



**Al-Mustaqbal University
College of Health and Medical Technologies
Radiological Techniques Department**

Magnetic Resonance Imaging

First Semester

Lecture 18 : MRI of chest

By

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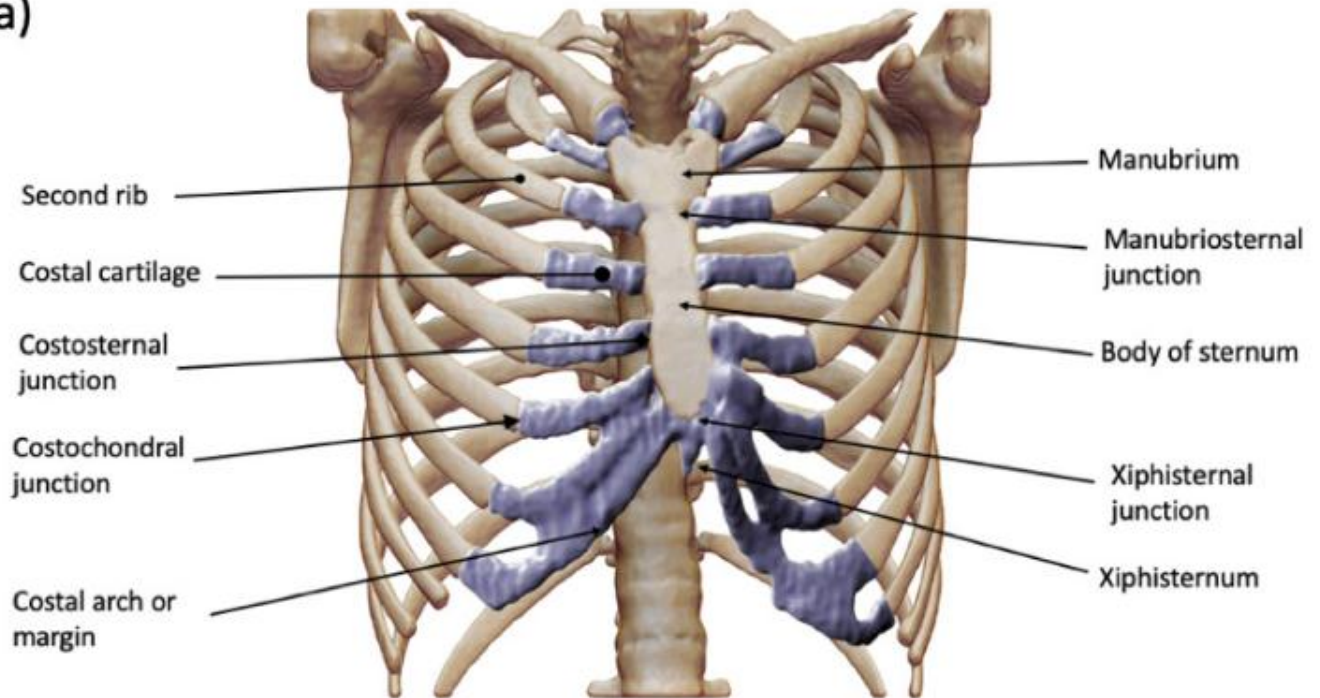
Introduction :

MRI of the chest including the **lungs and mediastinum** can be valuable in certain clinical scenarios, but it is less commonly used compared to other imaging modalities like computed tomography for this region. **MRI is particularly useful when radiation exposure needs to be minimized or when specific soft tissue characterization is required.**

•Anatomical overview:

The chest or thorax is the region of the bony thoracic cage located between **the neck and abdomen**. The upper boundary of the chest, the thoracic inlet, is formed by **the first thoracic vertebra**, **the first ribs**, and **the upper margin of the manubrium**. Inferiorly, the chest extends to the level of the thoracic outlet, marked by **the diaphragm**, which extends **between the inferior margin of the sternum and the upper lumbar vertebra**.

(a)



•Common indications:

- 1-Mediastinal mass, e.g. lymphoma and congenital cyst.
- 2-Neurogenic lesions, e.g. thoracic meningoceles and malignant nerve sheath tumors.
- 3-Differentiation between lymph nodes and vascular anomalies.
- 4-Assessment of vascular anomalies of chest (in conjunction with MRA), e.g. thoracic aortic aneurysms.

