

MRI Pelvis Routine (Unisex)

Updated 06/06/25

Reviewed 06/06/25

Indications: Ovarian cancers/masses/cysts/lesions, endometriosis, pelvic pain, lymphadenopathy and any pelvis exam which does not have a more specific protocol.

Use uterus protocol for uterine fibroids & uterine bleeding (among other indications).

Full Pelvis FOV: Iliac crests to few slices below introitus/anus (top/bottom coverage), greater trochanter to greater trochanter (right/left coverage), anterior pelvic wall skin to posterior buttock skin (front/back coverage).

If the mass/uterus/ovaries extend into the abdomen, increase craniocaudal coverage to include the entire structure.

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

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice
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GLUCAGON - 1 mg slow IV push **just before** beginning imaging.

T2 HASTE/SSFSE	T2 COR	cor	no	5	1.4	front
T2 TSE	T2 SAG	sag	no	4	1	left
T2 TSE	T2 AX	ax	no	3	1	top
T2 HASTE/SSFSE	T2 FS SAG	sag	yes	4	1	left
T2 HASTE/SSFSE	T2 FS AX	ax	yes	3	1	top
In/Out Phase w/ DIXON	IN/OUT AX	ax	no	4	1	top
T1 VIBE/LAVA	T1 FS PRE SAG	sag	yes	3	0.6	left
T1 VIBE/LAVA	T1 FS PRE AX	ax	yes	3	0.6	top

GLUCAGON - 1 mg slow IV push **just before** giving IV contrast.

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

T1 VIBE/LAVA	T1 FS 35 SEC AX	ax	yes	3	0.6	top
T1 VIBE/LAVA	T1 FS 70 SEC AX	ax	yes	3	0.6	top
T1 VIBE/LAVA	T1 FS POST SAG	sag	yes	3	0.6	left
T1 VIBE/LAVA	T1 FS POST COR	cor	yes	3	0.6	front
Diffusion (b50, b800, ADC)	DIFFUSION AX	ax	yes	5	1	top

RECONS:

axial and sagittal subtractions