

Congenital Uterine Anomaly

Indications: congenital uterine/Mullerian anomalies, septate/arcuate/bicornuate/unicornuate/didelphys uterus.

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).

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	7	1.4	front
T2 TSE	T2 SAG	sag	no	5	1	right
T2 HASTE/SSFSE	T2 AX	ax	no	7	1.4	top
T2 HASTE/SSFSE	T2 FS AX	ax	yes	7	1.4	top

Send the above sequences to PACS for a **body Radiologist check** to determine the oblique axial and oblique coronal planes through the uterus and whether IV contrast is needed. Some congenital indications do not require IV contrast.

T2 TSE	T2 OBL AX	obl ax	no	5	1	top
T2 TSE	T2 OBL COR	obl cor	no	5	1	front
T1 VIBE/LAVA	T1 FS PRE SAG	sag	yes	3.5	0.6	right
T1 VIBE/LAVA	T1 FS PRE AX	ax	yes	3.5	0.6	top

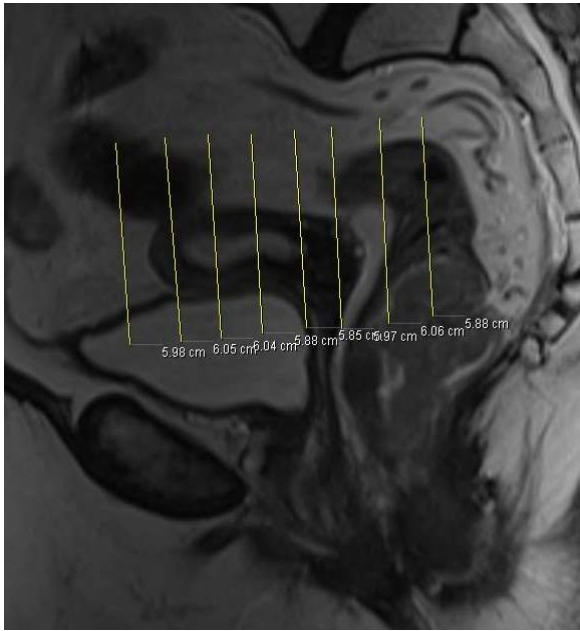
GLUCAGON - 1 mg slow IV push **just before** giving IV contrast.

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

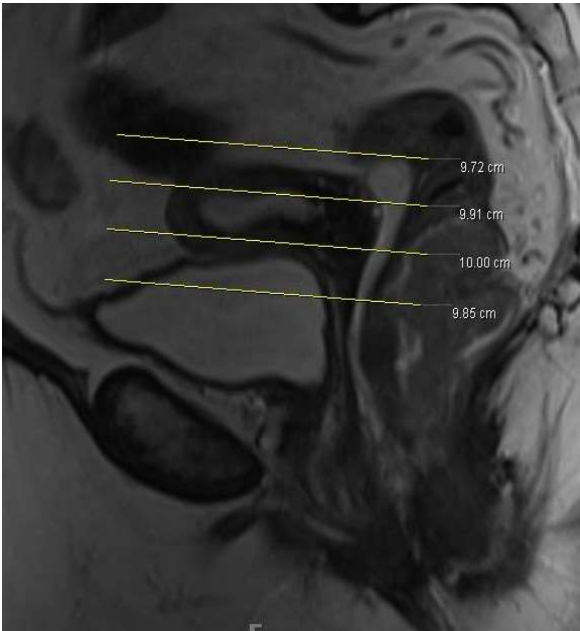
T1 VIBE/LAVA	T1 FS 35 SEC AX	ax	yes	3.5	0.6	top
T1 VIBE/LAVA	T1 FS 70 SEC AX	ax	yes	3.5	0.6	top
T1 VIBE/LAVA	T1 FS POST SAG	sag	yes	3.5	0.6	right
T1 VIBE/LAVA	T1 FS POST COR	cor	yes	3.5	0.6	front
Diffusion (b50, b800, ADC)	DIFFUSION AX	ax	yes	6	1	top

RECONS:

axial and sagittal subtractions



oblique axial angulation (perpendicular to the long axis of the endometrial canal in the sagittal plane)



oblique coronal angulation (parallel to the long axis of the endometrial canal in the sagittal plane)