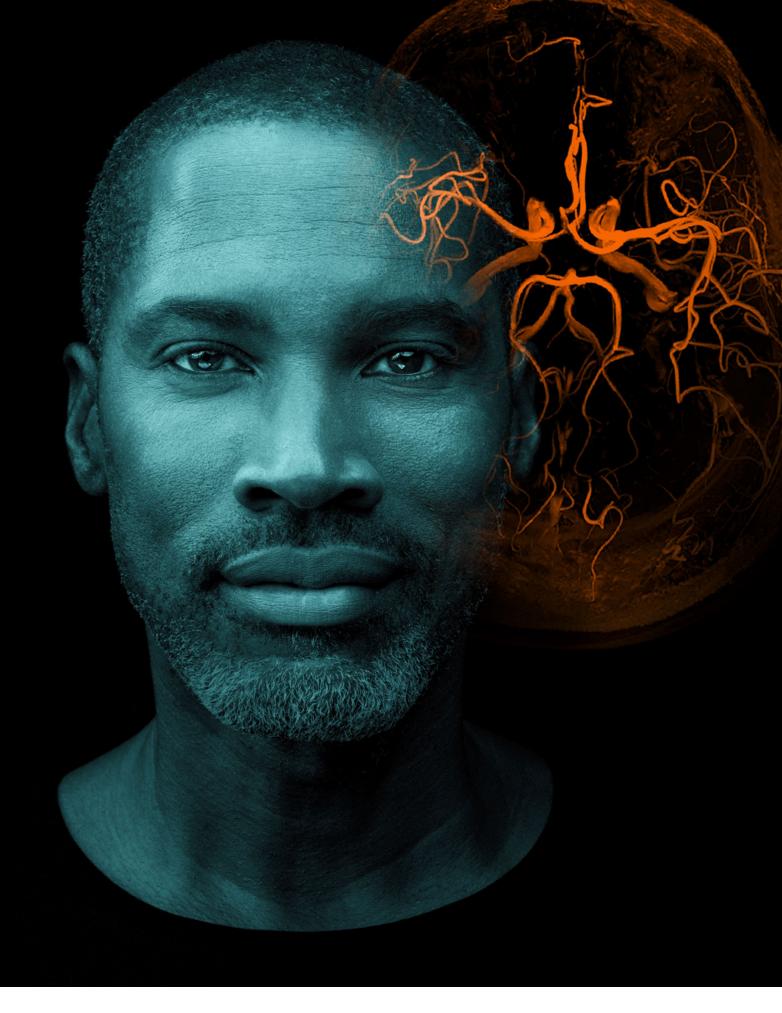
Hepatoblastoma

Post right Hepatectomy

Follow-up exam with StarVIBE







Examination

Clinical Images

Consequences

Background

Patient data

Male, 3 years

Patient history

Diagnosis of hepatoblastoma. Condition after resection of the majority of the right lobe of the liver.

Prehistory

Differential diagnosis

There are **other malignant** liver tumors, including hepatocellular carcinoma, and **benign** tumors, such as mesenchymal hamartoma. Diagnosis is made by biopsy.



Examination

Clinical Images

Consequences

Examination

MR imaging findings

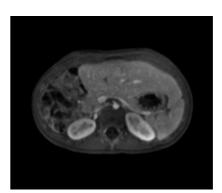
Findings:

The majority of the right lobe of the liver has previously been resected and there is compensatory hypertrophy of the remaining left and caudate lobes, not significantly changed from prior. The remaining portal and hepatic veins are patent. No evidence of recurrent or residual tumor or other new focal hepatic lesions. No intrahepatic biliary ductal dilatation. The gallbladder is absent.

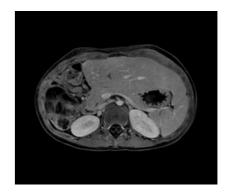
No additional adenopathy. No osseous abnormality.

