

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

Body Phased Array Sequence	Plane	Comment
Scout	3 planes	
T2 Turbo Spin Echo (TSE)/Fast Spin Echo (FSE)	Sag	<ul style="list-style-type: none"> <li>• Non-breath hold.</li> <li>• Small Field of View</li> <li>• Cover femoral head to femoral head right to left and all female pelvis anatomy.</li> <li>• Add anterior saturation band.</li> <li>• Use 4-6mm slices</li> </ul>
T2 TSE/FSE	Straight Ax or Oblique Ax	<ul style="list-style-type: none"> <li>• Axial Straight</li> <li>• Cover female pelvis</li> </ul>
Diffusion Weighted Imaging (DWI)	Ax	<ul style="list-style-type: none"> <li>• Diffusion B = 0, 50, 800</li> <li>• Cover female anatomy or suspicious pathology</li> </ul>
T2 TSE	Coronal or Oblique coronal	<ul style="list-style-type: none"> <li>• Coronal oriented parallel to uterus</li> <li>• Non-breath hold 2-3 acquisitions</li> <li>• Small FOV</li> </ul>
T1 in/out Dixon	Ax	<ul style="list-style-type: none"> <li>• Small FOV</li> <li>• Cover female organs only</li> </ul>
T1 WI with Fat Suppression pre contrast	Sag	<ul style="list-style-type: none"> <li>• Small slab/FOV</li> <li>• 2mm slice thickness</li> </ul>
T1 WI with Fat Suppression Pre Contrast Large Field of View	Ax	<ul style="list-style-type: none"> <li>• Aortic bifurcation to symphysis pubis</li> </ul>
T1 WI with Fat Suppression Post	Sag	<ul style="list-style-type: none"> <li>• Small slab/FOV</li> <li>• 2mm slice thickness</li> </ul>
T1 WI with Fat Suppression Post Contrast Large Field of View	Ax	<ul style="list-style-type: none"> <li>• Aortic bifurcation to symphysis pubis</li> </ul>