Endometriosis DFP MRI Protocol

MRI: 1.5T or 3T
Coil: Phased array

Patient Preparation:
Moderate urinary bladder filling: conditionally recommended
Vaginal contrast: conditionally recommended (30-60cc aqueous gel)
Rectal contrast: conditionally recommended (60-180 cc aqueous gel)
Anti-peristaltic agent: Highly recommended (1mg IV Glucagon)

Imaging Protocol

<table>
<thead>
<tr>
<th>Body Phased Array Sequence</th>
<th>Plane</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Scout</td>
<td>3 planes</td>
<td></td>
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</table>
| T2 Turbo Spin Echo (TSE)/Fast Spin Echo (FSE) | Sag | • Non-breath hold.  
  • Small Field of View  
  • Cover femoral head to femoral head right to left and all female pelvis anatomy.  
  • Add anterior saturation band.  
  • Use 4-6mm slices |
| T2 TSE/FSE                 | Straight Ax or Oblique Ax     | • Axial Straight  
  • Cover female pelvis |
| Diffusion Weighted Imaging (DWI) | Ax | • Diffusion B = 0, 50, 800  
  • Cover female anatomy or suspicious pathology |
| T2 TSE                     | Coronal or Oblique coronal    | • Coronal oriented parallel to uterus  
  • Non-breath hold 2-3 acquisitions  
  • Small FOV |
| T1 in/out Dixon            | Ax                           | • Small FOV  
  • Cover female organs only |
| T1 WI with Fat Suppression pre contrast | Sag | • Small slab/FOV  
  • 2mm slice thickness |
| T1 WI with Fat Suppression Pre Contrast Large Field of View | Ax | • Aortic bifurcation to symphysis pubis |
| T1 WI with Fat Suppression Post | Sag | • Small slab/FOV  
  • 2mm slice thickness |
| T1 WI with Fat Suppression Post Contrast Large Field of View | Ax | • Aortic bifurcation to symphysis pubis |