Summary:

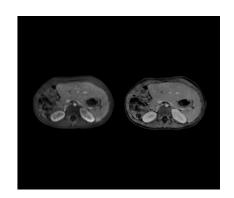
Stable post partial liver resection with no evidence of recurrent tumor or metastatic disease. Slight increase in mesenteric lymph nodes, nonspecific.



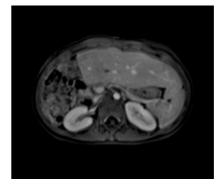
3D VIBE



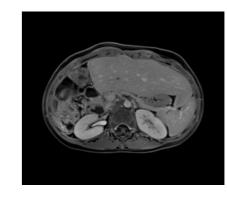
StarVIBE



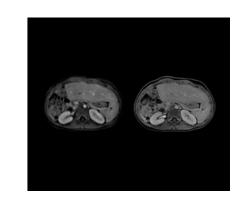
Comparison



3D VIBE



StarVIBE



Comparison



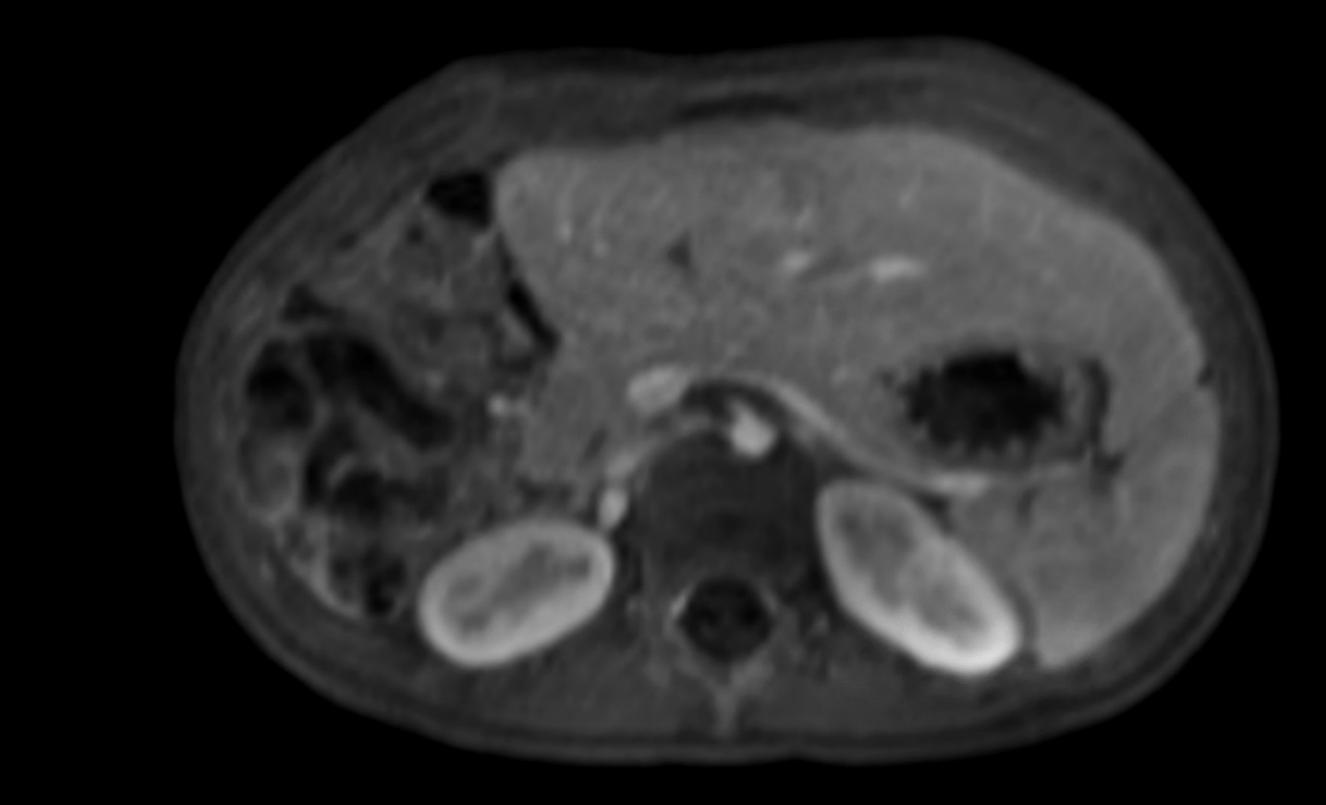
Examination

Clinical Images

Consequences

Clinical Images

3D VIBE





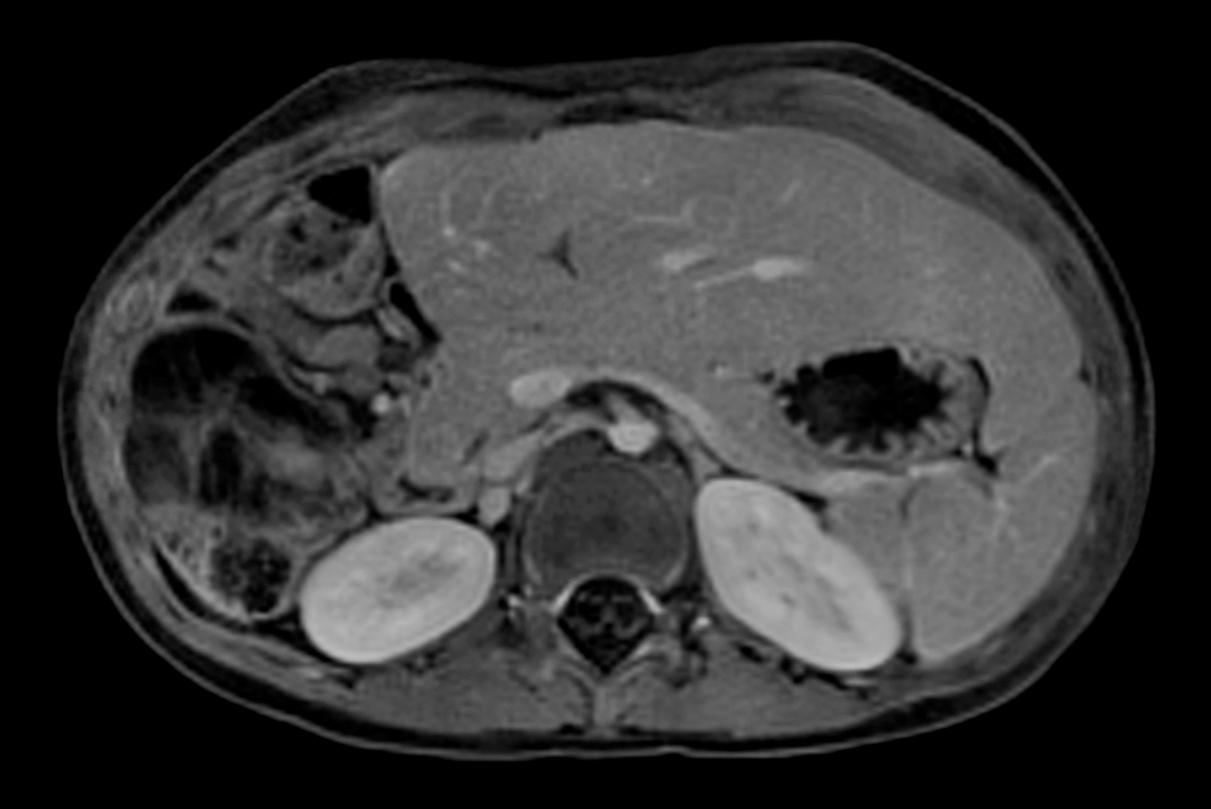
Examination

Clinical Images

Consequences

Clinical Images

StarVIBE





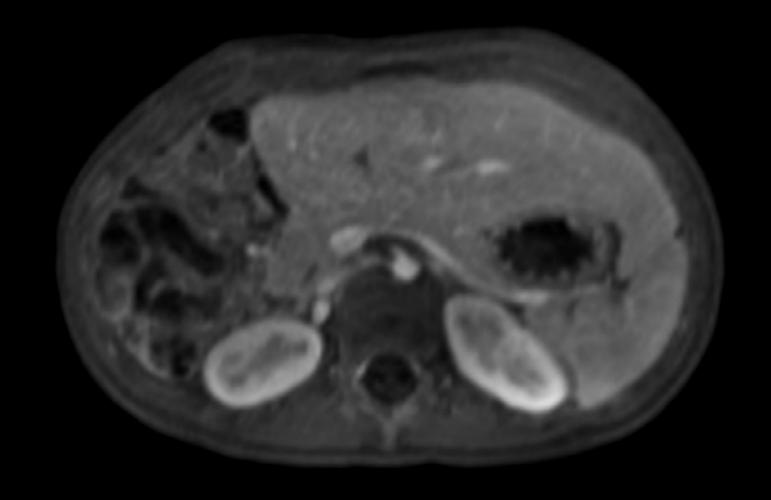
Examination

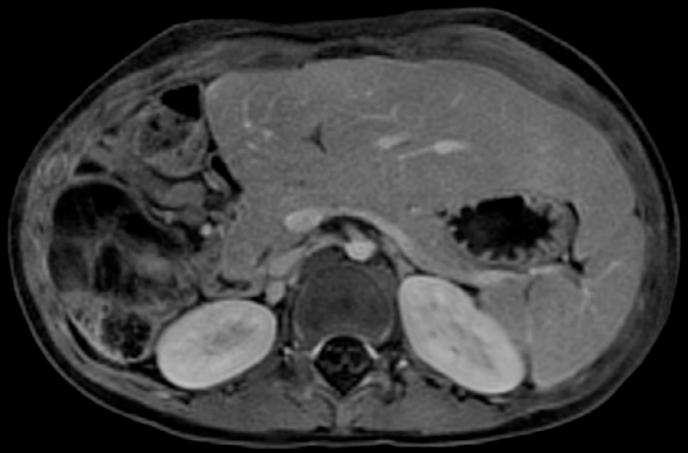
Clinical Images

Consequences

Clinical Images

Comparison





3D VIBE StarVIBE



