

St Vincents & Optimal Imaging Body MRI Protocols Cheat Sheet

Ask a body Radiologist (Carter, Jurassic, Howard or Taylor) if you are unsure of which protocol to use after reviewing the exam indication and patient history.

GENERAL BODY PROTOCOLS

<u>Protocol</u>	<u>Order</u>	<u>Indications</u>
Abdomen	abd	liver, spleen, adrenal & renal indications; any other abdominal indication which does not have a more specific protocol
Pelvis (Unisex)	pel	ovarian mass, endometriosis, pelvic pain, lymphadenopathy, inguinal hernia; any other pelvis indication which does not have a more specific protocol
AP Combo	abd/pel	must be approved by a body Radiologist ; ordered specifically as abdomen & pelvis; many AP orders do not actually need to be both abdomen & pelvis
Pancreas	abd	pancreatic mass, pancreatitis, pancreatic duct dilatation, pancreatic divisum; gallstones, cholelithiasis, cholecystitis, biliary dilatation, choledocholithiasis, jaundice, RUQ/epigastric pain
MRCP	abd	gallstones, cholelithiasis, cholecystitis, biliary dilatation, choledocholithiasis, jaundice, pancreatitis, RUQ/epigastric pain; usually ordered specifically as MRCP
Eovist	abd	must be approved by a body Radiologist ; ordered specifically as Eovist protocol; FNH versus adenoma after inconclusive standard liver MRI, cholangiocarcinoma, biliary anatomy, bile leak, hepaticojejunostomy evaluation, presurgical evaluation in colon metastases to the liver
Bladder	pel	bladder mass, bladder diverticulum, cystitis, urethral/periurethral diverticulum
Urography	abd/pel	must be approved by a body Radiologist ; ordered specifically as urography protocol; renal/ureteral stones, hydronephrosis, hydroureter, hematuria, bladder mass.
Enterography	entero	inflammatory bowel disease, Crohn's disease, ulcerative colitis, bowel obstruction, bowel fistula, small bowel or colon mass; ordered specifically as enterography protocol
Rectal/Anal Mass	pel	rectal or anal mass/cancer
Pelvic Fistula	pel	fistulas involving the rectum, colon, bladder or vagina (not for anal/perianal fistulas)
Anal Fistula	pel	anal/perianal fistulas (not for other pelvic fistulas)
Uterus	pel	uterine, endometrial, cervical & vaginal cancer; fibroids/leiomyomas & adenomyosis; vaginal, dysfunctional & post menopausal bleeding; gestational trophoblastic disease
Uterus Congenital	pel	congenital uterine / Mullerian duct anomalies; septate, arcuate bicornuate, unicornuate or didelphys uterus
Prostate	pel	prostate cancer, prostatitis, prostate abscess; any other prostate indications
Penis/Scrotum	pel	testicular, penile & scrotal tumors; infection, abscess, pain or trauma; implant integrity/malfunction
Pelvic Floor (Defacography)	defac	fecal/urinary incontinence, constipation, urinary stasis, rectocele, cystocele, vaginal/uterine prolapse; ordered specifically as defecography protocol
Pregnant Patient	abd/pel	must be approved by a Radiologist ; pregnant patients with pain, appendicitis, hydronephrosis, cholecystitis, pancreatitis
Placenta	pel	must be approved by a Radiologist ; morbidly adherent placenta, placenta accreta, increta or percreta, placenta previa, placental abruption

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ER Adult	abd/pel	must be approved by a Radiologist; ordered from ER when patient refuses CT or CT is malfunctioning
Pediatric	abd/pel	must be approved by a Radiologist; pediatric patients with pain, appendicitis, hydronephrosis, cholecystitis, pancreatitis
Chest	chest	bronchogenic, pericardial, mediastinal & thymic masses; mediastinal/hilar lymphadenopathy

ANGIO BODY PROTOCOLS

<u>Protocol</u>	<u>Order</u>	<u>Indications</u>
MRA Chest	chest	aortic aneurysm/dissection, pulmonary embolus
MRA Renal	abd	renal artery stenosis, fibromuscular dysplasia, renovascular hypertension
MRA Mesenteric	abd	mesenteric ischemia, celiac or superior mesenteric artery stenosis, portal vein thrombosis
MRA Pelvis	pel	pre surgical uterine artery embolization, pelvic renal transplant

Updated 9/24/2025