

| MRI Breast Bilateral W & WO |                                                 |                                    |                                    |                                    |                                    |
|-----------------------------|-------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Technical Parameters        |                                                 |                                    |                                    |                                    |                                    |
| Anatomic Coverage:          | Cover entire breast tissue and lymph nodes only |                                    |                                    |                                    |                                    |
| Coil:                       | Breast coil                                     |                                    |                                    |                                    |                                    |
| Scanner Preference:         |                                                 |                                    |                                    |                                    |                                    |
| Contrast:                   | Pre-injection:                                  |                                    |                                    | Post-injection:                    |                                    |
| Scanning Plane:             | Axial                                           | Axial                              | Pre-Axial                          | Post-Axial - Dynamic               | Sagittal                           |
| Weighting:                  | T2                                              | T1                                 | T1                                 | T1                                 | T1                                 |
| FAT SAT:                    | YES                                             | NO                                 | YES                                | YES                                | YES                                |
| FOV:                        | ONLY breast tissue and lymph nodes              | ONLY breast tissue and lymph nodes | ONLY breast tissue and lymph nodes | ONLY breast tissue and lymph nodes | ONLY breast tissue and lymph nodes |
| MPR:                        | NO                                              | NO                                 | NO                                 | NO                                 | NO                                 |
| Notes:                      |                                                 |                                    |                                    |                                    |                                    |