

Brachial Plexus – 3T is preferred

(revised 1/2015)

Contrast dosage 0.1mmol/kg

Use neurovascular coil (can't do LAVAs then) (Flynn, Thomas) and then really bad fat sat at neck or cardiac coil? Question: do you need true sag to do cor oblique, or can you do it off scout?

Charges: MRI Chest w/wo, and contrast volume

Position coronal slices in line with brachial plexus. *= most important sequence

1. SCOUT

2. SAG oblique TSE T1 of affected side (spinal cord to mid clav)

*3. COR oblique STIR. parallel to C spine. 3mm slice thickness. FOV 24 C spine in center.

4. SAG oblique STIR of affected side (cord to mid clav)

5. Cor T1 (same parameters)

6. CORONAL PRE GAD LAVA T1 (affected side)

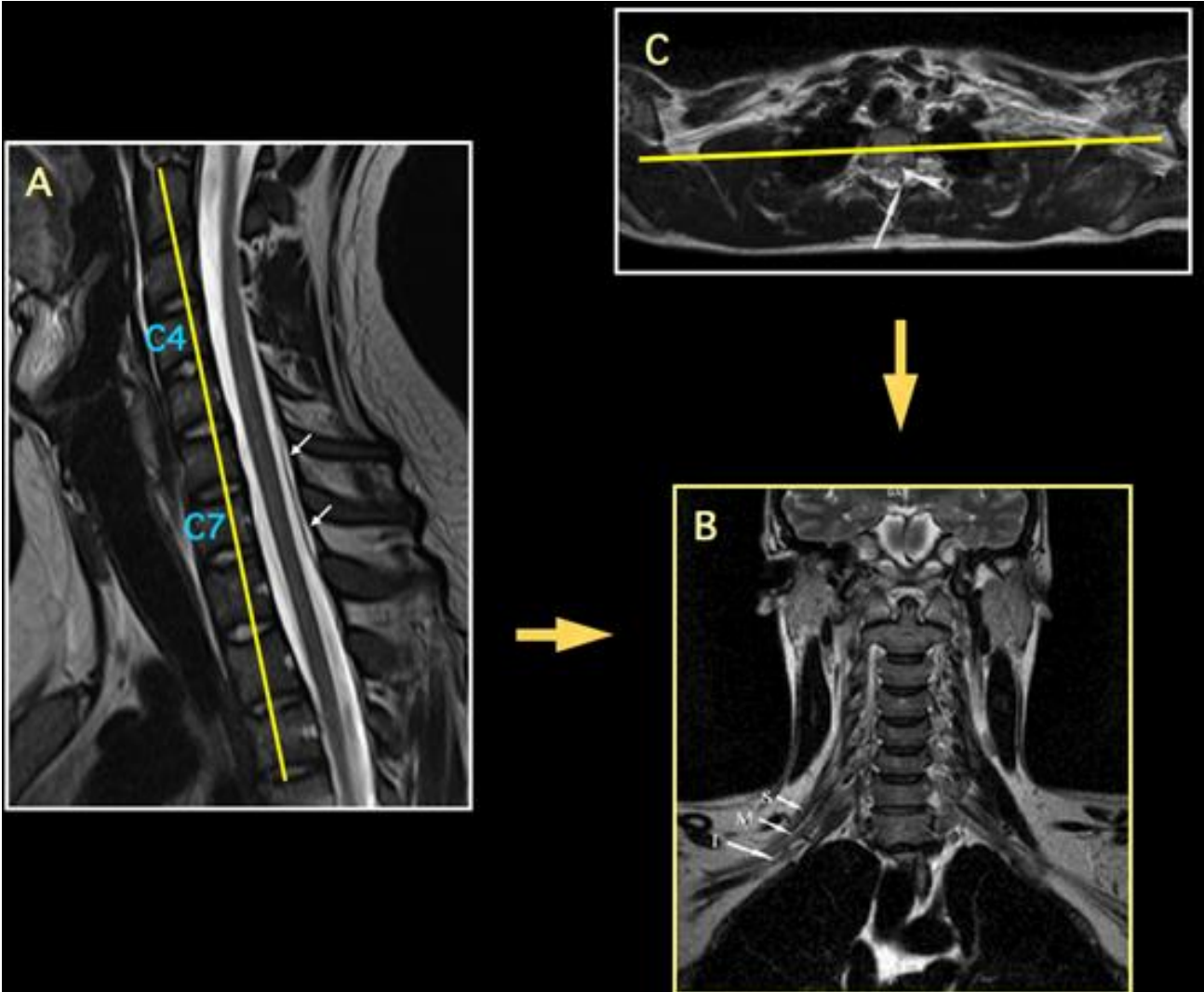
7. SAG PRE GAD LAVA T1 (affected side)

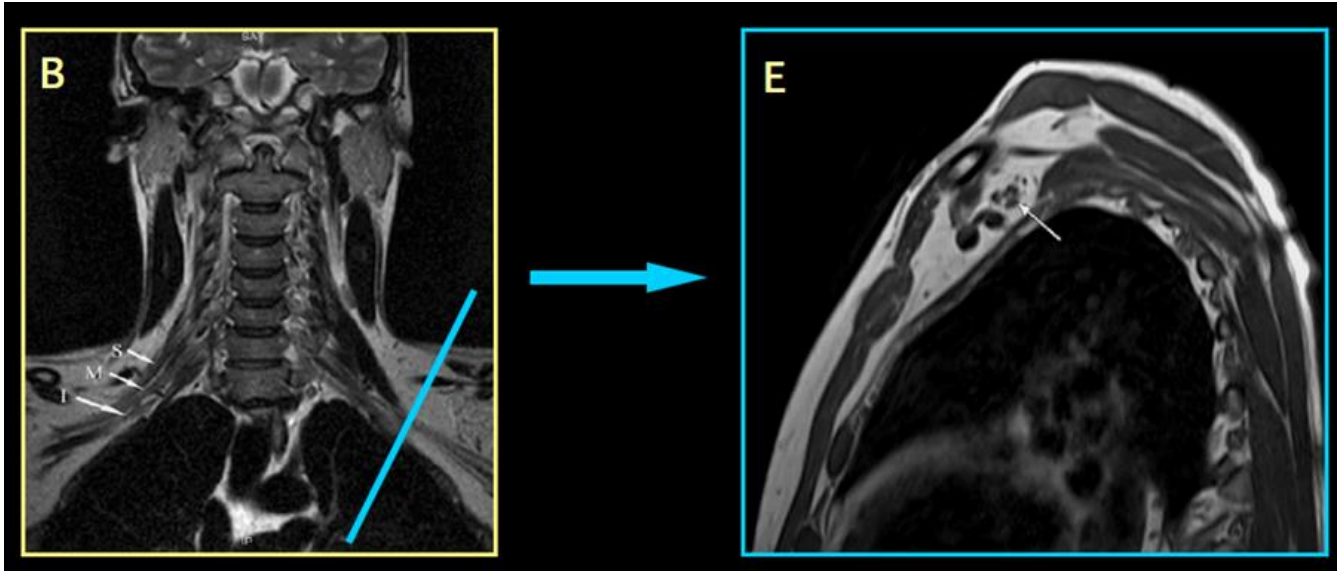
Inject Contrast

7. CORONAL POST GAD LAVA T1 (bilateral)

8. SAG POST GAD LAVA T1(affected side)

9. AXIAL POST GAD SPGR T1 (bilateral)





<http://limpeter-mriblog.blogspot.com/2009/12/brachial-plexus-mri.html>