

Pancreas with MRCP

Updated

11/4/2023

Indications: pancreatic mass, pancreatitis, gallbladder disease, biliary obstruction, choledithiasis, choledocholithiasis.

Use MRCP protocol for any of the above indications if the exam is ordered without IV contrast.

Full Abdomen FOV: Lung bases to iliac crest or to bottom of liver/spleen/kidneys if they extend low (top/bottom coverage), anterior to posterior subq fat (front/back coverage), right to left subq fat (right/left coverage).

MRCP FOV: above central intrahepatic bile ducts to bottom of gallbladder/pancreas (top/bottom coverage), front of gallbladder to few slices posterior to pancreas (front/back coverage), right of gallbladder to left of pancreatic tail (right/left coverage).

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

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice	Field of View
T2 HASTE/SSFSE	MRCP THINS COR	cor	no	4	0.8	front	MRCP
T2 HASTE/SSFSE	MRCP THINS SAG	sag	no	4	0.8	right	
T2 HASTE/SSFSE	MRCP THINS AX	ax	no	4	0.8	top	
T2 HASTE/SSFSE	T2 COR	cor	no	7	1.4	front	full abdomen
T2 HASTE/SSFSE	T2 AX	ax	no	7	1.4	top	
T2 HASTE/SSFSE	T2 FS AX	ax	yes	7	1.4	top	
In/Out Phase w/ DIXON	IN/OUT AX	ax	no	5	1	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	

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

For the arterial phase bolus track and trigger when contrast reaches the renal arteries.

T1 VIBE/LAVA	T1 FS ART AX	ax	yes	3.5	0.6	top	full abdomen
T1 VIBE/LAVA	T1 FS 70 SEC AX	ax	yes	3.5	0.6	top	
T1 VIBE/LAVA	T1 FS 3 MIN COR	cor	yes	3.5	0.6	front	
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	

RECONS:

axial and coronal subtractions