New Ischemia Cases:

1. Filename = Clin\_MCH\_0209
   1. Date = 02/09/2015
   2. Name = Anita Pollock
   3. Indication for MRI: Occluded superior mesenteric artery on CTA.
   4. MRI diagnosis: Abnormal meal challenge consistent with mesenteric ischemia. Occlusion celiac and superior mesenteric artery with collateral flow from inferior mesenteric artery.
   5. Clinical notes: The patient continues have 2 options. We could prophylactically go in and endarterectomize the aorta in that segment and reimplant the IMA and at that same operation then run a bypass graft to the SMA. Or we can wait until she develops symptoms. The patient is not inclined to undergo proactive arterial care at this time and our current strategy of continuing monitoring her on a regular basis has so far been unsuccessful. Our current plan, therefore, is to bring her back in a year and repeat the MRA, to watch and use PC Viper technique at that time. The patient understands that should she develop symptoms of postprandial pain or any gastrointestinal upset that she is to let us know immediately. Thank you.
2. Filename = Clin\_MCH\_0612
   1. Date = 06/12/2015
   2. Name = Celia Paczwa
   3. Indication for MRI: Epigastric pain with meals
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
   5. Clinical notes: Diagnosed with esophagitis.
3. Filename = clin\_mch\_1111
   1. Date = 11/11/2014
   2. Name = Marilyn Johnson
   3. Indication for MRI: abdominal pain
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
4. Filename = clin\_mch\_042214
   1. Date = 04/22/2014
   2. Name = Danielle Liptak
   3. Indication for MRI: abdominal pain
   4. MRI diagnosis: Normal meal challenge response. Median arcuate ligament compression of celiac artery.
5. Filename = mch\_0710
   1. Date = 07/10/2015
   2. Name = Karen Weigt
   3. Indication for MRI: abdominal pain after meal
   4. MRI diagnosis: Abnormal meal challenge consistent with mesenteric ischemia. Celiac and superior mesenteric artery stenosis.
   5. Clinical notes: Patient underwent stenting of celiac and superior mesenteric arteries with resolution of symptoms.
6. Filename = MCH\_010313
   1. Date = 01/03/2013
   2. Name = Karen Dietrich
   3. Indication for MRI: Nausea and vomiting for several weeks, suspected mesenteric ischemia
   4. MRI diagnosis: Normal meal challenge response.
7. Filename = mch\_032715
   1. Date = 03/27/2015
   2. Name = Juanita Garcia
   3. Indication for MRI: abdominal pain after meal
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
8. Filename = MCH\_041613
   1. Date = 04/16/2013
   2. Name = James Burkhardt
   3. Indication for MRI: abdominal pain after meal
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
9. Filename = MCH\_101013
   1. Date = 10/10/2013
   2. Name = Wynter Dunahee
   3. Indication for MRI: Possible superior mesenteric vein thrombosis, prior median arcuate ligament release for median arcuate ligament syndrome
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
10. Filename = MCH\_101117
    1. Date = 10/11/2017
    2. Name = Lindsey Sparr
    3. Indication for MRI: abdominal pain after meal
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Median arcuate ligament compression during breathing.
11. Filename = MCH\_112715
    1. Date = 11/27/2015
    2. Name = Heather Schaitel
    3. Indication for MRI: abdominal pain, weight loss, Takayasu arteritis
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Narrowing of celiac artery.
    5. Clinical notes: Diagnosed with median arcuate ligament syndrome. Underwent median arcuate ligament release. Symptoms resolved.
12. Filename = MCH\_170317
    1. Date = 03/17/2017
    2. Name = Joyce Pihaly
    3. Indication for MRI: abdominal pain after meal, weight loss
    4. MRI diagnosis: Abnormal meal challenge consistent with mesenteric ischemia. Also has superior mesenteric artery syndrome (narrow angle between superior mesenteric artery and aorta).
13. Filename = mch0614
    1. Date = 06/14/2016
    2. Name = Jacob Nottingham
    3. Indication for MRI: abdominal pain after meal
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Narrowing of celiac artery.
    5. Clinical notes: Diagnosed with median arcuate ligament syndrome. Underwent median arcuate ligament release.
14. Filename = MCH030717
    1. Date = 03/07/2017
    2. Name = Ann Kozina
    3. Indication for MRI: Mesenteric artery stenosis on CTA
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
15. Filename = mch100416
    1. Date = 10/04/2016
    2. Name = Nicholas Bell
    3. Indication for MRI: chronic abdominal pain
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Narrowing of celiac artery.
    5. Clinical notes: Symptoms not felt to be related to narrowing of celiac artery.
16. Filename = MCH160804
    1. Date = 08/04/2016
    2. Name = Jacob Nottingham
    3. Indication for MRI: abdominal pain after meal (after median arcuate ligament release)
    4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia.
    5. Clinical notes: Median arcuate ligament release. Normal celiac after repair. No further follow-up.

