Small bowel enterorrhaphy :

Technique: T1, T2 fat sat, T1 and post contrast T1 WI acquired along with DWI sequences.

Clinical context: Suspected Crohn’s (Diarrhea and positive calprotectin) – colonoscopy is negative. Is there any signs of small bowel Crohn’s?

Observations:

Optimum distension of small bowel [not] achieved.

Normal ICJ and terminal ileum.

Normal jejunal loops and ileal loops – not dilatation, no luminal narrowing, no wall thickening, no mural hyperenhancement and no evidence of restricted diffusion.

No mesenteric adenopathy. No peri enteric inflammatory changes, mesenteric abscess, fistula or sinus formation.

No chronic venous occlusive changes or venous thrombosis.

Normal large bowel loops (grossly).

Normal pelvic structures.

No perianal fistula.

Grossly normal SI join. Normal signal of liver. Normal gall bladder and pancreas.

Conclusion:

No imaging signs of active inflammation.

No stricture or dilated bowel loops.

No mesenteric inflammatory changes. No extra bowel evidence of Crohn’s disease.

Guidelines for reporting:

**Table 4. Recommended Radiology Report Impression Statements for Small Bowel Crohn Disease at CT Enterography and MR Enterography**

Inflammation impression statements

No imaging signs of active inflammation  
Nonspecific small bowel inflammation  
Active inflammatory small bowel Crohn disease without luminal narrowing Active inflammatory small bowel Crohn disease with luminal narrowing Crohn disease with no imaging signs of active inflammation

Stricture impression statements

Stricture with imaging findings of active inflammation

Stricture without imaging findings of active inflammation

Penetrating Crohn disease impression statements

Sinus tract  
Fistula Inflammatory mass Abscess

Free perforation

Perianal Crohn disease impression statements

Fistula

Abscess

Other complications impression statements

Femoral head avascular necrosis, sacroiliitis, primary sclerosing cholangitis, pancreatitis, mesenteric venous thrombosis or chronic mesenteric venous occlusion, neoplasm, cholelithiasis, or nephrolithiasis

Note.—Adapted, with permission, from references 7 and 8.