

Protocols Liver Exams on MRI

Eovist (Intracellular agent)

Indications:

- Liver cirrhosis or chronic hepatitis B: detect new nodules and follow nodules seen only in HBP
- FNH vs. HCA
- Pre-hepatectomy planning: Number and location of metastases to liver
- Post-hepatectomy patients looking for new metastasis in remaining liver
- Liver donor planning: biliary anatomy on HBP images
- High suspicion of liver metastases occult on other imaging modalities
- Questionable liver lesion on prior imaging with ECA: real or not
- Bile leak/Biloma: assess for site of leak

Contraindications:

- Hemangioma
- Cholangiocarcinoma
- Infiltrative HCC or vasculoinvasive HCC
- Elevated Total Bilirubin > 3.5
- Iron overload/hemochromatosis/hemosiderosis (Because background liver will be dark due to iron so will not see contrast of lesion well, liver will be black and so will eovist defect)
- Prior Eovist-MRI showed poor liver uptake on HBP images
- Main indication is evaluation of arterial anatomy, vascular patency
- Dialysis patient

Gadavist (Extracellular agent)

Indications:

- Liver cirrhosis or chronic hepatitis B: characterize washout and capsule appearance in LR-3 and LR-4 observations detected at CT or Eovist MRI
- Characterization of liver lesion detected at US/CT (exception: FNH vs HCA)
- Confirm hemangioma
- Routine metastasis staging and follow up in patient not being considered for hepatectomy
- Cholangiocarcinoma
- Infiltrative HCC or vasculoinvasive HCC
- Elevated Total Bilirubin > 3.5
- Iron overload/hemochromatosis/hemosiderosis
- Prior Eovist-MRI showed poor liver uptake on HBP images
- Main indication is evaluation of arterial anatomy, vascular patency
- Assess treatment response post local therapy – TACE/TARE/MWA/RFA

Contraindications:

- Dialysis patient
- Bile leak/Biloma (do Eovist MRI instead)