

Prostate MRI Checklist

- Have we waited the required amount of time to schedule the patient after any prior biopsy (>6wks)?
 YES NO
- Scheduler to give details of bowel prep to patient. **Was bowel prep performed?**
 YES NO
- Are the most recent Urology clinical notes and **ALL** prior path reports of prostate biopsies (if applicable) included in PACS documents?
 YES NO
- Are tech notes complete regarding any issues with the exam?
 YES NO
- Is the exam done on a 3T MRI, or are there **tech notes explaining why not?**
 YES NO
- If exam cannot be done on a 3T MRI, study must be done on a 1.5T MR which has been approved by MRG for performing prostate exams.
- Is there homogeneous fat suppression throughout the prostate gland on fat sat sequences, including the dynamic post gad images? If not, have we checked for possible correctable issues?
 YES NO
- If there are bilateral hip arthroplasties or other causes of significant metal artifact, have we tried MAR techniques and considered scanning the patient on an MRG-approved 1.5T machine?
 YES NO N/A
- If homogeneous fat suppression is not possible due to metal artifact, have we done the post gad sequences without FS?
 YES NO N/A
- Are all small FOV oblique axial sequences done with the exact same imaging plane/slice position/thickness/spacing including the T2, DWI/ADC, the regular post gad, and the dynamic post gad sequences? i.e. are the imaging parameters exactly copied so the images will scroll together?
 YES NO
- Are the 1400 B-value DWI images sent over as a separate series in PACS (separate from the lower B-value images)?
 YES NO
- Have DWI images been checked for quality?
 YES NO
- Interference artifact?
 Yes NO
- Rectal gas/motion artifact?
 YES NO

Consider having the patient attempt to void the rectum and retry scanning. Also consider changing the phase encoding direction. Note that if the DWI/ADC is redone after the patient moves, we need to also redo all the small FOV T2s in all 3 planes. Similarly, if a patient needs to be brought back for additional rescanning of DWI/ADC, we must always also repeat all these small FOV T2.

- Are the oblique axial and coronal images set up properly with respect to the gland?
 YES **NO**
- Has the exam been sent to DynaCAD?
 YES **NO**

- See diagram below to illustrate proper oblique axial and coronal image planes.

