



## **Guidelines for the Imaging of Vascular Anomalies**

### **MRI Sequences**

The following MRI sequences should be performed for all vascular anomalies:

**Axial T1 Fat-Sat**

**Axial T2 Fat-Sat**

**Coronal T1**

**Coronal Inversion Recovery**

***Contrast-enhanced:* Axial T1 Fat-Sat, Coronal T1 Fat-Sat**

For the extremities, the sagittal plane may be more suitable than the coronal, depending on the long-axis of the lesion. For lesions in the head and neck, at least one pre and post contrast sagittal sequence should be added.

**MRA/MRV** sequences may also be useful in suspected high-flow lesions, but should not be performed as an alternative to the basic sequences.

### **Ultrasound**

All examinations should include color and spectral Doppler traces in addition to 2D imaging. The Doppler traces should be obtained from intralesional channels, as well as any identifiable feeding or draining vessels.

### **CT**

This investigation is not indicated in the majority of cases. Cases with suspected bone destruction may be better appreciated on CT. Multi-phase scanning of the liver and CTA may also be appropriate in a select population.

### **Angiography**

Diagnostic angiography should only be undertaken as part of a therapeutic procedure.