Intro:

Hand draw problem

Reproducibility

Time consuming

Automatied accessment:

Problems looking at the ratio

Looking at ratio

Cencer for spectroscopy

When the reference point change with disease ie cratine 🡪 singal intensity diretly🡪liver disease is system, can impact.

Path shows diffused Mn

Exact same saner on with the same 🡪 account for verbality b/w scans

AASLD guide for HE (fiber scanner)

Discussion Subclinical:

1st paragraphThe ratio did go up but the SI goes down

2nd paragram: When would the signal go down between NASH and NASH+HE

* Quantitative for [INS] tack grogramssing of brain change on liver failure ppl.
* When [Ins] track brain changes with liver flair
* Why correlate [Ins] linear decline \*\*\*

Mn cleared? Or something else? 🡪 Edma

1. the subset explanation is for edema (technique diff, T2 relaxation (matt))
2. reproduceable value with T1 relaxation / phantom calibration for the scanner
3. ???? T1 with spectroscopy other biomarkers (increase in Glx and decrease)
4. Glx and ins are tracking disease change in a continuous fashion can categorical info in measuring
5. Track severity of brain changes

AJNR/Radiology Hepatology