

- SHORT BORE DESIGN (BENEFITS CLAUSTROPHOBIC PATIENTS).
- TABLE LIMIT OF 650 lbs.
- BORE DIAMETER = 2.3 ft (68.5 cm).



2769 HEARTLAND DRIVE, SUITE 105  
CORALVILLE, IA 52241  
WWW.CORRIDORRADIOLOGY.COM  
**319-545-7300**



2104 CEDARWOOD DRIVE, SUITE 100  
MUSCATINE, IA 52761  
WWW.MUSCATINERADIOLOGY.COM  
**563-263-3400**

- SHORT BORE DESIGN (BENEFITS CLAUSTROPHOBIC PATIENTS).
- TABLE LIMIT OF 400 lbs.
- BORE DIAMETER = 1.5 ft (43 cm).



# MRI REFERENCE CHART

## CLINICAL INDICATIONS

## SUGGESTED EXAM

### HEAD / BRAIN

DIZZINESS, HEADACHE, STROKE, WEAKNESS, TIA, CHANGE IN MENTAL STATUS, DEMENTIA  
TUMOR, SEIZURE, EPILEPSY, MS, HISTORY OF CANCER, BELLS PALSY  
HISTORY OF BRAIN ANEURYSM, CIRCLE OF WILLIS ANEURYSM, TIA  
VENOUS STROKE, VENOUS THROMBOSIS

MRI BRAIN WITHOUT CONTRAST  
MRI BRAIN WITH AND WITHOUT CONTRAST  
MRA (MRI ANGIOGRAM) WITHOUT CONTRAST  
MRV (MRI VENOGRAM) WITHOUT CONTRAST

### TEMPORAL BONE / ORBITS / PITUITARY

ACOUSTIC NEUROMA, HEARING LOSS, TINNITUS, VERTIGO  
PROPTOSIS, OPTIC NEURITIS, ORBITAL PAIN  
PITUITARY ADENOMA, ABNORMAL PROLACTIN, GALACTORRHEA

MRI BRAIN WITH IACS WITH AND WITHOUT CONTRAST  
MRI BRAIN WITH ORBITS WITH AND WITHOUT CONTRAST  
MRI BRAIN WITH PITUITARY WITH AND WITHOUT CONTRAST

### NECK / BRACHIAL PLEXUS

CAROTID STENOSIS OR BRUITS, HISTORY OF TIA OR STROKE,  
ABNORMAL CAROTID ULTRASOUND, VERTEBRAL ARTERY DISSECTION OR STROKE,  
HISTORY OF CAROTID SURGERY OR ANEURYSM, VERTIGO, BLOOD PRESSURE DIFFERENT IN ARMS  
BRACHIAL NEURAL PLEXOPATHY

MRA (MRI ANGIOGRAM) WITH AND WITHOUT CONTRAST  
MRI BRACHIAL PLEXUS WITH AND WITHOUT CONTRAST

### SPINE

NECK PAIN, RADICULOPATHY, WHIPLASH, COMPRESSION FRACTURE  
MYELOPATHY, MS, INFECTION, SYRINX, SPINAL TUMOR, HISTORY OF CANCER  
MID-BACK PAIN, RADICULOPATHY, COMPRESSION FRACTURE  
MYELOPATHY, MS, INFECTION, SYRINX, SPINAL TUMOR, HISTORY OF CANCER  
LOW BACK PAIN, SPINAL STENOSIS, CLAUDICATION, RADICULOPATHY, COMPRESSION FRACTURE  
MYELOPATHY, MS, INFECTION, SYRINX, SPINAL TUMOR, PRIOR BACK SURGERY, BOWEL  
AND BLADDER DYSTRUCTION, HISTORY OF CANCER

MRI C-SPINE WITHOUT CONTRAST  
MRI C-SPINE WITH AND WITHOUT CONTRAST  
MRI T-SPINE WITHOUT CONTRAST  
MRI T-SPINE WITH AND WITHOUT CONTRAST  
MRI L-SPINE WITHOUT CONTRAST  
MRI L-SPINE WITH AND WITHOUT CONTRAST

### ABDOMEN / PELVIS

POSSIBLE OR KNOWN MASS OF LIVER, PANCREAS, KIDNEY, ADRENAL  
BILE DUCT AND PANCREATIC DUCT EVALUATION, BILIARY OBSTRUCTION  
PELVIC PAIN, MASS, ABNORMAL PELVIC ULTRASOUND, GYNECOLOGIC OR PROSTATE ABNORMALITY  
PELVIS TRAMA, POSSIBLE HIP / SACRAL / COCCYX FRACTURE, SI JOINT PAIN, MUSCLE STRAIN  
RENAL ARTERY STENOSIS, MESENTERIC ISOHEMIA

MRI ABDOMEN WITH AND WITHOUT CONTRAST  
MRCP WITHOUT CONTRAST  
MRI PELVIS WITH AND WITHOUT CONTRAST  
MRI PELVIS WITHOUT CONTRAST  
MRA (MRI ANGIOGRAM) WITH CONTRAST

### ARMS / LEGS

DEEP LIMB PAIN, BONE PAIN  
INFECTION, SOFT TISSUE MASS, NEUROMA, GANGLION CYST,  
OSTEOMYELITIS  
CARTILEGE INJURY, LIGAMENT TEAR, OCCULT FRACTURE, OR PAIN OF  
SHOULDER, ELBOW, WRIST, HAND, FINGER, HIP, KNEE, ANKLE, FOOT OR TOE  
SHOULDER LABRAL TEAR, INSTABILITY, OR AGE LESS THAN 40  
HIP LABRAL TEAR, FEMORAL ACETABULAR IMPINGEMENT

MRI (INDICATE AREA OF INTEREST) WITHOUT CONTRAST  
MRI (INDICATE AREA OF INTEREST) WITH AND WITHOUT CONTRAST  
MRI (INDICATE AREA OF INTEREST) WITHOUT CONTRAST  
\*MRI ARTHROGRAM OF SHOULDER  
\*MRI ARTHROGRAM OF HIP

\*ARTHROGRAM STUDIES REQUIRE CONTRAST TO BE ADMINISTERED INTRAARTICULARLY (A NEEDLE IS GUIDED INTO THE JOINT AND CONTRAST IS INJECTED INTO THE JOINT). THIS WILL REQUIRE THE PATIENT TO HAVE CT GUIDED INJECTION STUDY FIRST DURING WHICH THE INJECTION WILL TAKE PLACE FOLLOWED BY AN MRI OF THE AREA IN QUESTION.

IF YOUR PATIENT'S CLINICAL INDICATION IS NOT FOUND ABOVE, OR FOR ANY QUESTIONS, PLEASE CALL US AT THE NUMBER LISTED ABOVE FOR ADVICE.