

Placenta

Updated

11/25/2023

Indications: morbidly adherent placenta, placenta accreta/increta/percreta, placenta previa, placental abruption.

This protocol must be approved by a Radiologist.

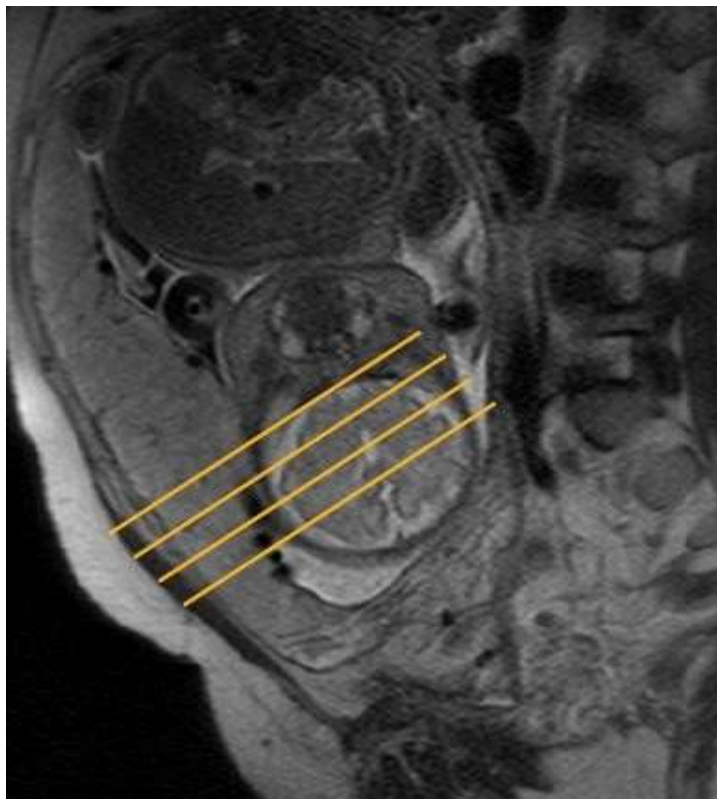
IV contrast is not given unless a Radiologist approves regardless of how it is ordered.

Full Uterus FOV: Top to bottom coverage to include entire pelvic or entire uterus whichever is larger, greater trochanter to greater trochanter (right/left coverage), anterior pelvic wall skin to posterior buttock skin (front/back coverage).

The oblique axial plane is relative to the long axis of the placenta (see below picture).

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

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice
T2 TSE	T2 SAG	sag	no	4	1	right
T2 TSE	T2 OBL AX	obl ax	no	4	1	top
T2 HASTE/SSFSE	T2 AX	ax	no	6	1	top
T2 HASTE/SSFSE	T2 FS AX	ax	yes	6	1	top
T2 HASTE/SSFSE	T2 COR	cor	no	6	1	front
T1 VIBE/LAVA	T1 FS SAG	sag	yes	5	0.5	right
T1 VIBE/LAVA	T1 FS AX	ax	yes	5	0.5	top



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