

out examination of the patients, there is a need to assure minimum inter-observer variability, in order to obtain comparable tilted anatomical planes. This is particularly

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High-resolution magic-angle spinning ¹³C NMR spectroscopy of cerebral tissue

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Suppression of MR gradient artefacts on electrophysiological signals based on an adaptive real-time filter with LMS coefficient updates

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Accuracy of 3D MR microscopy for trabecular bone assessment: a comparative study on calcaneus samples using 3D synchrotron radiation microtomography

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A continuous-flow perfusion system for the maintenance and NMR study of small tissue samples in vitro

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Accuracy of short-axis cardiac MRI automatically derived from scout acquisitions in free-breathing and breath-holding modes

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Efficient foldover suppression using SENSE

R. Winkelmann, P. Bärner, K. Nehrke, O. Düssel

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Basic considerations on the impact of the coil array on the performance of Transmit SENSE

U. Katscher, J. Rähms, P. Bärner

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Preliminary ex vivo 3D microscopy of coronary arteries using a standard 1.5 T MRI scanner and a superconducting RF coil

M. Poirier-Quinot, J.-C. Ginefri, F. Ledru, P. Fornes, [more](#)

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A standardised method for measuring magnetisation transfer ratio on MR imagers from different manufacturers – the EuroMT sequence

G. J. Barker, W. G. Schreiber, A. Gass, J. P. Ranjeva, [more](#)

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The examinations were interpreted with no knowledge of the patients' clinical context. Each physician made an initial interpretation of the anonymized examinations. Images were interpreted visually based on averaged acquisitions of two time intervals: 1 to 5 and 6 to 10 min. The inter-observer reproducibility for the overall conclusion of the [18 F]choline PET/CT examination was moderate. Reproducibility between the four physicians had a kappa of 0.499 (CI 0.350 to 0.652). In order to solve this issue, some authors proposed an interpretation method, using the kinetics of choline capture in the prostate. This enables to distinguish a cancer from a benign tumour or prostatitis. b. Ask the patient to void into a urine specimen cup in order to empty the bladder and save the urine specimen for urinalysis. Have the patient put on a hospital gown so that his body is more accessible for examination. c. Arrange equipment and supplies. Be sure that you have everything needed (see Table 1-1). The physician needs to know the information that has already been obtained via the nursing observations and lab reports. Call the physician's attention to any abnormal lab values. Do this away from the patient. Patients are put in special positions for examination, for treatment or test, and to obtain specimens. You should know the positions used, how to assist the patient, and how to adjust the drapes. a. Horizontal Recumbent Position.