University Health™	Policy #: Rad Proc 14. 14. 5
SUBJECT: MRA BRAIN	Effective: 10/01/2013 Reviewed: 02/2015; 02/2017
APPROVED BY: Eduardo Gonzalez-Toledo, MD PhD	Page 1 of 2

Purpose: To Provide MRI staff approved protocol for performing a MRA Brain ORIENTATION: HEAD FIRST/SUPONE COIL: HNS HEAD/STANDARD HEAD

MRA BRAIN

PLANE	3 PLN	AX 3D TOF 3	AX FAST CINE PC	AX FAST CINE PC
	LOC	SLABS	R/L	A/P
SEQ	GRE	VASC TOF SPGR	VASC PC	VASC PC
MODE	2D	3D	2D	2D
IMAGING	SEQ/FAS	FC/EDR/Z512/Z2	FC/GAT/SEQ/FAS	FC/GAT/SEQ/FAST
OPTIONS	T		T	
TE		6.9		
TR		25		
FLIP		15	20	20
ANGLE				
ETL				
BW		31.25	15.63	15.63
FOV	24	24	30	30
SLICE	5	1.6	10	10
THICKNES				
S				
SLICE	5	LOCS/SL 32	0	0
SPACING				
Overlap		6		
Locs.				
Frequency	256	384	256	256
Phase	128	224	128	128
NEX	1	1	1	1
PHASE	1	0.75	0.75	0.75
FOV				
FREQ DIR	UNSWAP	S/I	A/P	A/P
FLOW				
COMP DIR				
SHIM	AUTO	AUTO	OFF	OFF
PHASE	OFF	OFF	OFF	OFF
CORRECT				

Note: Additional sequences may be requested at the

discretion of the Radiologist monitoring the exam.

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NOTES: Superior sat. Ramp pulse: I/P/L.

FAST CINE PC: Include this sequence for old and follow up strokes. Acquire the images true axial, no obl acquisitions (10-12 sl). Use peripheral gating for image acquisition.

ACA A/P

MCA R/L

Circle of Willis A/P

VASC SCREEN

Flow recon type: phase diff

Venc 200

Acq flow DIR images R/L

Collapse: off

Flow Analysis: On

To reconstruct the images: Click on IVI. Once in this screen, click on the coronal image. Next, click on batch and place slices to result in an axial image. Change the slice thickness to 2.0. Then click save.