



## K9 Cervical Protocol

	Series Descrip	Parameter Pulse Seq.	FOV	FA (flip)	Slices	Thickness	Interval	Freq #	
Series 1	3 plane loc	SE	240-320		90	9	7	7	256
Series 2*	Sag T2	FSE	180-240		90	16 2-3mm	0-.5mm		256-288
Series 3	Sag STIR	FIR	180-240		90 16-20	3-5mm	0-1.5mm		256
Series 4 **	Dorsal STIR	FIR	180-240		90 16-20	3-5mm	0-1.5mm		256
Series 5	Ax T2	FSE	160 - 200		90 26-30	3-5mm	0-1.5mm		256-288
Series 6	Axial T1	FSE	160 - 200		90 26-30	3-5mm	0-1.5mm		256-288
Optional	Sag T1	FSE	180-240		90	16 2-3mm	0-.5mm		256-288
Optional	Axial 3D	GRE	200 - 400		25	60 1-3 mm	N/A		224
Optional	Ax T1 Post Ga	FSE	160 - 200		90 26-30	3-5mm	0-1.5mm		256-288
Optional	Sag T1 Post g	FSE	180-240		90	16 2-3mm	0-.5mm		256-288

\* Cervical spine exam should cover C1-T2 on sagittal sequences.

\* One of the sagittal sequences should include the cerebellum/brainstem to evaluate for caudal fossa lesions which may be present.

\*\* Dorsal STIR sequence should extend from dorsal part of the spinal column ventrally into the brachial plexus region.

Always use the smallest coil for the body part to be imaged.

Match FOV, Slice Thickness, and Image Matrix to the size of the body part (Small, Medium, Large)

Phase #	NSA	Time
	128	1
	192 max 8	<14 min
	192 max 8	<12 min
	192 max 8	<12 min
	192 max 6	<16 min
	192 max 8	<14 min
	192 max 8	<14 min
	224 Max 6	<12 min
	192 max 8	<14 min
	192 max 8	<14 min

ay lead to lesions in the cervical spinal cord.