

RA & HESS MRI PROTOCOL AND ROOM ASSIGNMENTS

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

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

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

3T - 2,4,9,12

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

SPINE

C / T / L SPINE	ALL
SPINE CSF LEAK**	2.4
SPINE SURVEY	ALL
SACRUM/SACRAL PLEXUS	ALL

ENT

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

FETAL NEURO / BODY	5,6,8
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RESEARCH

GAUCHER	1.3
AGILE / ALLIANCE	1.3
HORMIGO	2
NEIMEN PIC	1.3

BREAST

ROUTINE BREAST**	1.2
BREAST BIOPSY	1

****SPECIAL CASES****

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

MSK

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

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

WEEKDAY EXAMS: 8-4

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

Implant	TESLA	CARD	TIME SLOT	XRAY	COMMENTS
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)-----				

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