

# Screening Protocols

## Routine Abdomen & Pelvis Screen

*Last updated: 10/9/00*

TRY TO MOVE TO THE SYMPHONY.

Begin with phased array coil centered over pelvis, then reposition when scanning upper abdomen.

Weight based Gadolinium contrast (\*), 15cc if pt is less than 180 pounds; otherwise 20cc Gd

Assess the patient's breath holding capability. If poor capability, give oxygen. If pt can't hold his/her breath call body radiologist.

Run sequences in the order listed.

Station 1 = Abdomen

Station 2 = Pelvis

**NOTE:** FOV from the two stations should overlap so that there are no gaps.

Sequence	Plane	Station	Comment	Film #
STIR	Ax	2		1
T1 in	Ax	2		1
HASTE	Cor	2	No fat sat. 5-6mm slices	2
T2 TSE	Sag	2	Non-breath hold. 2-3 acq. Small FOV. Add Cor sat band. Use 4-6 mm slices.	2
VIBE	Ax	2		1
			REPOSITION FOR UPPER ABDOMEN	
STIR	Ax	1		1
T1 in/out	Ax	1		2,1
HASTE	Cor	1	No fat sat. 5-6mm slices	2
VIBE	Ax	1	Try to get effective thickness 2mm. Use FOV as small as possible. If >375 needed call MD.	1
Timing Run	Ax	1	Thru kidneys – 1cc at 2cc/sec followed by 20 cc saline at 2cc/sec	0
VIBE	Ax	1	3 measures (0, 45, 120 sec)	1,2,1
			REPOSITION FOR PELVIS	
VIBE	Ax	2		2
Do Subtraction			Arterial phase – pre-contrast	0

(\*) The use of gadolinium contrast material for these applications represents off-label usage in the U.S. Outside the U.S., please consult your country's regulations for local guidelines.

**NOTE:** These protocols apply to Siemens Symphony (with Quantum gradients) and Sonata systems. While they reflect the protocols used at NYU Medical Center, NYU is not responsible for their application elsewhere.