Pectoral Muscle/Tendon Tear

(Updated 10/19/2017)

These exams require careful positioning and scanning. All sequences must include the pectoralis insertion.

Radiologist approval must be obtained prior to completing exam!

NOTE:

- Position patient prone with the affected arm as close to the patient’s body as possible in order to help achieve the 16cm FOV. Attempt to position the affected side as close to isocenter as possible to ensure quality imaging through the humerus laterally.
- The small FOVs are designed to show tears of the pectoral tendon at its insertion on the humerus or at the junction of the pectoral muscle and pectoral tendon. 16CM FOV should be achievable on most patients. Do not need to include the entire pectoral muscle.
  - L>R: mid pectoral muscle through humerus
  - I>S: top of the pectoral muscle through the deltoid tuberosity of the humerus
  - P>A: posterior to the humerus through the pectoral muscle anteriorly
- The large FOV STIR Axial sequence will show muscle tears that aren’t seen on the small FOV sequences.
  - Position patient prone with both arms down by side.
PD Axial, STIR Axial

Average Scanning Parameters:
16cm FOV
5 x 1mm slice thickness
~32 slices or less

Scan affected side only.

T1 Coronal, T2 FS Coronal

Average Scanning Parameters:
16cm FOV
4 x 0mm slice thickness
~24 slices

Images should be parallel to pectoral muscle / tendon & through the humeral shaft.

T1 Sagittal, T2 FS Sagittal

Average Scanning Parameters:
16cm FOV
5 x 1 mm slice thickness
~25 slices

Images should be perpendicular to pectoral muscle / tendon & through the humeral shaft. On larger

STIR Axial Bilateral

Averaging Scanning Parameters:
5 x1 mm slice thickness
~32 slices

Include both sides, both arms should be at the patient’s side.

Note: For Espree magnets, right / left sides should be scanned separately due to the bore FOV limitations.