

MRA Pelvis

Updated 11/04/23

Reviewed 06/06/26

Indications: pre surgical uterine artery embolization for fibroids and pelvic renal transplant.

FOV for the T2 HASTE/SSFSE and T1 VIBE/LAVA sequences is normal pelvis FOV.

Go to MRIMaster.com for a guide of proper positioning.

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice
T2 HASTE/SSFSE	T2 COR	cor	no	7	1.4	front
T2 TSE	T2 SAG	sag	no	5	1	left
T2 TSE	T2 AX	ax	no	5	1	top
T2 HASTE/SSFSE	T2 FS AX	ax	yes	7	1.4	top
T1 VIBE/LAVA	T1 FS SAG	sag	yes	3.5	0.6	left
T1 VIBE/LAVA	T1 FS AX	ax	yes	3.5	0.6	top
3D FLASH T1	3D T1 PRE COR	cor	no	1.35	0.27	front

If ordered for a renal transplant, have a **body Radiologist check** before contrast to see if any additional sequences are needed.

CONTRAST - 2 mL/sec standard dose gadolinium (0.2 mL/kg Clariscan or 0.1 mL/kg Gadavist) followed by 20 mL saline flush.

For the angio phase bolus track and trigger when contrast reaches the aortic bifurcation.

3D FLASH T1	3D T1 ANGIO COR	cor	no	1.35	0.27	front
*T1 VIBE/LAVA	T1 FS POST AX	ax	yes	3.5	0.6	top
*T1 VIBE/LAVA	T1 FS POST SAG	sag	yes	3.5	0.6	left
*T1 VIBE/LAVA	T1 FS POST COR	cor	yes	3.5	0.6	front
Diffusion (b50, b800, ADC)	DIFFUSION AX	ax	yes	6	1	top
T1 VIBE/LAVA	T1 FS DELAY AX	ax	yes	3.5	0.6	top

*The post T1 VIBE/LAVA sequences are begun just after the 3D angio sequences finish scanning.

RECONS:

coronal subtractions of the angio sequence

axial and sagittal MPRs of the subtracted coronal angio sequence (3 mm thick no gap)

horizontal and vertical MIP spinners of the subtracted coronal angio sequence

axial and sagittal subtractions of the T1 VIBE/LAVA