

<b>Effective Date:</b>  <b>November 2021</b>	<b>Title:</b>  <p style="text-align: center;"><b>BODY MRI Protocols</b></p>
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**Cirrhosis/Hepatocellular Carcinoma/Hepatitis:** Multihance, No MRCP unless this is the patient's first abdomen MRI ever.

**Pancreatic lesion, cyst, or mass/ Pancreatitis:** Multihance, Plus MRCP

**Biliary Dilatation/Cholecystitis/Elevated liver function tests:** If bilirubin <3 or not documented then Eovist and MRCP. If bilirubin >3 then Multihance and MRCP. Make sure contrast is excreted into biliary system at 20 minutes. If no contrast in duodenum, then repeat axial and coronal post contrast at 30 minutes and end exam

**Hepatic Hemangioma:** Multihance, No MRCP

**Abdominal Pain, bloating, lymphadenopathy:** Multihance and MRCP

**Hepatic Iron Overload/Fatty Liver/Hepatic Steatosis:** Multihance and LiverLab, No MRCP. Run LiverLab even if the program says it isn't needed in that patient. *Note: If the indication is Hepatic Iron Overload, this case should not be scheduled at an institution that does not have LiverLab software—the provider is looking for a specific quantification of liver iron content that can only be made with that software.*

**Primary Sclerosing Cholangitis:** If the patient has known cirrhosis: Multihance and MRCP. If no previous documentation of cirrhosis: Eovist and MRCP

**Colon Cancer or Carcinoid or melanoma (looking for liver mets)** Eovist, No MRCP

**Unknown Liver Lesion evaluation:** Perform Coronal HASTE, Diffusion, and axial T2. Then ask Rad. If rad is not available, if the lesion is bright on HASTE/T2, use MultiHance. If not bright on HASTE/T2, use Eovist.

**Adrenal Lesion:** Check with rad before contrast.

**Pelvic Mass/Ovarian Cyst/Uterine or Ovarian Mass/Endometriosis:** Mass/Fibroid (NO GEL)

**Urethral Diverticulum:** Urethral Diverticulum

**Congenital Anomaly:** Congenital Anomaly

**Cervical Cancer:** Cervical Cancer (GEL)

**Endometrial Cancer:** Endometrial Cancer (GEL)

**Pelvic Vein thrombus/May Thurner:** May Thurner MRV

**Rectal cancer staging:** Planes must be long and short axis to the lesion. if lesion is not well delineated then check sag t2s with the rad so that appropriate planes are chosen.

**MRE:** If there is fluid signal in the right colon, no need to check images with the rad

Notes:

1. This document is to assist with workflow and standardization. It is not meant to eliminate communication. Please call the Body MR rad with any questions.
2. If equipped with LiverLab, please continue to run LiverLab on any patient the machine suggests needs it.