



### K9 Thoracolumbar (T3-S3) Protocol

Parameter

	Series Description	Pulse Seq.	FOV	FA (flip)	Slices	Thickness	Interval	Freq #	Phase #	NSA	Time	
* See Notes below												
<b>Series 1</b>	3 plane loc Coronal STIR or T2w Fat Sat	SE	380		90	9 7	7	256		128 1		
<b>Series 2</b>	Sag T2	FSE	240-400		90	12 5mm	1mm	256		192 max 8	<12 min	
<b>Series 3</b>	Sag STIR or T2w Fat Sat	FSE	240-320		90	16 3-4mm	0-.5mm	256		192 max 8	<14 min	
<b>Series 4</b>	Sag STIR or T2w Fat Sat	FSE	240-320		90	16 3-4mm	0-0.5mm	256		192 max 8	<14 min	
<b>Series 5</b>	Ax T2	FSE	160 - 220		90	24-30 3-5mm	0-1.5mm	256		192 max 6	<16 min	Four to five slices through disc spaces with lesions. Stack through region of concern.
<b>Series 6</b>	Ax T1	FSE	160 - 220		90	24-30 3-5mm	0-1.5mm	256		192 max 8	<12 min	Same location as the T2w axials from previous the previous series.
<b>Optional</b>	Ax T1 Post Gad	FSE	160 - 220		90	24-30 3-5mm	0-1.5mm	256		192 max 8	<12 min	Same (repeat of the pre T1w axials) locations as the pre contrast T1w axials.
<b>Optional</b>	Sag T1 Post Gad with Fat Sat if available	FSE	240-320		90	16 3-4mm	0-.5mm	256		192 max 8	<14 min	
<b>Optional</b>	Dorsal T1 Post Gad	FSE	160 - 220		90	24-30 3-5mm	0-1.5mm	256		192 max 8	<12 min	
<p>Begin imaging with lumbar spine/caudal thoracic spine with Series 1 - 4. If no suspicious lesions, move to remaining thoracic spine and start with Series 3 following repeat localizers (if needed). If lesions are found in the caudal thoracic/lumbar spine after series 1-4, proceed to series 5 and 6 (and post contrast images if needed). Finish exam with a repeat of Series 3 of the remaining thoracic spine, including to at least T3. If additional lesions are identified in thoracic spine, proceed with axial sequences (Series 5 and 6) of area of concern.</p> <p>The spine is imaged from T3-S3 and therefore C7 is usually included to see T3</p> <p>Always use the smallest coil for the body part to be imaged.</p> <p>Match FOV, Slice Thickness, and Image Matrix to the size of the body part (Small, Medium, Large)</p> <p>T1's post are optional and primarily used for intradural/intramedullary lesions, vertebral mass lesions, or paraspinous masses.</p> <p>Axial images should be obtained at 90 degrees to the cord. Disc spaces with pathology require a minimum of 4 to 5 slices</p> <p>Stacked axial images should be obtained through regions of pathology</p>												