

Enterography

Updated

11/4/2023

Indications: abdominal pain, inflammatory bowel disease, Crohns disease, ulcerative colitis, bowel obstruction, small bowel or colon mass (when ordered as enterography protocol).

Use MRI Enterography order/requisition for this exam. Put all images into one folder to send to PACS.

The patient drinks 1 bottle Volumen/CitraSelect at 45 mins, 30 mins and 15 mins prior to exam.

Use water if patient cannot tolerate Volumen/CitraSelect.

The patient drinks 16 oz water just before getting on the exam table to distend the stomach.

Image the patient in the prone position. Flip all images to supine positions before sending to PACS.

Enterography FOV: Top of small bowel to few slices below anus (top/bottom coverage), anterior to posterior subq fat (front/back coverage), right to left subq fat (right/left coverage).

If the length of the bore can't do top/bottom coverage in one scan without wrap, split abdomen and pelvis into two parts.

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

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice
*Cine True FISP	CINE COR	cor	no	8	2	front

GLUCAGON - 1 mg slow IV push just **after** the cine true FISP sequence.

T2 HASTE/SSFSE	T2 COR	cor	no	5	0	front
T2 HASTE/SSFSE	T2 FS COR	cor	yes	5	0	front
T2 HASTE/SSFSE	T2 AX	ax	no	5	0	top
T2 HASTE/SSFSE	T2 FS AX	ax	yes	5	0	top
T1 VIBE/LAVA	T1 FS PRE COR	cor	yes	3.5	0.6	front
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 25 SEC COR	cor	yes	3.5	0.6	front
T1 VIBE/LAVA	T1 FS 60 SEC COR	cor	yes	3.5	0.6	front
T1 VIBE/LAVA	T1 FS 90 SEC AX	ax	yes	3.5	0.6	top
Diffusion (b50, b800, ADC)	DIFFUSION AX	ax	yes	7	1.4	top
T1 VIBE/LAVA	T1 FS 5 MIN AX	ax	yes	3.5	0.6	top

*The cine true FISP sequences is 20 images per slice, ~1 sec per image, average 6 coronal slices to cover small bowel anterior to posterior.

RECONS:

axial and coronal subtractions