

# RA & HESS MRI PROTOCOL AND ROOM ASSIGNMENTS

WIDE BORE: 2,4,5,8,9,10

1.5T - 1,3,5,6,7,8,10

3T - 2,4,9,12

| NEURO                |       |
|----------------------|-------|
| EXAM                 | ROOM  |
| MRA HEAD/NECK        | ALL   |
| MRA HEAD (VWI)       | 2,9   |
| BRAIN CSF FLOW       | 1.2.3 |
| CSF LEAK (DELMAN) ** | 2     |
| BRAIN SPECTROSCOPY   | 1.2.3 |
| BRAIN DIAMOX         | 2     |

| SPINE                |      |
|----------------------|------|
| EXAM                 | ROOM |
| C / T / L SPINE      | ALL  |
| SPINE CSF LEAK**     | 2.4  |
| SPINE SURVEY         | ALL  |
| SACRUM/SACRAL PLEXUS | ALL  |

| ENT                         |          |
|-----------------------------|----------|
| EXAM                        | ROOM     |
| MANDIBLE/SINUS              | ALL      |
| TMJ                         | 1.2.3.10 |
| IAC (ANY)                   | ALL      |
| ORBIT / ORBIT               | ALL      |
| PARATHYROID                 | 4.9      |
| BRACHIAL PLEXUS             | ALL      |
| MENIERE (ARRIVE 4 HR PRIOR) | 4.9      |
| KUPERSMITH ORBIT            | 1.3.5-10 |

| FETAL              |       |
|--------------------|-------|
| EXAM               | ROOM  |
| FETAL NEURO / BODY | 5,6,8 |

| RESEARCH         |      |
|------------------|------|
| EXAM             | ROOM |
| GAUCHER          | 1.3  |
| AGILE / ALLIANCE | 1.3  |
| HORMIGO          | 2    |
| NEIMEN PIC       | 1.3  |

| BREAST           |      |
|------------------|------|
| EXAM             | ROOM |
| ROUTINE BREAST** | 1.2  |
| BREAST BIOPSY    | 1    |

| **SPECIAL CASES**       | TIMESLOT |
|-------------------------|----------|
| BREAST SILICONE IMPLANT | 1 HR     |
| PEDS UNDER 6            | 1 HR     |
| CSF LEAK (SINUS)        | 1 HR     |
| CSFK LEAK ( SPINE)      | 90 MIN   |

| VASCULAR     |         |
|--------------|---------|
| EXAM         | ROOM    |
| PEDS CARDIAC | 3       |
| CARDIAC      | 6.7     |
| AORTA        | 6.7     |
| RUNOFF       | 4.5.6.7 |
| RENAL MRA    | 4.5.6.7 |

| MSK                |                |
|--------------------|----------------|
| EXAM               | ROOM           |
| ANKLE (HINDFOOT)   | 1.2.3.5.6.7.10 |
| FOREFOOT           | 1.2.3.5        |
| KNEE               | 1.2.3.5.6.7.10 |
| SHOULDER           | 1.2.3.5.6.7.10 |
| HIPS               | ALL            |
| CHEST/ RIB         | 1,2,3,5,6,7    |
| ARTHOGRAM HIP      | ROOM 1-7       |
| BONEY PELVIS       | ALL            |
| LONG BONE          | 1-7,10         |
| ELBOW              | 2.5            |
| WRIST              | 2.5            |
| HAND/FINGER        | 2.5            |
| THUMB              | 2.5            |
| MARS / MAVIC/ WARP | 1.3.5.6.7      |

| BODY                   |           |
|------------------------|-----------|
| EXAM                   | ROOM      |
| SCREENING CHEST        | ALL       |
| ABDPEL COMBO           | 2, 4-10   |
| LIVER MASS             | ALL       |
| LIVER / KIDNEY DONOR   | 8,9       |
| KIDNEY DONOR           | 8,9,10    |
| MRCP                   | ALL       |
| MRCP SECRETIN          | 4.7-10    |
| FEMALE PELVIS          | ALL       |
| UFE FIBROID            | ALL       |
| FETAL PELVIS           | 5.6,8,10  |
| ENTEROGRAPHY           | 2.4.5.6.7 |
| RENAL MASS             | ALL       |
| PROSTATE / INFERTILITY | 2.4,9,12  |
| DEFECOGRAPHY           | 8,9,10    |
| MRA/ MRV ABD           | ROOM 4-10 |
| ABD ELASTOGRAPHY       | 1.2,8,9   |
| ADRENAL MASS           | ALL       |

| <b>WEEKDAY EXAMS: 8-4</b>  |
|--|
| FETAL / PENILE / SCROTUM / CERVIX / RECTAL MASS/ SECRETIN / MD CHECK CASES |
| WHEELCHAIR WITHOUT AID BEFORE 5  |
| SPECIAL ACCOMODATIONS STRETCHERS   |
| PEDIATRICS 5 AND UNDER MUST COME W/ IV                                     |

| <b>Implant</b>         | <b>TESLA</b>                                | <b>CARD</b> | <b>TIME SLOT</b>      | <b>XRAY</b> | <b>COMMENTS</b>          |
|------------------------|---|-------------|-----------------------|-------------|--------------------------|
| Loop Recorder          | Depends                                     | ✓           | Any                   | ✗           | None                     |
| IUD                    | 3T  | ✗           | Any                   | ✗           | NEED BRAND               |
| Bullet                 | 1.5T  | ✗           | Weekday 9-5           | ✓           | MRI LEADS                |
| Metal Frag in Eye      | 1.5T  | ✗           | Weekday 9-5           | ✓           | MRI LEADS                |
| Bacoflen Pump          | 1.5T  | ✓           | Weekday 9-5           | ✓           | KUB XRAY                 |
| DBS                    | 1.5T  | ✓           | Weekday ( 1HR NEEDED) | ✓           | HEAD/CHEST               |
| Neurostimulator        | 1.5T  | ✓           | Weekday               | ✗           | MRI LEADS                |
| Allergies              | Any   | ✗           | Any                   | ✗           | MUST PREMEDICATE         |
| Dexcom Glucose Monitor | Any   | ✗           | Any                   | ✗           | REMOVE DAY OF APPT       |
| Dental Implants        | Any   | ✗           | Any                   | ✗           | ANY                      |
| Braces                 | Depends                                     | ✗           | Any                   | ✗           | 1.5T FOR HEAD/NECK SCANS |
| Programmable Shunt     | Depends                                     | ✓           | Weekday               | ✗           | NEED APPT W/ NEUROSX MD  |
| Pacemaker              | 1.5T  | ✓           | Weekday (1HR NEEDED)  | ✓           | CHEST 2 VIEW             |
| Abandon Leads          | -----NOT MRI COMPATIBLE (NOTIFY LEADS)----- |             |                       |             |                          |