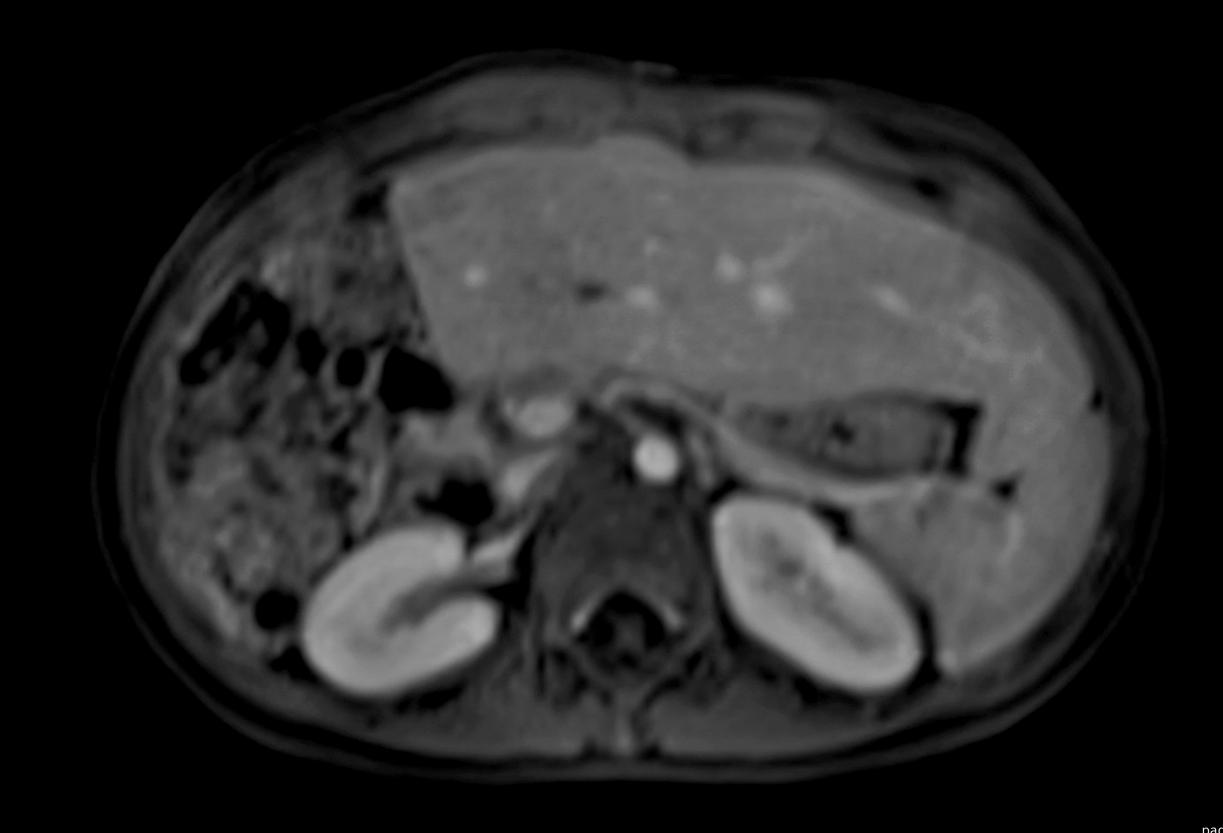
Examination

Clinical Images

Consequences

Clinical Images

3D VIBE





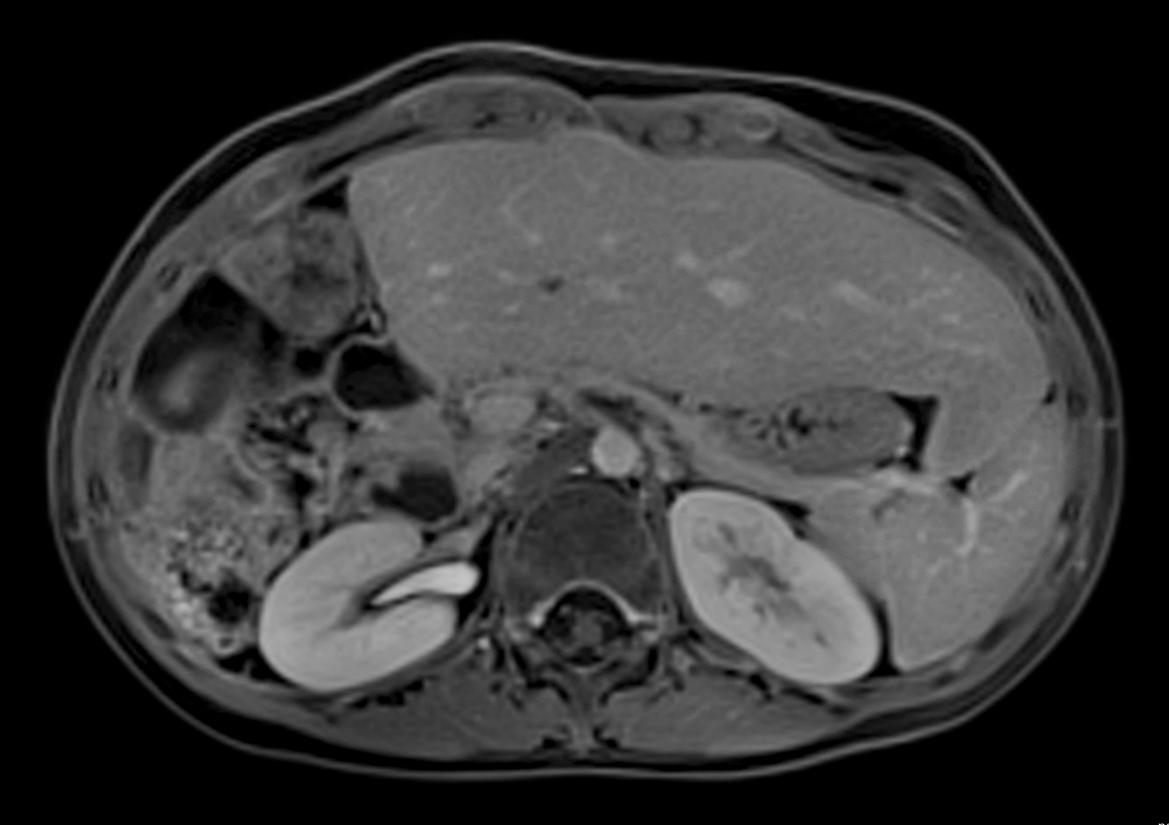
Examination

Clinical Images

Consequences

Clinical Images

StarVIBE





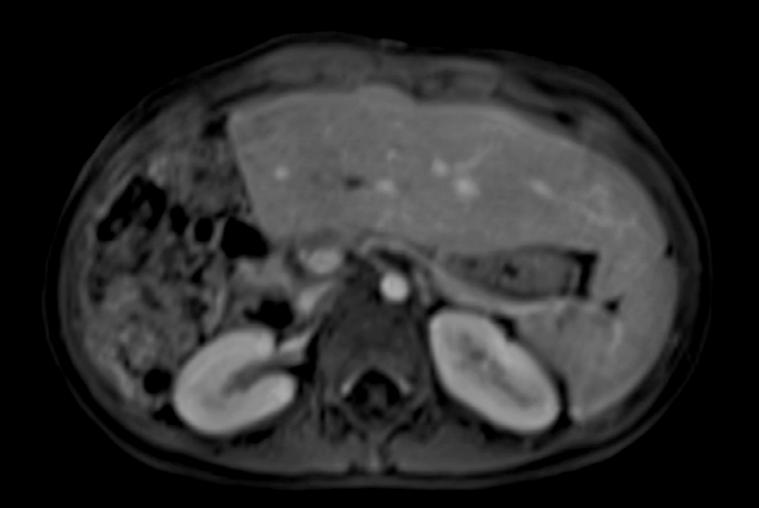
Examination

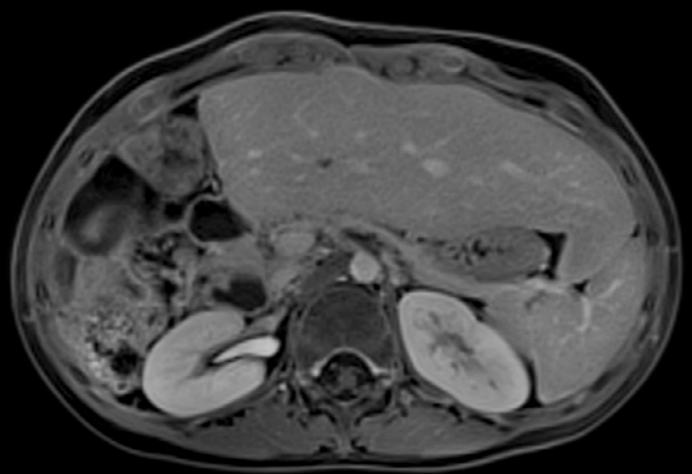
Clinical Images

Consequences

Clinical Images

Comparison





3D VIBE StarVIBE



Examination

Clinical Images

Consequences

Consequences

Consequences and procedure

Using a torso phased array coil, coronal HASTE axial T1, axial T2 fat, and axial diffusion weighted images were performed through the abdomen and pelvis.

2D time-of-flight images were obtained through the portal vein. Limited axial T2* weighted images were performed through the upper liver.

Multiple 3D GRE T1 fat-sat images were generated following the administration of intravenous gadolinium chelate.

StarVIBE was performed following the breath-hold Cartesian acquisition in the portal venous phase.

Therapeutic and prognostic relevance

Higher spatial resolution and improved motion robustness improves confidence in excluding local recurrence.

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