**OSTEO – ABSCESS – TUMOR “Nine Series Wonder”**

<table>
<thead>
<tr>
<th>Request:</th>
<th>MRI w/o Bony Pelvis</th>
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</thead>
<tbody>
<tr>
<td>If ordered as MR Hip w/o (Rt or Lt) – OK to keep it. Call reading room so they read it out correctly</td>
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</tbody>
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**Contrast:**
- Multihance
- 1 mmol/kg
- Max 20 mL
- Low eGFR
- Inpatient Dose: No Change

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**Non-specific Hip Pain (Lt, Rt or Bilat) or Non-specific Pelvic Pain (Lt, Rt or Bilat) Synovitis** (w/o contrast)

**EPIC** request put in to have Lt, Rt, or Bilat selected for Non-specific Pelvic Pain protocol and have them be a "hard stop". Please ensure to run 7 series for both Hip and Pelvic pain options. If "Lt", "Rt", or "Bilat" isn’t selected, still run the best option. If the order doesn’t specify a side that hurts worse, run bilat – Sag PD cl Fat

1. **3 Pl Loc**
   - All sequences skin to skin
2. **Cor T1**
   - Cover pathology
3. **Cor FSTIR**
   - Large FOV cover whole bony pelvis and soft tissue
4. **Ax T1**
   - Bilic Crest through lesser trochanter
5. **Ax T2**
   - Sag T1 cl Fat
6. **Sag T1**
   - Cover whole bony Pelvis & pathology
7. **Sag FSTIR**
   - Large FOV cover whole bony pelvis

**Note:**
- **Unilateral Hip (Affected Hip only):**
  - Sag PD cl Fat (4/1 18 FOV) Hip to 2 cm lateral to greater trochanter
  - Cor T2 cl Fat (4/1 20 FOV) (Metal: Cor STIR)
- **Bilateral Hip:**
  - Sag PD cl Fat (4/1) Hip to 2 cm lateral to greater trochanter
  - Sag T2 cl Fat (4/1) Hip to 2 cm lateral to greater trochanter

**Prophylactic MRA Pelvis wo/Lt, Rt or Bilat**

**Option**
- Contrast:
  - Multihance
  - 1 mmol/kg
  - Max 20 mL
  - Low eGFR
  - Inpatient Dose: No Change

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**SPORTS HERNIA/OSTEITIS PUBIS/PUBALGIA**

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<thead>
<tr>
<th>Request:</th>
<th>MRI Bony Pelvis w/o</th>
<th>MRI Bony Pelvis w/</th>
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<tbody>
<tr>
<td>Hip Prosthesis</td>
<td><strong>MARK TOP &amp; BOTTOM OF SCAR</strong></td>
<td></td>
</tr>
<tr>
<td>Complete A/P coverage &amp; skin to skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **3 Pl Loc**
- **Ax T1** Bilateral Hips
  - top of iliac crest to below implant
- **Ax STIR** Bilateral Hips
  - A/P coverage not necessary for MAVRIC Scans only —
  - Cor PD MAVRIC Bilateral Hips
  - Cor fluid MAVRIC Bilateral Hips
  - Sag FSTIR Affected hip
- **Optional Contrast**
  - Cor T1 nofat Bilat Hips
  - Ax T1 nofat Bilat Hips

**MSK TIPS:**
- SHIM all Fat sat scans!!
- Use Dielectric Pad at 3T for Pelvic imaging
- Patients should have their hands on their chest for bony pelvis imaging. Hands will wrap on MAVRIC and single hip views

**Coil:**
- 8 Ch Cardiac
- 32 Ch Torso
- GE: 30 SMALL
- Only use 32 body array if x-large patient

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**H&P: Labrum Scope (3T required) / Hip Preservation**

<table>
<thead>
<tr>
<th>Request:</th>
<th>MRI Bony Pelvis wo, MRI Hip wo (Rt or Lt) or w/o if contrast</th>
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<tbody>
<tr>
<td><strong>Previously Bony Pelvis Hip FX</strong></td>
<td></td>
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**OPT Contrast:**
- Multihance
- 1 mmol/kg
- Max 20 mL
- Low eGFR
- Inpatient Dose: No Change

**S/I JOINTS for SACROILITIS**

<table>
<thead>
<tr>
<th>Request:</th>
<th>MRI Bony Pelvis w &amp; wo</th>
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<tbody>
<tr>
<td><strong>Images</strong></td>
<td></td>
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</table>

**MARK TOP & BOTTOM OF SCAR**

Complete A/P coverage & skin to skin

1. **3 Pl Loc**
2. **Ax T1** Bilateral Hips
3. **Ax STIR** Bilateral Hips
4. **Cor T1** (Large FOV 32-40+) Bony Pelvis 2 cm lateral to trochanters 5/2.5 -2 slices posterior to sacrum and anterior to pubis symphysis
5. **Cor STIR** same coverage as Cor T1
6. **Ax T2** dk fat (Metal: Ax STIR)
   - above sacrum to below lesser trochanter (don’t overscan)

**MSK BONY PELVIS** 1-29-2020
S/I Joint:

**Back to Protocol**

Hip Labrum Scope set up:
SPORTS HERNIA/OSTEITIS PUBIS/PUBALGIA:

**Back to Protocol**

Sagittal: should look like this (Cover through ischial tuberosities):

- Straight Axial should look like this (Cover from above Acetabulum through symph:

- Obl Cor: Cover from ant symphysis through ischial Tuberosities

- Obl Cor Should look like this:

- Obl Ax:

- Obl Ax should look like this:
Obl Ax Set up: Perpendicular to Symphysis