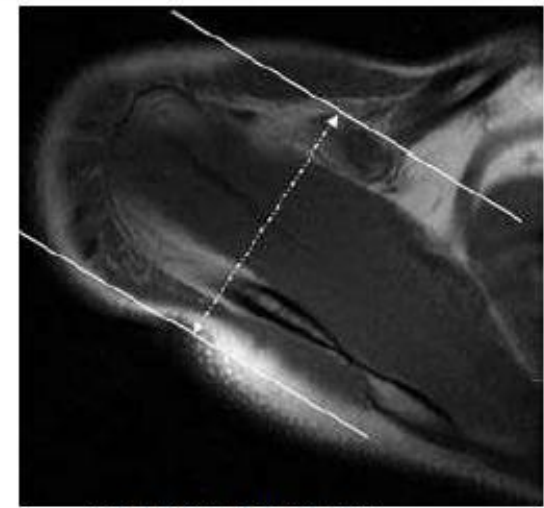
**Others-** Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



**AXIAL Coverage**



**SAGITTAL OBLIQUE Coverage**

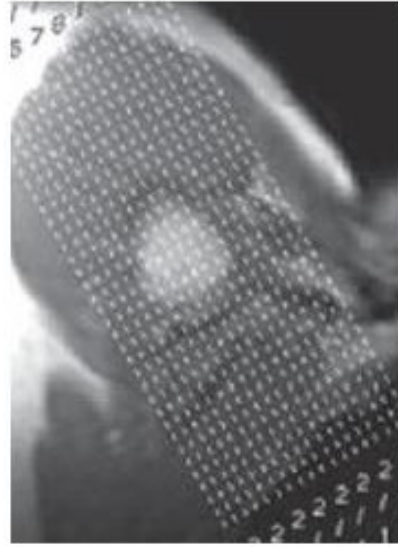


**CORONAL OBLIQUE Coverage**

TIPS



**ABER** patient position



**ABER**

**B.** Imaging planes taken from coronal localizer sequence for **ABER** position. Planes should be drawn in line with long axis of humeral shaft.