

MRA Thoracic Aorta Protocol - Vasculitis

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Standard uses: Vasculitis, connective tissue disease

Contrast: 0.1mmol/kg of MultiHance

Each exam needs to be protocolled

Do with cardiac package with ECG gating if possible

1. Scout/3 plane localizer
2. Axial T2 dark blood images through chest, 8 mm, no skip, with breath hold.
3. Coronal T2 dark blood through aorta, 8mm, no skip; if signal is not voided within the lumen, double inversion recovery w/ diastolic acquisition can be utilized
4. Axial bSSFP (true FISP (flip angle > 70)) white blood images through chest, 8 mm, no skip, with breath hold
5. bSSFP Candy Cane cine (8mm)
6. bSSFP Oblique coronal cine (8mm)
7. Precontrast axial T1-weighted fat-saturated images. (VIBE w/ low flip angle (10-15deg) or whatever works best). 8mm no skip from just above Ao arch to diaphragm
8. Post-contrast axial T1-weighted fat-saturated images. (VIBE or whatever works best). 8mm no skip from just above Ao arch to diaphragm