What has abdominal MRI ever done for you?

Professor Niall Moore
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## Body MRI

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>1988</td>
<td>MRIS Unit Addenbrooke’s MRI is an out-patient technique</td>
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<td>2008–13</td>
<td>12% growth of MRI year-on-year</td>
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<td>2014</td>
<td>OMRI John Radcliffe 2 week period in August 2014 60 in-patient body MRI requests MRCP MR Enterography Pelvic</td>
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</tbody>
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49M. Cholecystitis on US and CT; ? CBD calculus

Acute cholecystitis; no choledocholithiasis
85M. Gall stones on US; ? CBD stone

Multiple stones in GB and in distal CBD
32F. RUQ pain, deranged LFTs, cholecystectomy 2010.  
? CBD obstruction, stone, stenosis

Post cholecystectomy - choledocholithiasis
77F. Dilated intrahepatic ducts and CBD
? Distal CBD calculus

Sludge in gall bladder; large stone in CBD
88M. Painless obstructive jaundice. Weight loss
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Hilar cholangiocarcinoma – Klatskin tumour
20F. Pancreatitis secondary to gallstones; ? Stone in CBD

Acute pancreatitis
95F. Jaundice; deranged LFTs, sepsis? Stone in duct

Courvoisier’s sign; Double duct sign – pancreatic cancer
44M. Abdominal pain, deranged LFTs, gall bladder polyps on US; ? CBD stone

Portal vein thrombosis – splenic infarction
83F. General cognitive decline, US ‘cirrhosis’, deranged LFTs. R/V’d by Gastro SpR - recommended MRCP

Multiple liver metastases – mediastinal nodes and primary lung cancer
76F. Rectal GIST with liver lesion on CT

Solitary liver metastasis
55M. Weight loss, vomiting, liver lesions on CT. ? HCC ? Mets

Gross hepatic fat infiltration – 2 cavernous haemangiomas
32F. Known endometriosis. RUQ pain

Endometriosis of the liver capsule
45M. Adrenal nodule detected at CT
67M. Acute onset of LUQ pain; ? perforation

Adrenal haemorrhage – presenting symptom of AMML
36F. New diagnosis of vHL on predictive genetic screening. ? Any features of vHL
57M. Abdominal pain. ? Horseshoe kidney on US. Radiologist recommended CT

Horseshoe kidney confirmed – significant bridge of renal tissue
20F. Abdominal pain ? Colitis ? Small bowel disease
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NHS Confidential: Personal Data about a Patient
23F. New diagnosis of Crohn’s - colon and TI.
? More proximal disease

Crohn’s disease – Meckel’s diverticulum
50F. Abdominal pain and weight loss.

Intussuscepting ileal tumour
27F. 16/40 pregnant. Crohn’s disease? distribution
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An increasingly used resource for in-patients

Major growth in MRCP and MRE

Optimum technique for lesion detection and characterisation

Ideal cross-sectional technique for young patients
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