**Table 1: CMR sequences for thrombus evaluation**

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| **Conventional CMR Sequences** | **Indications** | **Comments** |
| Cine SSFP | Bright blood structure and function evaluation | Mass delineation and mobility evaluation. Axial plane is often helpful to correlate with previous radiological imaging. |
| T2w - Triple IR | Saturated blood, fat, and myocardium | Helpful to distinguish thrombus from avidly T2w hyperintense masses such as myxomas. | |
| 1st pass arterial perfusion | Mass characterization, ischemia evaluation | Thrombus will have no perfusion while vascular masses will perfuse | |
| Delayed Viability | Myocardial ischemia/disease characterization | Thrombus may have subtle delayed rim enhancement but no internal enhancement |
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| **Emerging CMR sequences** |  |  | |
| T1 Mapping (pre contrast native T1 and post contrast extracellular volume) | Quantification of T1 relaxation times within myocardium and masses. | T1 values are dependent on field strength and scanner/prescription. | |
| T2 Mapping | Quantification of T2 relaxation times. Myocardial and mass characterization. | T2 signal is sensitive to mild stressors such as viral illness. Large inter-patient T2w signal variability limiting widespread utility | |

CMR – cardiac magnetic resonance; SSFP – steady state free precession; T2w – T2 weighted; IR – inversion recovery;