

MR enterography

1. Patient Preparation:
 - a. Sedation/anesthesia- usually < 7 years of age
 - b. Non-sedate cases NPO 4-6 hours prior to scan
 - c. Arrive for appointment 1 hour prior to scan to begin taking oral contrast
 - d. Oral contrast preparations: Dilute barium with sorbitol (VoLumen), Polyethylene glycol (Miralax) dissolved in water with flavoring, or flavored sorbitol-mannitol solution (Breeza)
 - e. Oral contrast volume: 450-1350 mL based on patient size given over 45-60 minutes
2. Position: Supine or prone
3. Coils: phased array body or torso coil
4. Spasmolytic medication: glucagon 0.5-1.0 mg IV over 3minutes or butylscopolamine 0.6 mg/kg, administer after cine bSSFP or before IV contrast.
5. IV contrast: GBCA 0.1 mmol/kg, power injected 1-2 mL/sec

<i>Sequence</i>	<i>Vendor Specific name</i>	<i>Plane(s)</i>	<i>Fat sat</i>	<i>Motion correction</i>	<i>Additional info</i>
T2 Single shot	T2 HASTE, SSFSE, SSH-TSE	Coronal, axial	No	BH or FB	From top of colon through bottom of anal sphincter complex
Balanced steady state free precession	TrueFISP, FIESTA, balanced FFE	Coronal	No	BH or RT	From top of colon through bottom of anal sphincter complex
Cine bSSFP	TrueFISP, FIESTA, balanced FFE	Coronal	No	BH	Thick slice (6-20 mm), 5-7 slices, continuous imaging over 30-50 acquisitions
T2 FSE radial	BLADE, PROPELLER, MultiVane	Axial	Yes	RT	
Diffusion weighted imaging		Axial	Yes	FB	3-5 NEX, max B-value 800-1000
T1 GRE dynamic pre-post contrast	VIBE/LAVA/THRIVE	Coronal	Yes	BH	Includes enteric phase (50-70 sec)
T1 GRE delayed post contrast	VIBE/LAVA/THRIVE	Axial	Yes	BH	

Legend: FB= free breathing, RT=respiratory triggered, BH=Breath-hold;

Partners Information S..., 7/6/17 10:32 AM
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