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Orientation of NMR images.

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Orientation of NMR Images

The American College of Radiology has recently published a booklet entitled *Glossary of NMR Terms* [1]. It suggests nomenclature and definitions that can be used universally by clinical NMR users. We applaud this effort to minimize confusing terminology so that workers from different institutions can use the same language, and readers who are just beginning the study of NMR may be less baffled than by a plethora of terminology describing the same events.

The ACR also has suggested a standard orientation for presentation of NMR images. Transverse images should be viewed as from below, with the patient's right on the left side of the image. This is in accordance with the previously accepted convention in sonography and CT. Coronal sections should be viewed as from the front, with the patient's right side to the left side of the image. This accords with the traditional way of viewing radiographs.

For viewing sagittal images, it is suggested that they be viewed as from the left side, with the patient's head on top and the anterior aspect to the left side of the image. We think this latter suggestion is a mistake, as it is directly opposite to the accepted convention in sonography, that is, that sagittal images be viewed as from the right side [2]. The convention in sonography is also that sagittal images be displayed as if the patient were supine, that is, cephalad to the left of the image and caudad to the right of the image. The proposed NMR convention displays the image in the upright position. This latter discrepancy, between the supine and upright displays, is probably not very important, but it is rather difficult to switch orientation from the convention in sonography of

viewing from the right side to the proposed NMR convention of viewing from the left side.

A similar problem arose in the early days of body CT scanning, as some displayed cross sections viewed from below and others as viewed from above. This was resolved by adopting the previously established sonographic convention and is continued in the ACR proposal for NMR.

There is no intrinsic advantage in one mode of display over another; therefore, the only consideration should be consistency. Since a convention already exists for sonography and the ACR has applied that convention for axial NMR images, it seems only logical to adopt it also for sagittal NMR images; we respectfully urge the American College of Radiology to do

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