- MRI Procedure:**

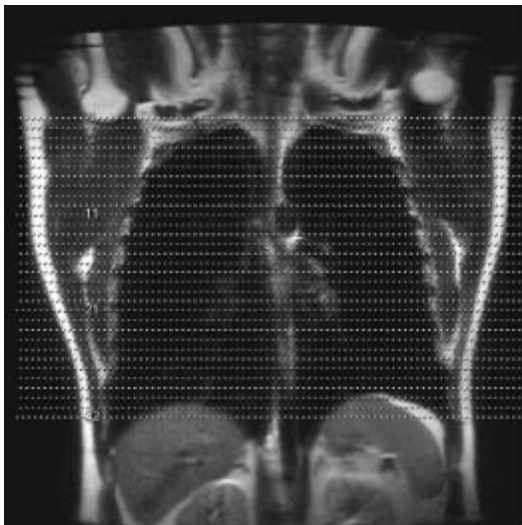
- Patient position:**

- 1- Patient should be in **supine-position (head first)**. Patients who suffer from claustrophobia may prefer a **feet-first orientation**.
- 2- Set-up the coil (Torso-array coil).



- Scout slice placement:

- 1-Coronal localizer for axial slice**



- Alignment:

True axial.

- Coverage:

A-Superior to inferior: Thoracic inlet to diaphragmatic crura.

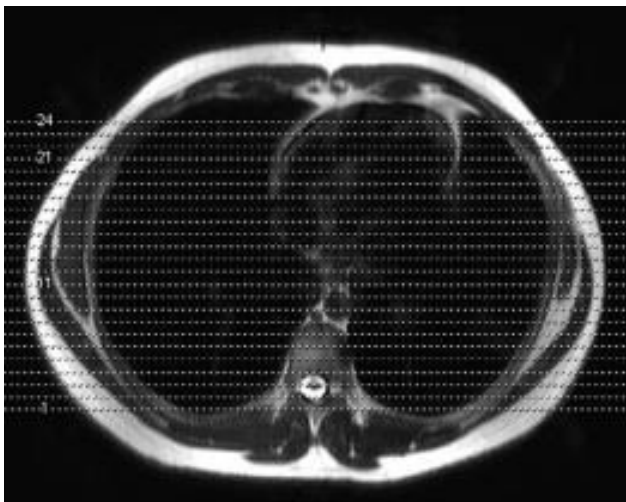
B-Lateral to medial: Chest wall on each side.

C-Posterior to anterior: Thoracic spinous processes to sternum.

- Axial slices are used to demonstrate the following:

- 1-Contents of mediastinum.
- 2-Morphology of the great vessels and heart.
- 3-Lymph node location and size.

2-Axial localizer for coronal slice



-Alignment: True coronal.

- Coverage: As for axial plane.

- It is the best plane for demonstrating the costophrenic angles and lung apices.

•MRI Sequences:

1	T1WI (FSE)	<u>Axial and coronal</u> sections <u>5mm slice</u> thickness Useful : to provide detailed anatomical information, including visualization of chest structures such as heart, main vessels and mediastinum.
2	T2WI (FSE)	<u>Axial and coronal</u> sections <u>5mm slice</u> thickness Useful : to demonstrate differences in tissue water content, making it useful for identifying areas of inflammation, edema, or abnormal tissue within the chest.
3	Fat suppression sequences	Useful : Distinguish between fat-containing and non-fat tissues, aiding in the assessment of lesions and structures within the chest.
4	DWI sequence	With a <u>slice thickness of 5mm</u> Useful : to assess tissue cellularity and identifying certain chest lesions.

5	Dyn-study+ con (GAD-based contrast)	Evaluate tissue perfusion <u>slice thickness of 5mm.</u> Useful : It can help in characterizing lesions based on their vascularity , particularly useful for assessing vascular lesions and tumors.
6	MRA	With a slice thickness of 1-2mm Useful : to visualize blood vessels within the chest, including the main arteries and veins, and can be used to detect vascular abnormalities.