

to be grouped together and positioned and moved as a single unit. This is particularly useful for whole body scanning and multi-region angiography when we intend to display the end product as a composed image and maintain full coverage.

Scan at Center: This ensures all imaging is performed in the center of the bore, maximising homogeneity and shim for fat saturation techniques. This is especially important for large field of view studies and where multiple transverse sequences are required for our body and spine work. The above techniques have allowed us to develop and implement a number of multi-region imaging protocols into our daily practice. We believe the resulting protocols are efficient, provide good diagnostic results, and are able to be applied consistently by a number of technologists with varying skill levels. What has been in the past a time consuming and complex set of examinations has been greatly streamlined with a concomitant improvement in workflow and ease of application. The exams in which this technique has found constant use are:

1. Whole body screening for

- metastatic disease
- systemic disease

2. Neuro axis screening for

- primary investigation of pathology
- tumor staging / recurrence
- monitoring of disease progress e.g. MS
- primary investigation of idiopathic conditions

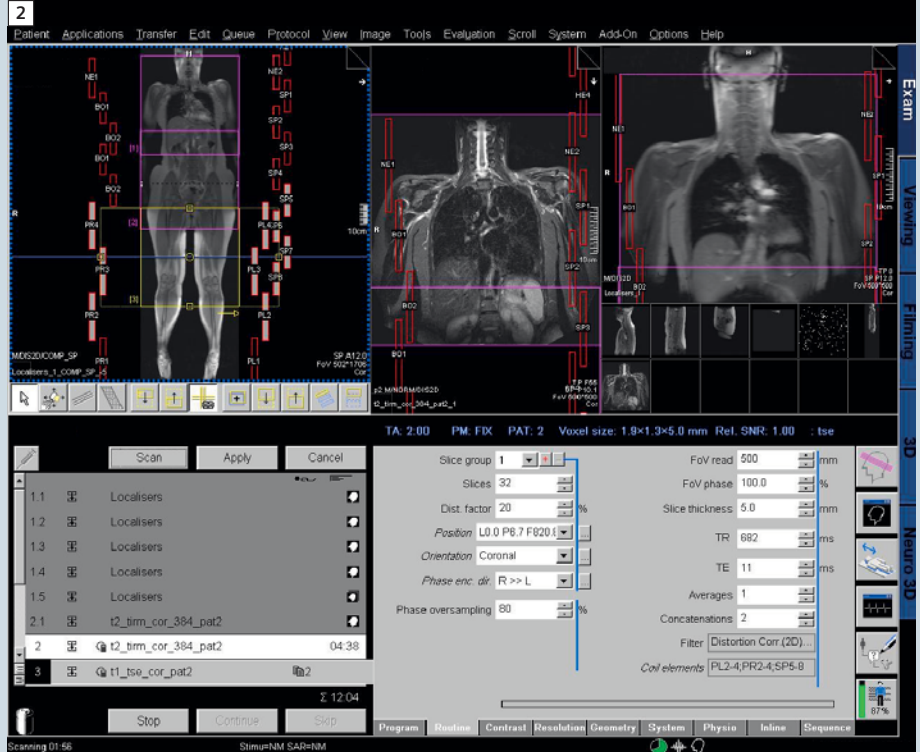
3. Multi area exams for

- multi-organ / system problems
- patients with multiple disease processes
- extensive MSK lesions

The Tim Planning Suite is now an integral part of all our multi-region examinations and provides both a technologist and patient friendly platform. We are now able to integrate these exams into our daily workflow in a time and cost efficient manner.

Contact

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2 Tim Planning user interface (UI) showing composed scout image, coupled graphics, Auto-Coil Select, and scan@center all in use.

→ Application Tip

Planning of sagittal slices can be problematic on patients with degenerative spinal disease, scoliosis and kyphosis. In these cases we find a further scout image consisting of a single coronal HASTE slice, 50–70 mm thick, positioned over the spine at each level, yields a very nice myelographic image to allow the accurate planning of sagittal slices.