Old Ischemia Cases (Done for 2013 Abstract:

1. Filename = 120328\_MCH
   1. Date = 03/28/2012
   2. Name = Robert G Sweet
   3. Indication for MRI: Celiac artery stenosis on CTA
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Narrowing of celiac artery.
   5. Clinical notes: Asymptomatic. No intervention of celiac stenosis.
2. Filename = Clinical\_071012
   1. Date = 07/10/2012
   2. Name = Thomas J Boyle
   3. Indication for MRI: Superior mesenteric artery occlusion, repaired aortic coarctation, thoracoabdominal aorta aneurysm repair
   4. MRI diagnosis: Widely patient reimplanted celiac axis and IMA and occluded superior mesenteric artery with collateral circulation to the SMA distribution via an arc of Riolan and the gastroduodenal artery. Celiac and splenic artery flow now remain unchanged following meal challenge.There is no longer evidence of splenic artery 'steal' from the celiac circulation as on the previous study. The 25% increase in SMA flow after meal challenge is accounted for by increased flow through the arc of Riolan. SMV flow increases approximately 50% following meal challenge, which is less than what would be expected normally.
3. Filename = 121019\_MCH
   1. Date = 10/19/2012
   2. Name = Dawn M Johnson
   3. Indication for MRI: abdominal pain after meal, superior mesenteric and celiac artery stenosis on CTA
   4. MRI diagnosis: Abnormal meal challenge consistent with mesenteric ischemia. Severe stenosis of SMA.
   5. Clinical notes: Underwent SMA endarterectomy. Symptoms resolved.
4. Filename = 121026\_MCH
   1. Date = 10/26/2012
   2. Name = John M Cain
   3. Indication for MRI: Descending aorta dissection, abdominal pain, nausea.
   4. MRI diagnosis: Abnormal meal challenge consistent with mesenteric ischemia.
   5. Clinical notes: No treatment.
5. Filename = Clinical\_120425
   1. Date = 04/25/2012
   2. Name = Thomas J Boyle
   3. Indication for MRI: Superior mesenteric artery occlusion, repaired aortic coarctation, thoracoabdominal aorta aneurysm repair
   4. MRI diagnosis: Widely patient reimplanted celiac axis and IMA and occluded superior mesenteric artery with collateral circulation to the SMA distribution via an arc of Riolan and the gastroduodenal artery. Celiac and splenic artery flow now remain unchanged following meal challenge.There is no longer evidence of splenic artery 'steal' from the celiac circulation as on the previous study. The 25% increase in SMA flow after meal challenge is accounted for by increased flow through the arc of Riolan. SMV flow increases approximately 50% following meal challenge, which is less than what would be expected normally.
6. Filename = Clinical\_Celiac\_060512
   1. Date = 06/05/2012
   2. Name = Gregory K Egstad
   3. Indication for MRI: abdominal pain after meal
   4. MRI diagnosis: Normal meal challenge response. No mesenteric ischemia. Narrowing of celiac artery.
   5. Clinical notes: Not yet treated.
7. Filename = PHTN 7.8
   1. Date = 06/13/2012
   * Name = MC7
   * Patient ID: RMRAR061312
   * Patient’s Birth Date: 19860313