



Brachial Plexus WO

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Contact: (866) 761-4200, Option 1

General: All axial imaging should be contained within one sequence. If the images need to be angled, please angle within a single axial set of images as opposed to generating multiple axial sets with different angles.

Comments: Must have had a Cspine MRI with 4-6 weeks prior to brachial plexus MRI.

Comments: Use flow suppression and sat bands for arch vessels.

Use: In all cases of trauma or if there is a strong contraindication for contrast.

- Cor STIR both sides
- Cor T1 side of interest
- Sag T1 side of interest
- Sag T2 fat sat or STIR side of interest
- Cor CISS:

Coverage for CISS: C5 to T2. May have to be done in 2 stacks.

FOV for CISS: Centered over cord. Very small FOV to see nerve roots exit cord and enter neural foramen. There needs to be enough slices to cover the entire spinal canal and a small enough FOV to only cover transverse processes.



Clinical Indications:

*Ordered by specialist as MR Chest W & WO (per radiologist must have MR C-Spine 4-6 wks prior)

- Brachial plexus injury
- Nerve Avulsion
- Tumor/mass/cancer/mets