

MRI Ordering Guidelines		
Exam	Reason for Exam	Contrast?
BRAIN	Headache, syncope, TIA, mental status change, seizure (under 25 years old) stroke, shunt, infarction, trauma, hydrocephalus, ischemia	No Contrast
	MS, primary tumor, metastasis, seizures over the age of 25, follow up white matter lesions, brain lab and SRS studies, unexplained hematoma, cranial nerve palsy, pituitary	With and without
BRAIN MRA/MRV	MRA ONLY-aneurysm, vascular stenosis, TIA	No Contrast
	MRV ONLY- venous sinus thrombosis	With
	MRA AND MRV - venous sinus thrombosis, aneurysm, vascular stenosis, TIA	With and without
TMJ'S	Clicking of joint, facial pain, decreased range of motion,	No Contrast
	Dislocation, avascular necrosis, meniscus injury	No Contrast
ORBITS	Visual deficit, mass, infection, Grave's disease, optic neuritis	With and without
Soft Tissue Neck	All indications	With and without
Abdomen Only (Liver Mass Protocol)	Characterize masses previously seen on CT or US-hepatoma screening-metastasis follow-up/ post cryo or RF ablation-assessment of spleen-pancreatic masses with question of liver mets *This scan MAY include MRCP: if so the patient needs to fast 4 hours before scan.	With and without
Abdomen Only (Pancreatic Protocol)	<ul style="list-style-type: none"> • Assess for presence of or characterize a suspected pancreatic mass seen on another study- • This scan ALWAYS includes MRCP so patient needs to fast 4 hours before scan 	With and without
Abdomen Only (Renal Mass Protocol)	Characterize renal mass previously seen on CT or US. / post cryo or RF ablation, status post partial nephrectomy	With and without
Abdomen & Pelvis	APPENDICITIS in child between the ages of 7 and 18 (younger if calm) and pregnant patients * If pregnant suspicion of appendicitis, suspicion of obstructing nephrolithiasis, post traumatic evaluation, suspicion of bowel obstruction	No Contrast
	ENTEROGRAPHY: usually done at Wason: fast for 6 hours prior to exam. Oral contrast in MRI; arrive 1 hour before scan time to drink Used to detect and characterize Crohn's disease, terminal ileitis, small bowel and colonic strictures, rule out abscess, phlegmon or fistula Lymphadenopathy assessment, tumor surveillance or tumor staging	With IV Contrast and With oral contrast
Pelvis	Dynamic Pelvis/MR Defecography: assess pelvic floor laxity and disorders of evacuation Uterine anomaly: characterize suspected developmental abnormality Fracture	No contrast
Adrenal Glands	Characterize a previously identified adrenal mass	Usually no contrast

MRCP	Patient must fast 4 hours prior to scan; suspected choledocholithiasis usually in a patient with elevated "LFT's" biliary tree obstruction; dilated common bile ducts seen on US * ANY OTHER HISTORY WILL REQUIRE A PANCREATIC MASS PROTOCOL AND WILL THEN REQUIRE CONTRAST	No contrast
Cardiac	All indications	With and without
Pelvis	Characterize perianal fistula and or abscess Pelvic tumors (prostate requires 3T) Ureteral diverticulum, pre-fibroid evaluation	With and without
Musculoskeletal	Evaluation of pain, impingement, instability, recurrent dislocation, frozen joint, rotator cuff / labral / cruciate / Achilles/ injury/ baker's cyst/ avascular necrosis/ fracture/ unexplained pain/ muscle tears/	No contrast
	Any diagnosis of mass, (soft tissue or bony) tumor Osteomyelitis/infection/abscess/ metastatic disease/arthritis/juvenile arthritis	With and without
Pelvis/Hip	Fracture, dislocation	No contrast
Arthrogram	All indications	Contrast in X-Ray: coordinate appt. with x-ray flouro time
Spine	Pain, Trauma Disc disease, Radiculopathy Cord compression with no history of cancer	No contrast
	Metastatic disease or spine tumor, Infection, multiple sclerosis Cord compression with history of cancer Prior spine surgery (lumbar spine exams only)	With and without
Angio Chest	All indications	IV
Angio Abdomen/Pelvis	All indications	IV
Angio Head MRA	All indications	No contrast
Angio Neck MRA	All indications	IV
Breast	Implant rupture	No contrast
	Possible cancer	With and without

Patients requiring gadolinium enhancement who are over the age of 60, or have a history of diabetes, hypertension or renal disease, generally require a creatinine within 6 weeks of the MRI appointment.