



SINGMED<sup>®</sup>

Patient Name	KE SAMNANG	Accession	2022SM266353
Patient D.O.B.	18/12/1962	Description	MRI LIVER WITH CONTRAST
Patient ID	04038432	Study Date/Time	20/04/2022 11:30
Referring Physician	DR CHEA CHANDY	Modality	MR

**MRI LIVER**

**Study Location - Singmed**

**History:**

Previous CHC post TACE, new nodule in segment 7, ? hemangioma

**Technique:**

Routine pre and post-contrast MRI sequences of the liver/upper abdomen were performed, as per protocol.

**Comparison:**

Recent CT images dated 10-04-2022 are noted.

**Findings:**

The liver is grossly normal in size, with largely smooth margins. Heterogeneous non-enhancing area along the inferior right hepatic lobe margin is possibly related to previous tumor site, showing post-treatment appearances (Se 18 Img 27, Se 3 Imgs 9-10).

A few scattered small T2w hyper/iso-intense foci, showing arterial phase enhancement, are noted in both hepatic lobes. These measure 8 x 6 mm (seg 8; Se 14 Img 14), two measuring 5-6 mm each (seg 5/6; Se 14 Img 48), and one of 4mm in left lobe (Se 14 Img 38). All these lesions do not demonstrate definite washout on subsequent venous and delayed post-contrast phases, remaining hyper/iso-intense to rest of liver parenchyma, hence suggestive of multiple small flash filling hemangioma and/or focal perfusion anomalies.

No other overtly suspicious nodule or mass is seen in the liver. The hepatic and portal veins are patent.

The gallbladder is unremarkable. The biliary tree is not dilated.

The pancreas, spleen, adrenal glands and kidneys are unremarkable, save for a few scattered tiny left renal cortical cysts.

No gross intra-abdominal lymphadenopathy or intraperitoneal free fluid is detected.

Visualized bowel loops appear grossly unremarkable.

Imaged bones demonstrate normal marrow signal.

**Comments:**



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Likely post-treatment tumor site appearances along the inferior margin of right hepatic lobe. No imaging evidence of tumor recurrence. Correlate clinically, and with previous imaging.

Few arterially enhancing foci in the liver show features of benign flash filling hemangiomas/focal perfusion anomalies (overall benign features), with no suspicious contrast washout noted. Follow up contrast imaging is still indicated to ensure interval stability of these lesions.

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